Factors Related to the Self-concept in the Aged: Relationship to Interview Data and Test Measures

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FACTORS RELATED TO THE SELF-CONCEPT IN
THE AGED: RELATIONSHIP TO INTERVIEW
DATA AND TEST MEASURES

by

Dana Murphy

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
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I wish to express my sincere appreciation to the Senior Citizens of the Rogers Park area in Chicago. I am grateful for the co-operation of the residents of the Devon-Sheridan senior Housing Facility for their encouragement, co-operation, openness, and enthusiasm for living. I am also grateful to the Senior Citizens of St. Ignatius Parish and of the Rogers Park Council for the Jewish Elderly for their generous contributions to this project.

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I would also like to extend my appreciation to my family for their encouragement throughout this lengthy endeavor. My final and most important debt of gratitude goes to my grandparents who have enhanced the quality of my life and who have motivated me to preserve and acknowledge the wisdom and dignity of all Senior Citizens.
The author, Dana McDermott Murphy, is the daughter of the late Daniel Edward McDermott and the late Rose (Morsovillo) McDermott. She was born April 5, 1945 in Chicago, Illinois.

Her elementary education was obtained primarily in Roman Catholic Schools in Chicago, Illinois and Michigan City, Indiana. Her secondary education was obtained primarily at Mother McAuley Liberal Arts High School, Chicago, Illinois where she was graduated in 1963.

In September 1967 she entered Loyola University of Chicago and in February, 1971, received the degree of Bachelor of Science - Honors, magna cum laude, with a major in Psychology.

In September 1971 she began graduate work in psychology at Loyola University of Chicago and was granted an assistantship. The following year she founded a Loyola Student Volunteer organization serving the neighboring community. In 1972 she was elected President of the Loyola Chapter of Psi Chi, the National Honor Society of Psychology. She served in this function for two years. Presently she serves on the Advisory Committee of the Volunteer Service Corps of the Voluntary Action Center, Council for Community Services in Metropolitan Chicago. She is also a Student of Psychology in the American Psychological Association.

In 1973 she married Daniel Edward Murphy.
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CHAPTER I

INTRODUCTION

The quest for an adequate theory of aging becomes very pressing today as the number of persons living beyond age 65 continues to spiral. Indeed, this quest becomes urgent as psychologists realize the adjustment problems concomitant with longer life expectancy. A question of major concern in this investigation is "How do the aged handle their own identity and society's somewhat simplistic conception of their needs, desires and potential?" Neugarten (1972a) explains that both the internal and external environment are influential in the identification and adjustment process of the aged:

The individual is his own translator and interpreter of experience; he creates his future and recreates his past; he measures his present against the expectations he has carried forward with him through time... He evaluates his situation not only against the present realities... but against an internalized social clock that reflects socially created age norms and tells him if he is on time [p. 15].

Social gerontologists (Busse, 1969; Eisdorfer, 1969) add that in studying the aged person we must deal with the complexity of individual differences... of different motives, needs, attitudes, values-- in sum with different total personalities. Many of today's existing theories of aging are too reductionistic and fail to take individual variation into account. For example, the disengagement theory suggests that positive adjustment is associated with a certain amount of withdrawal. However, gerontologists (Havighurst,
Neugarten, & Tobin, 1968) find a number of obviously well adjusted aged persons who maintain high levels of activity.

The purpose of this research investigation is twofold: it is both a critical review of past and present contributions to a theory of aging and a specific look at the central construct of the self-concept of the aged. The self-concept has emerged as one variable that extends into several areas of human behavior and can be used as a frame of reference through which individuals of all ages interact with the world (Combs & Snygg, 1959; Mead, 1934; Rogers, 1951). Despite the frequent references to self-perception or self-concept in personality research with the aged, very little has been focused primarily on this variable.

As fundamental as the self-concept is to persons of any age, it cannot be studied profitably if it is examined in isolation from other relevant subject variables. Therefore, this investigation attempts to examine the relationship between the self-concept of a selected aged sample and the following variables: socio-economic status (SES), marital status, education level, intelligence, activity level, health, sex differential, religion, and life-satisfaction.

This interactionist-developmental approach to aging can be better understood if one examines the research on aging of the last decade. In addition, this literature review will further establish the relevance of the self-concept in the study of aging.
CHAPTER II

REVIEW OF THE LITERATURE AND HYPOTHESES

Historical Perspective: From Functionalist to Interactionist Theories of Aging

In the past, psychologists have often concluded without adequate evidence that there are invariant processes in aging. For over a decade the aged have been discussed primarily within functionalist theories of aging which imply simple and somewhat identical experiences for all aged persons. Brief descriptions of two of these theories, disengagement and activity, are provided in the following sections. In addition, a description of more adequate interactionist and developmental theories is included.

Disengagement theory. This theory was developed by Cumming and Henry (1961) and has engendered a great deal of discussion and research. This theory posits a decrease in activity with chronological age that is positively associated with adjustment. Hence, a natural consequence with an aged person is a gradual withdrawal from the world of people, activities, and things and a growth of relaxation, contentment with the present, freedom from the bonds of conformity, and an innocent "self-centeredness" or "introversion."

The old person becomes justified in his own mind by existing, not by having possessions, friends, or activities. Cumming, Dean, Newell, and McCaffrey (1960) suggested that disengagement is primarily an
intrinsic and secondarily a responsive process. They noted that the "individual is perceived as participating with others in his social systems in a process of mutual withdrawal, rather than being deserted by others in the structure" \[p. 34\]."

Several researchers have found cause to take issue with this equilibrium model of aging (Busse & Pfeiffer, 1969; Neugarten, 1972a; Rose, 1964). Prasad (1964) questioned 900 retired subjects as to whether they were ready to retire or "disengage." Results showed that most persons preferred steady work rather than retirement. When eminent research scientists over age 65 were questioned similarly by Roe (1965) it was found that very few had inclinations toward disengagement. Roman and Taietz (1967) looked at the disengagement patterns of emeritus professors and found that those who had role continuities continued engagement as opposed to those who did not.

Youmans (1969) tested males and females in both rural and urban settings and found that though males showed disengagement from work they showed no disengagement from family life or leisure time activities. Lehr and Rudinger (1969) tested 220 males and females aged 65 and older over a four-year period and found consistency in social participation and in family and nonfamily roles.

Maddox (1964) and Rose (1964) have suggested that disengagement is more a function of cultural values and economic structures that together force a condition in which the majority of the aged are nonparticipants. Disengagement can be a result of cultural expectation rather than a personal choice.

To summarize, disengagement theorists hold that withdrawal as
they have described it is needed to maintain morale and to achieve successful adaptation to aging. The opposing researchers cited above as well as others (Butlena & Oyler, 1971; Lipman & Smith, 1968) have shown that it is the engaged elderly rather than the disengaged who generally have the greatest life satisfaction and highest morale. While individuals may indeed choose to disengage this is not always an optimum or only choice as functionalist theorists might have it.

**Activity theory.** It would also be a serious mistake to hold that optimum aging is always present in the elderly who stay most active. When Havighurst et al. (1968) looked at subjects' life satisfaction and activity they found that these variables were mediated by process-related personality factors, such as life style, values, and needs. They noted that their results with respect to life satisfaction were too variable to be explained by mere quantitative assessment of present activities or number of interpersonal contacts. It seems important, therefore, to consider the quality of activities and the history of interpersonal contacts. In line with this type of thinking, Maddox (1964), after finding a decrease in activity over time in an aged sample, pointed out that despite this overall tendency of decreased activity, his subjects had arrived at this level by very different routes. Lowenthal and Haven (1968) also stressed the importance of life history in understanding current activity levels and adjustment in the aged.

In summing up current thinking regarding disengagement versus activity theory, there appears to be increasing recognition that if they apply at all after age 65, individuals show considerable
variability with different patterns, and have very different outcomes with regard to the psychological self, satisfaction, etc. Busse (1969) hypothesized that there is even more heterogeneity in the aged with increasing age. Neugarten and Datan's (1973) findings also supported very diverse patterns of aging. They placed more emphasis on the impact of different social settings and the choices for either disengagement or activity that were available to the individual. At the same time Neugarten and Datan saw an interaction between these environmental variables and the individual in terms of his uniqueness of disposition, capacity, and desires. As a person ages, the factors that influence his behavior do not necessarily become fewer.

Lowenthal (1971) has developed a model that takes these elements into consideration. She focused on a person's change in articulation of values and goals as related to dimensions of self-perception and social norm perception. She too has suggested careful investigation of the intrinsic factors versus the socialization process associated with trends toward growth, stabilization, or regression in adult life. This leads us to the final and very important contribution of developmental psychologists.

Developmental theories of aging. Flavell (1970), in speaking of adult cognitive change, suggests that the social interaction model is especially applicable in the adult years. Flavell asked: "How does the aging person change his or her implicit theories regarding the self, others and the human condition [p. 247]?" Havighurst (1973) has reminded us that Buhler (1962) in her later work also assigned a central place to concepts of the self, intentionality, goal seeking
and goal reformulation in the psychology of human development. Buhler and Massarik (1968) were among the first psychologists to collect life histories of the aged in order to attempt a formulation of a theory of life tendencies that act throughout life but which may have periods of dominance in determining an individual's life-style. The life tendencies hypothesized were: need satisfaction, adjustment, creative expansion, establishment of inner order, and self-fulfillment. Although Buhler postulated a return to need satisfaction at age 85 and above, she related this primarily to increasing physical disabilities that were likely to increase with age. The contribution of Buhler has been noteworthy and compatible with psycho-social theories of development. She wished to show that the aged also maintain the need for critical self-assessment, inner order, and self-fulfillment.

Erik Erikson (1959, 1963, 1964) proposed a psycho-social theory of development that stressed the need to look carefully at the sources and expressions of an individual's self-development. How does a person's self-perception unfold and how is it affected by other persons and/or environmental situations? Erikson postulated a final stage in adulthood when individuals tended to review their pasts and evaluate whether or not their lives had been meaningful and the product of their own making. This stage of development has been referred to as ego integrity. Kennedy and Heckler (1971) summarized this stage: "At this level an individual puts his life together in some reflective way. His major achievements are behind him now and he must sum it all up, viewing it with a sense of integrity or if there have been major
flaws with a possible sense of despair \([p. 33]\)."

Peck (1959), following Erikson’s theory, proposed that this final stage could easily be expanded to account for more of the complexity of the aging process. He devised a more comprehensive concept of ego identity including an individual’s resolution of the following conflicts: (1) **Ego differentiation versus work preoccupation.** Ego differentiation refers to the ability of the retiring person to reappraise and redefine his worth. Work preoccupation refers to an inability to foster a varied set of valued activities and a failure to find a sense of self-worth beyond one’s own job. (2) **Cathectic flexibility versus cathectic impoverishment.** The former refers to the capacity to shift emotional investments from one person to another; the latter refers to an inability to do so. (3) **Body transcendence versus ego preoccupation.** Body transcendence refers to the ability to enjoy life greatly despite the painful physical unease of a deteriorating body. Those who think of pleasure and comfort in terms of physical well-being would be placed in the category of ego preoccupation. (4) **Ego transcendence versus ego preoccupation.** The former category refers to a positive adaptation to the prospect of death, with an investment in the present and future. Ego preoccupation is a passive recognition or denial of death and a clinging to one’s separate identity with little investment in others.

The joint contribution of Erikson and Peck are significant in that they attempt to show the complexity of old age and the positive aspects of development in aged populations which we must not ignore. Their theories relate to a development of a self-identity which is
influenced by both internal stimuli and external environmental occurrences throughout the life span.

Formulations of the above ego psychologists and similar theories of the self of Fromm (1941), Maslow (1954) and White (1959) are all very important theoretical contributions to a knowledge of the self in adulthood. The healthy, adjusted adult has been described by personality theorists. Yet these theorists have not adequately looked at the processes of personality development nor at the situational variables that would facilitate or impede growth or change. Present day researchers have the responsibility to sort out these variables to determine what aspects of the adult personality are a result of personality differences, which are due to social and cultural factors, and which if any are due to age itself. Looking at the self-concept may help us to increase our knowledge of this aging process.

The Self-Concept: A Relevant Construct in the Study of Aging

Neugarten and Daton (1973) have suggested that personality theorists turn their attention to the aged individual's self-concept. At present, very little research on aging has dealt with specific self-concept measures. Past studies of the aged person in the area of the self have employed such constructs as "adjustment and adaptation" (Lowenthal, 1971), "Life-satisfaction" (Bromley, 1966; Havighurst, Neugarten, & Tobin, 1968) or "activities and attitudes" (Maddox, 1964; Palmore, 1968). These concepts have been equated in recent reviews of the self-concept of the aged (Bennett & Eckman, 1973). As a result, the following review of the "self" will include research based on the terms mentioned above when it appears applicable.
The importance of the self-concept has also been suggested by Fitts (1971). In addition, findings based on his Tennessee Self Concept Scale (Fitts, 1965) are of particular interest in that this instrument is used in assessing the subjects in the present study. Although a full description of this measure will follow, it is important to note that results will not be interpreted in terms of a single score of self-concept. The various subscales tapping the areas of the family self, the physical self, social self, personal self, and the moral-ethical self will be considered.

The following review of subject variables which may be related to the self-concept is presented on a variable by variable basis. Although it appears likely that these variables are not independent (e.g., age is likely to be associated with health) it seemed worthwhile in the interest of clarity to look at data relevant to each variable separately.

Variables Related to the Self-Concept

Age and change. One of the most researched areas in reviews of the self-concept is the issue of age and change over time. Research has been inconclusive in the area of self-concept differences with different age groups. Although some researchers have found a negative relationship between self-concept and age others have not. It seems useful to cite the research on both sides of this issue and to note methodological problems arising in several of these studies.

Lehner and Gunderson (1953), Mason (1954), and Kogan and Wallach (1961) have all found that there was a decrease in positive self-concept in people with the decrease evident from middle age on.
Bloom (1961) found that the self-concept increased to age 49 and then showed a consistent decrease.

Mason (1954) studied self-judgments of 604 institutionalized persons aged 55 and over, 30 middle-class community persons aged 60 and over, and 30 lower-class younger persons. The results showed that older subjects viewed themselves more negatively than younger subjects. However, Mason noted that socio-economic status (SES) compensated to some degree with those of higher status having higher self-judgments. In addition to SES, the fact that the majority of his aged subjects were institutionalized may have increased the possibility of lower scores. Goldfarb (1969) has suggested that on many occasions entrance into an institution can provide an environment that downgrades the individual's image of the self. Shanas (1969) agreed that old people in institutions differed markedly from other older people. Therefore, there would be an environmental variable serving as a systematic error factor in the scores of a large proportion of Mason's subjects.

Some research investigations have dealt with extreme age groups and different self-concept measures. Kogan and Wallach (1961) used a semantic-differential questionnaire and found that young subjects rated concepts of real and ideal self more favorably than older subjects. Riley (1968) in his review of findings was not convinced that there were such clear cut differences in self-concept due to chronological age alone. He has maintained that the typical older person is not only as likely as young persons to possess a sense of adequacy and self-esteem but also likely to seem content with
his or her occupational and familial role.

Others have cited research indicating not only a maintenance of self-worth, but an increase in self-concept with increasing age. Hess and Bradshaw (1970) and Grant (1969) found an increase in self-concept in aged subjects. Both of these studies did not extend beyond age 69. Increases in self-concept were perceived at this highest age. Trimakus (1972) found an increase in self-concept in female aged subjects ranging from 66 to 90 years.

Grant (1969) and Trimakus (1972) both used the Tennessee Self-Concept Scale. Grant's study was cross-sectional (aged 20-69), whereas Trimakus looked specifically at an aged sample. Grant found some interesting results in addition to the increase of self-concept to age 69. She factor-analyzed the 100-item objective measure and found that (a) negative self-concept, emotional warmth, and family alienation decreased with age to age 69, (b) physical illness and denial increased with age, and (c) self-satisfaction and life-satisfaction remained constant.

A positive interpretation of Grant's results would be that aging is perceived by many healthy individuals as a desirable stage in life. On the other hand, Grant added that without further studies using this measure with aged populations one cannot determine whether positive scores are accurate or are a function of increasing tendencies toward denial in self-reports with increasing age.

A noticeable problem with Grant's study is the limitation of age to 69 years at the upper level. Busse and Pfeiffer (1969) have made many discriminating observations regarding aged subjects under
75 years and over 75 years. They have suggested that it has often been the case that in the latter range there may be more personal losses through death, role activity, and increased physical disabilities.

Trimakus (1972) tested 162 subjects who were within a much wider age range, ranging from 66 years to 90 years. He found that the total positive score of the TSCS showed a steady increase with age. He also found that higher self-concept scores were positively related to higher adjustment scores and higher defensiveness scores, as Grant had predicted.

It is interesting to note that neither Grant nor Trimakus, in speaking of the self-concept, identify chronological age as a significant factor per se. Age is spoken of in conjunction with such variables as physical illness, life-satisfaction, and self-satisfaction. Adams (1971) also holds that chronological age within the category of the aged is much too gross an index of group characteristics. Palmore and his colleagues of the Duke Longitudinal Study of aging have concurred with this conclusion. Their studies from 1955 to 1969 showed that with healthy subjects when age was held constant changes in engagement or lessened activity were related to such variables as sex, health, and intelligence.

In line with research cited that was based on the TSCS in particular, it is hypothesized that no decrease in self-concept with increasing chronological age will be obtained in the present study. Likewise, in light of the results of Trimakus (1972) it is anticipated that there will be higher defensiveness in this aged sample, than
there was in Fitts' normative sample. Hopefully, this self-presentation problem can be dealt with in future research in this area.

Before proceeding to a discussion of other variables it is important to note the methodological problems plaguing much of the past research with the self-concept. In reviewing the research relevant to the age issue, one cannot draw clear conclusions. Palmore (1969) reminded us that these discrepancies in cross-sectional studies of the self-concept have probably been due to the different groups studied, the different aspects of the self measured, and the different measures used.

To confuse the matter even further, cross-sectional studies have been used almost exclusively to support either a theory of increasing or decreasing self-concept with age. This is disturbing when one recalls that most of the self-concept theorists have been interested in change over time. Schaie and Strother (1968) have reminded us that the effects of age are likely to be confounded by time and cohort differences and inferences about age differences in cross-sectional studies are suspect. Thus the age decrements obtained in most cross-sectional studies may, according to these authors, be artifacts due to the selection of older subjects with less favorable life experiences.

It has been shown that even a limitation to a single age group will not eliminate the problem posed by cross-sectional studies. For example, Nesselroade and Baltes (1974) have recently cited the results of a two-year cross-sequential study of 1800 adolescents. Even within this limited range of ages (13-18), a number of significant differences
in personality and ability were found for the comparisons of the four cohorts and also for the three times of measurement (1970, 1971, 1972). It is therefore acknowledged that the personality and ability variables may exert a systematic influence on the aged subjects in this study regardless of the factor of age on the individuals tested. This study will not speak to the issue of generational or cohort differences in the self-concept.

**Socio-economic status (SES).** Grant (1969) discussed the likelihood that social class may have structured the manner in which her subjects responded to TSCS items. Busse (1966), Kutner, Fanschel, Togo, and Langer (1956), and Adams (1971) have all concurred that SES is a relevant factor differentiating persons in terms of life satisfaction and self-fulfillment, and that these have implications for a positive self-image.

Busse (1969) has felt very strongly that society has failed to provide learning and recreational opportunities for the disadvantaged aged to the same degree that it has for the young. The environmental opportunities are, therefore, generational differences to some degree. Consequently, SES can very easily affect the self-concept and may deflate the aged subjects' self-evaluations. It is hypothesized therefore that individuals of higher SES have higher TSCS scores.

**Religion.** Kuhlen (1962) summarized his research findings on religiosity in the aged by asserting that "...in all studies examined, with the exception of those related to church attendance, trends indicate an increased interest in and concern about religion as age
increases, even into extreme old age [p. 23]." Other researchers dealing with the role of religion with increasing age have agreed that the individual's religious beliefs and values were far more appropriate than measures of church attendance.

Moberg (1958) investigated a sample of aged Christians and found that religious beliefs and activities, in contrast to church attendance per se, contributed to better adjustment. Oles (1949) studied a group of orthodox Jews aged 65 and over and also found that adjustment was related to religious adherence or beliefs as opposed to attendance per se. In 1965, Moberg found a significant positive relationship between church attendance, religious attitudes, and adjustment and self-satisfaction. However, the measures of satisfaction and adjustment were contaminated by the inclusion of items with religious content. From these results it appears that those aged of various religions who tend to maintain their religious beliefs tend also to be better adjusted. However, Treanton (1961) pointed to the fact that those holding similar religious beliefs may often have a reference group that gives them support while the nonbelievers are more likely to lack such social support.

Other aged persons indicated that religion itself had given them more emotional support and ego strength to face the present and future. In a study of 496 persons in New York, 325 of whom were Jewish, Barron (1961) found that the proportion who believed in life after death increased with age and nonbelievers decreased with age. When Parron's subjects were asked to define their self-image, 45 percent defined themselves as religious persons. These subjects also felt
that greater ego strength had come through their religion.

Carey (1974) examined emotional adjustment in terminally ill patients. He found that patients with an intrinsic religious orientation had higher emotional adjustment as compared to those who were indiscriminately proreligious, extrinsically religious, or indiscriminately nonreligious. Carey summarized his evaluation of the contribution of the variable of religion to emotional adjustment in the terminally ill by asserting that the quality of religious orientation was much more important than mere religious affiliation or verbal acceptance of religious beliefs.

Whereas the aged showed increased tendencies toward positive religious identification, they do so in very different patterns. A large proportion of aged attribute their decreased church attendance to poor physical health (Orbach, 1961). But there are others who never valued church attendance. Orbach added that we must look at the persistence of religious values as a more valid measure than overt religiosity.

Fitts (1965) included a subscale within the TSCS related to this aspect of persistence of moral and religious values. It will be interesting to determine whether these values are higher than the norms for younger samples as Kuhlen (1962) and Hoberg (1965) have predicted they might be. It is hypothesized that there will be no differences in self-concepts between different religions in an aged sample. It is also suggested that the aged sample will score higher on the moral-ethical subscale than TSCS norms for younger samples.

Health. As was mentioned in the above areas of age, SES, and
religion, health is a very critical variable. If age differences are significantly negatively related to self-concept scores, it is very often in combination with physical illness. In addition, lower SES may be associated with poorer health care throughout the life span. Finally, if church attendance decreases or dependence on religious beliefs increases, this is often related to ill health. Adams' (1971) research supported some of these relationships, i.e., that higher SES, more social and affiliative relations, and good health result in positive self-satisfaction.

Tallmer and Kuinen (1969) attribute changes in the self to physical and/or social stresses that may be expected to increase with age. In other words, the social withdrawal suggested by functionalist theorists of aging could be easily produced by ill-health, widowhood, retirement or a combination of these factors. Butler (1963) found a powerful influence of physical illness on manifestations of social withdrawal and decreased activity.

Shanas, Townsend, Wedderburn, Friis, Milhoj, and Stehouwer (1968) noted that there was an interaction between self-evaluations of health and the variable of sex with males scoring more positively in self-reports of health status. Aged men's greater optimism regarding their health was related to psychological factors, such as "good spirits" as opposed to physical factors. These authors noted that if men were observed immediately after retirement the impact of this event left doubts in their minds as to their role identity and therefore resulted in less optimism about their health.

The reasons for males' generally more positive evaluations
of their health are not entirely clear. Maddox (1970) proposed that denial of ill health in males may easily be a function of social expectations. Estes (1969) noted that there may be generational issues to consider, e.g., most older persons have grown up with an idea of themselves as strong, productive, and independent. Therefore, the acceptance of illness and consequent dependency is difficult, and denial of illness is seen in both sexes although more frequently in males.

Looft and Charles (1971) hypothesized that greater acceptance of dependency and a lowering of the self-concept in the aged were most frequently associated with ill health. Neugarten (1966) in studying social and personal changes in adulthood, found that the most salient characteristics among the aged were increased attention and concern with health problems and a decrease in energy.

Schwartz and Kleemeier (1965) found that aged persons who were physically ill possessed a negative concept of the self. Strauss (1963) hypothesized that this negative self-concept due to ill health would possibly produce fear of failure in social involvement.

In summary, it is reasonable to hypothesize that: (a) there is a decreased self-concept with ill health, and (b) females report a lower physical self on the TSCS more often than males.

Activity. The individual's activity level has emerged as a useful predictor of self-satisfaction. It is therefore worthwhile to examine this variable and its specific relation to the self. Jyrkila (1960) found a large proportion of aged persons in an urban setting who had negative views of the self. Those who accepted a negative
view were found to be less active and more maladjusted.

Youmans (1969) found that well adjusted old men in rural Kentucky were eager to participate in society and these men felt they could make a valuable contribution well into old age. Youmans' assumption is that many persons would like to participate in society but in varying degrees and manners. The aspect of participation can take on very different qualitative and quantitative meanings for different persons. Rosow (1967) studied urban apartment dwellers in Cleveland and found no simple functional decline in activities among the aged. In fact, old age density contributed to increased activity. Tissue, Thomas, and Wells (1971) noted that there was a significant association between past and present styles of the social-self. Havighurst et al. (1968) suggested further that determining the quality and quantity of past activities would facilitate an understanding of current functioning.

These data on activity would lead one to hypothesize that there is a positive relationship between higher activity levels and satisfaction. On the other hand, this is not to suggest a functional relationship between activity and a positive self-concept. Some persons who prove to be most satisfied may have chosen to limit their activities. Although data show that this is not usually the case, this may be so for individual subjects. It is also worth noting that people may desire the same activities but vary in their ability to maintain them.

Intelligence and education level, marital status, and sex. These remaining variables will be considered briefly. Although
literature relating these variables to the self-concept is very scarce, it seems useful to include what is available in order to complete the consideration of variables that may be related to this aspect of personality.

While a great deal of research has been done in the area of intellectual functioning in the aged, very little work has been done in terms of the influence of intelligence and education level on the self-concept. Chown (1968) observed that rigidity in old age was often due to a decline in the "g" factor of intelligence. Chown has shown that spontaneous flexibility, personal rigidity, speed, and disposition rigidity differed in extent from person to person and these differences were only rarely linked to old age in her sample. For those subjects who had relied on the dimension of intelligence in their occupations and identity, any decrement in IQ might, according to Chown, yield a decrease in self-concept. It appears necessary at this time to review the research regarding intellectual functioning throughout the life span. This will aid in understanding Chown's results as well as other findings in this area.

Horn and Cattell (1967) defined intelligence in terms of two very broad categories: 1) Fluid intelligence (Gf) was defined as an ability to perceive complex relations, educe complex correlates, form concepts, develop aids, reason, abstract and maintain a span of immediate apprehension in solving novel problems in which advanced elements of the collective intelligence of the culture were not required for the solution. 2) Crystallized intelligence (Gc) was comprised of primary abilities in which educational and cultural
influences were more in evidence. Here there was a stress on the perception of relations, eduction of correlates, abstraction, but in materials in which past appropriation of the collective intelligence of the culture would give one a distinct advantage in solving the problems involved.

In a review of research based on this categorization, Horn (1970) reported that fluid intelligence declined steadily from the teen-ages onward, while crystallized intelligence rose steadily in adulthood from the teens through the fifties. However, the post-retirement decline is not universal. Bayley and Oden (1955) have suggested that people in any type of "intellectual occupation" and/or those who acquire "intellectual interests" maintain and increase the abilities relating most clearly to acculturation. This is in agreement with Chown's results cited above. And in line with this some of the most obvious abilities that would therefore not decline with age would be verbal comprehension, experiential evaluation, and general reasoning. Abilities that may and often do decline with age would include such areas as figural relations, classification, induction, and associative nonsense memory.

In a survey of the theories of aging, Bromley (1966) suggested that there would be a positive relation between intelligence, education, and good social and personal adjustment. Although there is little empirical research to support this belief there is some relevant developmental work worth citing.

Terman (1925) and Miles (1954) have shown that there is a positive relationship between intelligence and self-confidence,
personal and social adjustment, and emotional stability. Bayley (1970) through the Berkely Growth Study was able to compute correlations between IQ scores and different ages with personality ratings made of her subjects at age 16 and again at age 36. Her results showed that males with higher IQ scores were higher on personality ratings, whereas males with lower IQ scores were more maladjusted. These correlations were in the .50s and .60s. A similar but less significant trend emerged for the female subjects. Trimakus (1972) studied the impact of education level on self-concept in the aged and found no significant relation between the two.

A rather tentative hypothesis will be advanced proposing higher self-concept scores with higher IQ. Education level will not be a significant factor. However, in line with Adams' (1971) findings, when intelligence and education are positively correlated with such variables as higher SES and good health there may be a significant relation to the resultant self-concept. The fact remains that education per se is not a relevant predictor of self-concept.

With respect to the next variable, marital status, Bromley (1966) reported that among retired aged men, the better adjusted subjects were most often married. Lowenthal and Haven (1968) noted that adaptation and adjustment may be much more difficult for an aged man who has experienced intimacy in a marriage and who was suddenly deprived of his spouse through death than it would be for a man who has never been married or has never experienced such an intimate relationship and attachment. For the former the separation is sudden and the effect of self-definition may be very different from that of a man who has lived
in isolation all his life. Flau (1973) emphasized that timing as well as quality is a variable worthy of consideration. Flau found that it was much easier for women to adjust to widowhood if some other women of their age were going through a similar experience. However, if widowhood was premature it could be a far greater adjustment problem. Trimakus (1972) found that marital status per se was not a significant factor in TSCS scores.

There seem to be too little data to hypothesize that marital status alone is positively associated with self-concept scores.

The final variable of sex differences has most often been referred to in combination with health. It has been shown (Grant, 1969) that men employ more denial in reporting their health status than women but that women score higher in terms of positive self-concept overall, despite lower scores in such crucial areas as health. Adams (1971) in a review of aging research and theory suggested that sex would be a discriminating variable in self-concept assessments. Gordon and Vinacki (1971) employed a semantic differential test of self-concept for aged males and females. Females showed a more favorable real self and ideal self, although there was more discrepancy between their real and ideal selves than there was with male subjects. Males reported a less favorable ideal self. Once again, as in the case of marital status, there appears to be too little information to indicate an influence of sex alone on positive self-concepts.

Hypotheses and Relationships Among Variables

As was indicated earlier, this study is basically exploratory in nature. After rejecting functionalist theories of aging, it
appeared important to explore relevant subject variables that would contribute to the development of an interactionist theory of aging. It was established that the construct of the self-concept was a valid indicator of the central issues of adjustment, self-satisfaction, and identity in aging. After selection of the self-concept as a central measure, it was noted that all subject variables that could predict variation in the self-concept should be considered. Finally, any interactions of these variables with each other should also be noted. After reviewing these variables the following hypotheses were set forth:

1a. The self-concept in the aged, measured by Fitts' TSCS (1965) will not decrease as a function of age alone.

1b. Based on the research of Grant (1969) and Trimakus (1972) "defensiveness" will be higher in the aged than in Fitts' normative sample.

2. Subjects with higher SES will have higher TSCS scores.

3a. There will be no differences in self-concepts between different religions in an aged sample.

3b. The aged will score higher on the Moral-Ethical subscale of the TSCS than Fitts' normative sample.

4a. There is a decreased self-concept with ill-health.

4b. Females will report a lower physical self than males.

5. There will be a positive relationship between higher activity level and higher self-concept.

6. Higher IQ will yield higher self-concept scores.

7. Marital status per se will not be a significant factor in
TSCS scores.

8. Women may score higher in positive self-concept overall, despite lower scores in health (Grant, 1969). However, sex per se will not be a very significant factor in TSCS subscales.

The sample was structured in terms of religion and sex. There were equal numbers of males and females in both the Jewish and Christian religious groups. An analysis of variance was therefore considered appropriate to describe this particular sample in order to better understand and explain the obtained results.

Correlations between the various TSCS subscale scores and the interview and test measures were necessary. However, in order to determine the relative importance of each variable in predicting self-concept scores further analyses were also required.

Regression analyses were considered necessary to determine which variables would be influential in predicting each of the nine subscales of the TSCS. Finally, it seemed appropriate to compare this sample of aged with the TSCS norms not only on general TSCS scores but on such methodological issues as defensiveness and response bias.
CHAPTER III

METHOD

Subjects

The subjects were 32 females and 22 males living in an urban setting. Within each group of males and females, half were of the Jewish faith and half were of the Christian faith. The subjects were relatively healthy and lived fairly independently (own home or apartment). All subjects lived in the same area of Chicago. In addition to recruitment of aged persons still living in their own homes, others were recruited from a neighborhood Chicago Housing Authority (CHA) Building. Many of the residents of this building had lived in the area a long time or in fairly similar areas in terms of socio-economic status.

There was no ceiling regarding chronological age. However, 65 was the minimum age as researchers consider this age to be typically postretirement. Dewolf and Watson (1972) present statistics indicating that 10 per cent of Americans are over 65, with 35 per cent of this group in the 75-84 range, and 6 per cent over 85. The subjects in the present study ranged in age from 65-90 years ($\bar{X} = 74.74$, $SD = 5.23$). Twenty-six subjects were under age 75 and 28 subjects were 75 and over. In terms of actual percentages, 5.56 per cent were 85 and over; 14.07 per cent were 76-84; and 53.7 per cent were 65-75. This proportion is fairly close to the above mentioned statistics. In
line with Lowenthal's (1964) suggestion that the aged be entitled to at least a two-month period after a transition before they are approached by psychologists, persons who were in a transitional stage due to such incidents as relocation, retirement, or loss of a spouse were excluded.

The choice of a reasonably healthy group had the advantage of minimizing the problem of variables, such as gross deterioration or a stifling nursing-care environment, from systematically affecting the test responses. It has been pointed out that the "relatively healthy" are most representative of the population over 65. Holt (1965) has asserted that the concept of mental health is a normative one. He suggests that researchers should try to derive some ideas of adjustment before looking at failure and maladjustment.

Few people are aware of the additional fact that 5 per cent of the aged over 65 are in institutions and 50 per cent of this number are over 80. Only 10 per cent of the aged are house or bedridden, leaving 85 per cent active and mobile. It is this active and mobile majority that make up the subjects for this study. It is anticipated that among this active group there will still be significant inter- and intra-individual differences in life styles, self-concept, and self-evaluations.

The subjects in this study were primarily volunteers. The practice of recruiting volunteers brings with it certain problems. Busse and Pfeiffer (1969), in commenting on the aged volunteers in the 1955-1969 Duke Studies, noted that volunteers may possess characteristics that distinguish them from elderly persons who are unwilling to
participate.

An attempt was made to reduce bias of this sort by approaching a wide range of participants from the very active to the minimally involved residents. We were able to draw subjects representing wide ranges of SES, educational level, ethnic background, and life histories. Because of familiarity with the activity director of the Jewish Community Center located within the CHA facility, it was possible to recruit persons who otherwise would have hesitated to cooperate due to shyness, suspicion, or lack of time.

Measures

May (1961) has asserted that research is not a matter of fitting people to measures but of being certain that the mechanisms have meaning in terms of the persons. It was intended that the tests in this study be interesting, understandable, nonaversive and therefore containing a degree of relevance for the subjects.

Multiple measures of central variables were obtained whenever possible. Subjects were allowed to express their self-evaluations through the objective TSCS self-concept measure. A less structured interview technique obtained information parallel to the content of the TSCS. Scores were derived from the interviewer's evaluation of the subjects' self-reports. Likewise, subjects were able to indicate their life-satisfaction through an objective measure and through the interview technique.

Finally, the test of intellectual ability selected for administration did not emphasize speed or psychomotor ability.

Research with the aged (Birren, 1968; Russe, 1969; Eisdorfer, 1959)
has demonstrated that tests demanding verbal responses based on accumulated knowledge, information, and vocabulary are the best indicators of mental alertness in the elderly. The IQ test chosen for this study was of this latter type.

The interview. The interview format was chosen as a means of obtaining data on age, sex, religion, marital status, family constellation, educational level, past and present occupational roles of self and/or spouse. (This questionnaire is reproduced in Appendix A.)

In addition, an interview was devised based on (a) the developmental models of Erikson (1959) and Peck (1959) and (b) a practical application of the Eriksonian model by Kennedy and Heckler (1971). This interview was designed to review the subjects' past and present life-satisfaction, past and present activity level, and past and present health status. (This interview is reproduced in Appendix A.) This interview was also used to derive data related to self-perception and personality dimensions that go beyond the limits of this present report.

The interview ratings for each subject were based on interview tape recordings which the interviewer summarized. The following ratings were obtained from these summaries: health, activity level, and satisfaction level. All ratings were developed by this author in conjunction with a psychologist and an undergraduate psychology student.

The health rating was based on a 6-point scale ranging from very severe disability (1 point) to excellent (6 points). Interrater
reliability based on ratings of all records by the author and by a psychologist was .86.

The activity rating was based on a 5-point scale ranging from extremely low (1 point) to extremely high activity (5 points). Interrater reliability based on ratings of all records by the author and by a psychologist was .79. The satisfaction rating was based on a similar 5-point scale ranging from very unsatisfied (1 point) to very satisfied (5 points). The interrater reliability for this measure was .88. (These rating scales are reproduced in Appendix B.) Finally, the ratings of occupational status were based on Coleman's occupational rating scales (1959). Coleman devised a scale ranging from lower class (7) to upper class (1). For convenience sake these numbers were reversed in the present study, so that the lowest rating of 1 indicated lower-class and the highest rating of 7 indicated upper-class.

Tennessee Self-Concept Scale (TSCS). This measure, developed by Fitts (1965), is a 100-item test of self-concept which is multidimensional. It contains the subscales of Physical Self, Moral-Ethical Self, Personal Self, Family Self and Social Self. Each of these subscales is further divided in terms of identity, self-satisfaction, and actual behavior. The test was designed to be an inventory of personality integration as a correlation of perceived behavioral competence and as an organization of subsystems of the integrated person. The test is cognitively oriented and in addition to the scores for self-esteem, it assesses defensiveness, conflict, confusion, self-perception, variability and integration.
There is also evidence that as subjects are presented with this test as an attempt to gain understanding of self they are less defensiveness. Specifically, Cotnam (1970) administered the TSCS to disadvantaged students in a manpower training program. He told some subjects that the test was for understanding and self-knowledge, others it would be used for job selection, and a third group that it would be used for research. When told the test would be used for job selection, subjects scored high in terms of socially desirable and defensive patterns. The subjects were least defensive in the understanding situation and only slightly less truthful in the research situation. The orientation in this research investigation was toward understanding of the aged personality.

Fitts (1965) has cited very clear evidence of content validity of this measure. Items were chosen from other self-reports and from self-descriptions of patients and nonpatients. There was 100% agreement on the relevance of all 100 items by seven clinical judges.

To obtain information regarding concurrent validity, Christian (1969) correlated five indices of physical fitness with the nine subscale measures of self-concept. Three measures of physical fitness were significantly and positively correlated with a positive score on the physical self.

In an attempt to determine construct validity, George (1970) asked his subjects to respond to the test items in terms of how they would like to be in contrast to reporting their actual selves. The self criticism score dropped markedly and the defensiveness score increased to the same extent. Self-esteem scores were higher for
the ideal self. Rentz and White (1967) gave further support for both content and construct validity through factor analytic procedures.

There has been less research dealing with reliability. Fitts (1965) administered the TSCS to 60 college students and then retested after two weeks. Test-retest reliability was .92 for the total scale. As the measure goes across every aspect of personality including, for example, bodily changes or families that are changing it may be sensitive in part to state phenomena.

This test consists of 100 one-sentence items in which the subject has a choice of five answers ranging from completely false to completely true. The results of this test yielded scores on several dimensions of the total personality. Those measures selected for analysis were composed of two major subgroups which were themselves divided into various subscales. These latter subscales were composed of items which were independent of other subscales in their subgroup but not independent of the subscales of the other subgroup. For example, the first subgroup included the subscales of identity, behavior, and self-satisfaction. Each of these subscales contained items distinct from each other. At the same time these items overlapped the five subscales of the other subgroup which included: family self, social self, physical self, personal self, and moral self. Based on the combination of both subscales (i.e., all 100 TSCS items) the following additional scores were obtained: total positive self, self-criticism, variability of responses, defensiveness, acquiescence, and conflict scores.

The original answer sheet appeared too confusing and too
confining in terms of adequate space allowing for optimal performance. Therefore a new listing of the items was made allowing for adequate space for answers. With the above exception, the test was administered and scored according to the manual.

Life-satisfaction measure. As a great deal of literature reviewed in the first chapter dealt with life-satisfaction, it appeared reasonable to employ a brief objective measure of this factor. Bortner and Hulsch (1972) have developed a self-assessment inventory that measures an "individual's perception of the relation of their past, present, and future life-satisfaction [p. 98]." The authors have defined "personal time perspective" as a person's evaluation of the past and expectancies for the future in relation to perceived status at the present time. The authors tested 681 males and 728 females ranging in age from 20-88. Age differences were found as follows: (a) through their 50s, subjects thought they had made and would continue to make progress, (b) in the 60s, past, present, and future were equal, but (c) by the 70s the past seemed better than the present and the present seemed better than the future.

This test consisted of a form containing a simple 11-point ladder design. The subjects responded to the questions regarding life-satisfaction. The ratings were then used to define the two dependent measures of personal time perspective. "Retrotension" was defined as the subject's past rating minus his present rating; "protension" was defined as the future ratings minus the present rating. In the case of retrotension, a negative score indicated that the present was rated higher than the past, while a positive
score indicated that the present was rated lower than the past. For protension, a positive score indicated the future was rated higher than the present and a negative score indicated that the future was rated lower than the present.

**Quick intelligence test (Quick Test).** Intelligence is an aspect of the total evaluation of the self. Past research has been scarce regarding the relation between intelligence and performance on a self-concept measure.

The Quick Test, a pictorial recognition test, was selected as an intelligence measure for this study. The authors (Ammons & Ammons, 1962) have noted its justifiable use in screening for intelligence when the intelligence factor is only of secondary importance and represents only one aspect of the total physical and psychological evaluation. This test is brief and therefore suitable for aged subjects who may have decreased attention spans. The test taps the full range of mental abilities. Frequently the aged are penalized on speed tests which demand psychomotor skills, and physical and mental manipulations. The Quick Test is not a speed test and is more likely to elicit optimal performance.

Original norms for the adult group were derived from subjects within the age range of 25-43. These norms were considered applicable only up to age 45. The authors derived correction values for subjects aged 45 to over 75. These corrections were calculated from data showing decline with age in verbal item scores (Weschler, 1958, p. 25). Ammons and Ammons cautioned the user that as recognition vocabulary may decrease more slowly than Weschler’s verbal items, the correction
procedure should be approached with caution.

Levine (1971) tested 50 reasonably well functioning persons age 60 to 100. Male mean education level was 10.6 and female mean education level was 12.6. The subjects received all three forms of the Quick Test as well as the full Weschler Adult Intelligence Scale (1955). Results showed that verbal IQ was higher than performance IQ, with correlations between the Quick Test and the WAIS vocabulary, Verbal, Performance, and Full Scale IQs ranging between .71 and .95 ($p < .001$). Levine concluded that the Quick Test tapped essentially the same factors as the WAIS.

Gendreau, Roach, and Gendreau (1973) also gathered normative data for aged persons averaging 80.7 years. Correlations among single forms of the Quick Test and the three forms comprising the entire test ranged from .80 to .93 for corrected IQs. Performance on the test was not significantly related to SES, institutionalization, or anxiety.

Finally, in the Quick Test standardization sample of adults (90 subjects) Ammons and Ammons (1962) found a mean interform reliability of .86.

This test is a 50-item picture vocabulary test using four pictorial representations. For each item the subjects were asked to select the one which best illustrated the word read by the administrator. According to the authors (Ammons & Ammons, 1962), the test measures visual perceptual recognition of basic concepts used in language and thinking and assesses verbal comprehension of meaning as well as vocabulary and information. This test was administered and scored
according to the manual. The correction term for aging (13 points) was added to each score. As these points were added to each score they did not affect the correlations derived. The correction term was added in order to more validly represent the IQs of an aged sample.

Procedure

The interviewers recruited subjects on a volunteer basis. The interviewers included one female (the author of this study) and one male graduate student also of Loyola University. Arrangements for interviews were made at the subject's convenience. In almost all instances the interviewer met the subjects at their own homes or apartments. The interviewer greeted the subjects and explained the function of taping the sessions. The demographic data were elicited and recorded at the beginning of the session. No notes were taken during the interview. The interviewer made arrangements for a second visit for the purpose of individual testing.

The TSCS was the first measure administered following the interview. It was found that the TSCS was the most interesting measure for the aged subjects. The 100 items of the TSCS could be self-administered and indeed some of the senior citizens answered the test without any help whatsoever. Other subjects had sight problems, health problems, or just hesitancy or fear of academic measures. On these occasions the subject answered the items which were read aloud by the interviewer. The subjects were far more relaxed knowing that the test was understandable, and random answers were therefore avoided.

The interviewer then administered the Quick Intelligence Test.
The interviewer held up a white card with four pictorial representations in black and white. The interviewer began by saying: "I am going to show you some pictures, and say some words. When I say a word, show me which picture best fits it." The subject received several easy words and then a difficult word. When the subject could not point with confidence the interviewer would say "Some of these words are going to be rather hard. Just say 'I don't know,' then we can go ahead." The 50 word vocabulary list was begun at the subject's ability level and was continued until the subject had missed six consecutive words. If the subject appeared to feel bad about not knowing the more difficult words, the interviewer included an easy word before ending the test.

The subject was finally shown the 11-point scale of life-satisfaction resembling a ladder-type self-anchoring form. The subject was asked to rate the following: First, the subject was asked to imagine the best and worse possible life for himself. The interviewer recorded the year or time period the subjects considered the best time of their lives. The subject was then asked to locate where he would be now on the 11-point scale, with 0 as the worse possible life and 10 as the best possible life. The subject also located where he was five years earlier and where he would be five years from the present.

The subjects were then thanked for their cooperation. On several occasions subjects ended the session by offering the interviewer refreshments. The author of this study in conjunction with her advisors provided a "thank you" luncheon for all subjects and their spouses. The general nature of the study was reviewed. A summary of
the report was to be given to the director of the recreation program, Mrs. Golembo.
CHAPTER IV

RESULTS AND DISCUSSION

Descriptive Statistics

The descriptive statistics for the subject variables of age, years of education, socio-economic status (SES), and the interview ratings of health, life-satisfaction, IQ, activity level, and satisfaction are presented in Table 1. These are reported for the total sample and also for the four subgroups: Jewish males, Christian males, Jewish females, and Christian females. Two-way analyses of variance (religion by sex) for each of the variables (see Table 1) indicated that the subjects were essentially the same in the following areas: age, health status, SES, activity level, and satisfaction level. There were no significant interactions between religion and sex.

The results for health status indicated that this aged sample had maintained an average health status ($M = 3.96$, $SD = 1.30$ on the 6-point scale). Socio-economic status ratings were based on a 7-point scale ranging from lower lower-class (1) to upper class (7). The subjects in this sample ranged from the first through the sixth level. Their mean score was 4.01 ($SD = 1.26$), indicating an average rating of lower-middle class.

The areas of activity level and satisfaction level were also similar for all groups. Activity level yielded a slightly above
TABLE 1
Descriptive Statistics for Demographic and Interview Variables

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<thead>
<tr>
<th>Variables</th>
<th>Jewish Males</th>
<th>Jewish Females</th>
<th>Christians Males</th>
<th>Christians Females</th>
<th>F(Sex)</th>
<th>F(Religion)</th>
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<td>74.18</td>
<td>5.93</td>
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<td>.36</td>
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<td>4.00</td>
<td>1.31</td>
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<td>.34</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past</td>
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<td>2.87</td>
<td>5.19</td>
<td>3.08</td>
<td></td>
<td>3.26</td>
</tr>
<tr>
<td>Present</td>
<td>5.90</td>
<td>3.08</td>
<td>6.56</td>
<td>2.75</td>
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<td>6.69</td>
<td>2.75</td>
<td></td>
<td>4.99*</td>
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<tr>
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<td>-1.66</td>
<td>2.22</td>
<td></td>
<td>11.29**</td>
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<tr>
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<td>.44</td>
<td>.96</td>
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<td>.29</td>
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<td>105.06</td>
<td>7.76</td>
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<td>4.25</td>
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<td>Activity</td>
<td>3.55</td>
<td>1.21</td>
<td>3.50</td>
<td>1.10</td>
<td></td>
<td>.85</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>3.90</td>
<td>.83</td>
<td>3.81</td>
<td>1.28</td>
<td></td>
<td>.47</td>
</tr>
</tbody>
</table>

a N = 11
b N = 16
*p < .05
**p < .01
average score ($\bar{X} = 3.59$, $SD = 1.17$). Satisfaction level also resulted in an above average score ($\bar{X} = 3.74$, $SD = 1.06$).

The subject variables that were significantly different were IQ, education level, marital status and life-satisfaction. The mean IQ score for the entire group was 108.75 ($SD = 14.57$). Christian males and females had significantly higher IQ scores ($F = 9.99$, $p < .001$). The mean education level for the entire group was 10.01 years ($SD = 4.47$). Christians also scored higher in terms of education level ($F = 4.41$, $p < .05$).

In regards to marital status there was a significant difference in the basic structure of the sample. More female subjects were widowed (25 out of 32). On the other hand, more males interviewed were married (15 out of 22).

The Life-Satisfaction Inventory showed similar results for all groups only in the rating of "best time of life." The mean score for "best time of life" for the entire group was 3.35 of a possible score of 5 ($SD = 1.27$). This rating ranged from early childhood to retirement. The mean score indicated a preference for middle to late adulthood as the best time of life; the most common statement being, "when the children were grown and responsibilities were less."

All other measures of Life-Satisfaction indicated that the Christians scored significantly higher in rating past ($F = 6.83$, $p < .015$), present ($F = 5.79$, $p < .025$), and future ($F = 4.99$, $p < .03$). When measuring preference for past rather than present (Retrotension) males significantly preferred past to present ($F = 11.29$, $p < .002$). (Males often referred to pre-retirement days as the most gratifying.)
When mean scores for each area are seen for each group (Figure 1) an interesting trend emerges. Christian males perceived past, present, and future as fairly similar and positive. Christian and Jewish females showed increased scores over the three periods, whereas Jewish males showed a decrease from past to present, to be followed, however, by a better future. Finally, there was no indication that higher age resulted in lower life-satisfaction scores.

**Descriptive Statistics—Tennessee Self Concept Scale**

Descriptive statistics for the major dependent variable, the TSCS, also resulted in several similarities across sex and religion as well as some interesting differences. (These results are presented in Table 2). Significant differences were found in the neuroticism rating with Christians scoring higher in this area ($F = 4.61, p < .05$). A difference was also found in the true-false ratio which was defined as a response bias or tendency to agree regardless of item content. Jewish males and Christian females were more inclined to do so ($F = 5.12, p < .03$).

The final difference was in the area of net conflict which was predicted to correlate with the true-false measure. The Jewish males and Christian females also yielded higher net conflict scores ($F = 11.36, p < .002$). This conflict score resulted when positive and negative statements regarding the same self-description were in contradiction.

**Correlation of Subject and TSCS Variables**

To further understand intercorrelations between subject variables and self-concept variables, Pearson product-moment correlations...
Fig. 1. Mean scores for the Life Time Perspective Inventory based on the following four groups composing the total aged sample: Jewish Males (JM), Christian Males (CM), Jewish Females (JF), and Christian Females (CF).
TABLE 2

Descriptive Statistics for TSCS Subscales

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>F(Sex)</th>
<th>F(Religion)</th>
</tr>
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<tbody>
<tr>
<td>Self Criticism</td>
<td>34.18</td>
<td>7.16</td>
<td>33.56</td>
<td>5.93</td>
<td>29.81</td>
<td>6.70</td>
<td>31.31</td>
<td>5.67</td>
<td>.06</td>
<td>3.30</td>
</tr>
<tr>
<td>F-Total</td>
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<td>29.20</td>
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<td>38.86</td>
<td>369.00</td>
<td>32.58</td>
<td>.83</td>
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<td>Identity</td>
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<td>129.56</td>
<td>9.94</td>
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<tr>
<td>Self-Satisfaction</td>
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<td>13.89</td>
<td>133.43</td>
<td>12.68</td>
<td>126.27</td>
<td>16.57</td>
<td>110.18</td>
<td>13.34</td>
<td>1.91</td>
<td>3.51</td>
</tr>
<tr>
<td>Behavior</td>
<td>119.54</td>
<td>10.15</td>
<td>116.13</td>
<td>13.98</td>
<td>122.09</td>
<td>15.37</td>
<td>120.25</td>
<td>13.39</td>
<td>.11</td>
<td>.81</td>
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<td>9.15</td>
<td>62.93</td>
<td>10.39</td>
<td>72.26</td>
<td>10.77</td>
<td>66.31</td>
<td>9.36</td>
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<td>Moral Self</td>
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<td>77.68</td>
<td>5.57</td>
<td>80.00</td>
<td>6.66</td>
<td>80.37</td>
<td>6.81</td>
<td>.28</td>
<td>3.34</td>
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<td>Personal Self</td>
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<td>67.56</td>
<td>10.23</td>
<td>73.18</td>
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<td>8.60</td>
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<td>1.05</td>
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<td>Family Self</td>
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<td>76.43</td>
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<td>79.63</td>
<td>6.13</td>
<td>76.68</td>
<td>7.39</td>
<td>.01</td>
<td>1.74</td>
</tr>
<tr>
<td>Social Self</td>
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<td>8.67</td>
<td>70.81</td>
<td>7.10</td>
<td>71.81</td>
<td>10.26</td>
<td>75.37</td>
<td>8.09</td>
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<td>1.14</td>
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<td>Defensiveness</td>
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<td>13.52</td>
<td>64.25</td>
<td>12.09</td>
<td>71.90</td>
<td>11.74</td>
<td>71.00</td>
<td>11.35</td>
<td>1.28</td>
<td>1.47</td>
</tr>
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<td>General Maladjustment</td>
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<td>95.43</td>
<td>10.56</td>
<td>101.27</td>
<td>11.58</td>
<td>98.18</td>
<td>9.71</td>
<td>.52</td>
<td>1.66</td>
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<td>Neuroticism</td>
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<td>92.27</td>
<td>12.25</td>
<td>87.50</td>
<td>12.25</td>
<td>2.43</td>
<td>4.61*</td>
</tr>
<tr>
<td>True False Ratio</td>
<td>1.51</td>
<td>.74</td>
<td>1.19</td>
<td>.17</td>
<td>1.21</td>
<td>.15</td>
<td>1.36</td>
<td>.40</td>
<td>.57</td>
<td>.05</td>
</tr>
<tr>
<td>Net Conflict</td>
<td>38.09</td>
<td>23.53</td>
<td>21.93</td>
<td>12.09</td>
<td>21.27</td>
<td>7.44</td>
<td>31.50</td>
<td>10.65</td>
<td>.57</td>
<td>.09</td>
</tr>
<tr>
<td>Total Conflict</td>
<td>41.90</td>
<td>14.72</td>
<td>32.93</td>
<td>5.92</td>
<td>27.09</td>
<td>8.06</td>
<td>31.87</td>
<td>9.34</td>
<td>.04</td>
<td>3.45</td>
</tr>
</tbody>
</table>

a N = 11  
b N = 16  
* p < .05
were performed. The obtained correlation matrix is presented in Table 3.

The demographic variable of age, as predicted, showed no significant correlations with other scores and was therefore eliminated from this table. Despite the lack of differences between the groups in the areas of health, activity, satisfaction level, and total positive self-concept score (P-Total), there were some interesting relationships between these variables. As was predicted, health was a very salient variable in this analysis. Better health was associated with higher activity levels, higher P-Total scores, and higher levels of satisfaction. Likewise, health was positively related to past, present, and future Life-Satisfaction scores.

The variable of education was significantly and positively related to higher SES. Education was also related to higher activity level and to a hope for a better future. Finally, education level was highly related to IQ scores.

The variable of higher activity level correlated significantly with higher satisfaction, higher P-Total scores, higher IQ, and higher expectations for a better future. The variable of satisfaction level, obtained through the interviewer subjective rating, correlated even more significantly with the total self-concept score. Quite naturally this interview measure of satisfaction correlated with the Life-Satisfaction measure which was a more objective rating of the same concept. Whereas other variables, such as activity and P-Total correlated with Future Life-Satisfaction, the interview ratings of satisfaction correlated significantly with all three measures of
### TABLE 3

Matrix of Pearson Correlations Between the Descriptive and the Experimental Variables for the Total Sample

<table>
<thead>
<tr>
<th>Variables</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>.11</td>
<td>-0.04</td>
<td>.44</td>
<td>.40</td>
<td>.33</td>
<td>.16</td>
<td>.25</td>
<td>.24</td>
<td>.23</td>
</tr>
<tr>
<td>Education</td>
<td>.48</td>
<td>.38</td>
<td>.10</td>
<td>.09</td>
<td>.61</td>
<td>.03</td>
<td>.20</td>
<td>.23</td>
<td></td>
</tr>
<tr>
<td>Socio-Economic Status</td>
<td>.10</td>
<td>-0.01</td>
<td>.07</td>
<td>.26</td>
<td>-1.3</td>
<td>.04</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>.62</td>
<td>.26</td>
<td>.35</td>
<td>.12</td>
<td>.24</td>
<td>.29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.32</td>
<td>-0.03</td>
<td>.28</td>
<td>.42</td>
<td>.45</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSCS Total Positive Score</td>
<td>-.01</td>
<td>.42</td>
<td>.34</td>
<td>.38</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>IQ</td>
<td>.06</td>
<td>.16</td>
<td>.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Life Satisfaction Inventory</td>
<td>.75</td>
<td>.67</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Present</td>
<td>.93</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Future</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*\(N = 54\)  \(^{a}p < .05\)  \(^{b}p < .01\)  \(^{c}p < .001\)
Life-Satisfaction. All three Life-Satisfaction measures also correlated significantly and positively with better health.

The total positive self-concept score correlated highly with all three Life-Satisfaction measures cited above. Whereas the satisfaction rating yielded higher correlations in terms of present and future, the P-Total outcome was related more significantly to Past Life-Satisfaction.

The correlations of Life-Satisfaction measures with each other showed that the past was somewhat less associated with both present ($r = .75$) and future ($r = .67$) scores. On the other hand, present and future scores were quite interdependent (.93). This was understandable considering the age of the sample. It was somewhat difficult for an 80-year-old person to separate the present from the future. Borntner and Hultsch (1972) had predicted a decrement in Life-Satisfaction with increasing age. It is gratifying to find that this is not always inevitable.

**Correlation of the TSCS Subscales and Relevant Subject Variables**

Certain subject and interview variables were significantly related to subscales of the TSCS. A correlation matrix of these relevant variables (Table 4) is helpful in evaluating several hypotheses that have been suggested.

It is fairly clear that the better health resulted in a higher self-concept in every area except moral and personal self. In addition, persons with poorer health were much more variable and inconsistent in their responses. The correlation between health and variability was -.38.
### TABLE 4
Matrix of Pearson Correlations Between Relevant Subject Variables and TSCS Subscales

<table>
<thead>
<tr>
<th>Variables</th>
<th>Health</th>
<th>Activity</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity</td>
<td>.43c</td>
<td>.36b</td>
<td>.40b</td>
</tr>
<tr>
<td>Behavior</td>
<td>.30b</td>
<td>.26a</td>
<td>.35b</td>
</tr>
<tr>
<td>Self Satisfaction</td>
<td>.21a</td>
<td>.15</td>
<td>.17</td>
</tr>
<tr>
<td>Physical Self</td>
<td>.56c</td>
<td>.38b</td>
<td>.33b</td>
</tr>
<tr>
<td>Social Self</td>
<td>.22a</td>
<td>.22a</td>
<td>.16</td>
</tr>
<tr>
<td>Family Self</td>
<td>.21a</td>
<td>.21a</td>
<td>.16</td>
</tr>
<tr>
<td>Moral Self</td>
<td>.14</td>
<td>.04</td>
<td>.16</td>
</tr>
<tr>
<td>Personal Self</td>
<td>.14</td>
<td>.16</td>
<td>.28a</td>
</tr>
<tr>
<td>Total Variability</td>
<td>-.38b</td>
<td>-.41c</td>
<td>-.10</td>
</tr>
</tbody>
</table>

N = 54,  \(^a_p < .05\),  \(^b_p < .01\),  \(^c_p < .001\)
Activity level was also positively related to such logical variables as behavior, identity, and social self. It is noteworthy to observe that activity level was not related significantly to self-satisfaction or personal self. High activity level is not the only means of attaining personal satisfaction in old age. The satisfaction rating also correlated highly with identity, behavior, physical self, and personal self. It did not relate to self-satisfaction. Evidently, the satisfaction rating as a measure of current life satisfaction is dependent upon external situations and factors beyond one's own control.

Though not indicated in Table 4, sex correlated with two variables of interest. As predicted, males were more positive regarding the physical self. Females were more negative in this area and were higher in the area of total variability on the entire test. Females did not, as predicted, score higher on the total self-concept score.

Religion, though a discrete variable, has been included in the list of relevant variables as the correlations over several of the subscales did reveal that Christians were consistently higher in positive TSCS scores. Not a great deal of confidence was held for these results taken in isolation with the variable of religion. As was mentioned before, the initial analyses had identified the Christians as higher in IQ and education level. Later analyses also indicated that education and IQ were positively related to higher self-concept scores. Therefore, one is unsure as to the contribution of religion per se. As a result, a multiple-regression analysis was
planned and performed in order to determine which variables would be most salient in the prediction of TSCS subscale scores.

**Multiple Regression—Subject Variables and TSCS Subscales**

Multiple regression analyses were performed on the nine major subscales of the TSCS (Tables 5 & 6). The first noticeable result of this analysis (Table 5) was the fact that subjects' response bias on the TSCS (true-false ratio) was very influential in determining their total positive self-concept scores. An analysis was performed to determine how much the next most salient variable of health could predict independently without taking response bias into consideration first. For the P-Total score, results indicated that health was able to account for a great deal of the variance without considering response bias. Nevertheless, response bias showed up consistently in the multiple analyses of each subscale indicating that it was a methodological factor influencing various subscale scores in a different but nevertheless unavoidable way.

As anticipated, health accounted for most of the variance in the physical self subscale. The areas where health was also very influential were P-Total and identity.

Religion was a significant contributor to several subscales. The most noticeable impact of religion was in the areas of the moral and family self. IQ which, as was noted previously, was higher for the Christian subgroup was also a frequent predictor of subscale scores. The subscales of P-Total, self-satisfaction, moral self and personal self were influenced positively by higher IQ scores as was predicted.

Satisfaction and activity appeared occasionally as significant
Regression Analysis of P-Total, Identity, Self-Satisfaction and Behavior

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Multiple Regression</th>
<th>Independent Variable</th>
<th>Beta</th>
<th>$F$ (df = 1,52)</th>
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</thead>
<tbody>
<tr>
<td>P-Total</td>
<td>.50</td>
<td>Health</td>
<td>.37</td>
<td>10.27</td>
</tr>
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<td></td>
<td></td>
<td>True-False</td>
<td>-.42</td>
<td>13.21</td>
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<td></td>
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<td>Religion</td>
<td>-.32</td>
<td>6.58</td>
</tr>
<tr>
<td></td>
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<td>IQ</td>
<td>.30</td>
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<td>Health</td>
<td>.43</td>
<td>12.37</td>
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<tr>
<td></td>
<td></td>
<td>True-False</td>
<td>-.29</td>
<td>6.35</td>
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<td>Satisfaction</td>
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</tr>
<tr>
<td>Self-Satisfaction</td>
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<td>True-False</td>
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</tr>
<tr>
<td></td>
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<td>Sex</td>
<td>-.23</td>
<td>3.83</td>
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<tr>
<td></td>
<td></td>
<td>Religion</td>
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<td>6.04</td>
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<td>-.29</td>
<td>4.89</td>
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<td>Behavior</td>
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<td>Satisfaction</td>
<td>.34</td>
<td>7.09</td>
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<tr>
<td></td>
<td></td>
<td>True-False</td>
<td>-.31</td>
<td>6.68</td>
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</table>
Regression Analysis of TSCS Subscales

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Multiple Regression</th>
<th>Independent Variable</th>
<th>Beta</th>
<th>( F ) (( N = 54, \text{df} = 1,52 ))</th>
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<tbody>
<tr>
<td>Physical Self</td>
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<td>Health</td>
<td>.57</td>
<td>24.52</td>
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<tr>
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<td>True-False</td>
<td>-.33</td>
<td>6.37</td>
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<td></td>
<td>IQ</td>
<td>-.27</td>
<td>4.58</td>
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<tr>
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<td>Religion</td>
<td>-.38</td>
<td>8.69</td>
</tr>
<tr>
<td>Personal Self</td>
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<td>Satisfaction</td>
<td>.29</td>
<td>5.67</td>
</tr>
<tr>
<td></td>
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<td>True-False</td>
<td>-.28</td>
<td>5.23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IQ</td>
<td>-.34</td>
<td>6.29</td>
</tr>
<tr>
<td></td>
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<td>-.27</td>
<td>4.05</td>
</tr>
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<td>Family Self</td>
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<td>True-False</td>
<td>-.52</td>
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<td>Social Self</td>
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<td>-.36</td>
<td>8.06</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Satisfaction</td>
<td>.31</td>
<td>6.73</td>
</tr>
</tbody>
</table>
predictive variables. When either rating was high the other rating contributed very little to the total variance.

In conclusion, the most significant method variable contributing to almost every subscale was the true-false response bias ratio. Evidently, the tendency to agree in this case regardless of item content was very salient in the scores of the aged subjects. This tendency was noticeable in every area, but most significantly in the sensitive areas of self-satisfaction, moral, family, and social self. The results of the total regression analysis clearly support the fact that this response bias was more significant in predicting TSCS scores in an aged sample than individual personality differences.

Descriptive Statistics--Aged Sample and TSCS Norms

Comparison of TSCS norms and the aged sample in this true-false ratio and for all other TSCS subscales is presented in Table 7. T-tests for all comparisons indicate that with the exception of identity, neuroticism, and general maladjustment, the aged sample did differ significantly from the normative sample in several TSCS scores. As is clear, the aged sample indicated a clear response bias or tendency to respond positively regardless of item content. In terms of methodological issues the aged sample, in line with Trimakus' results (1972), had significantly higher defensiveness scores and higher amounts of conflict or confusing and contradictory responses.

In terms of other predictions, the aged had significantly lower scores on the physical self and significantly higher scores on the moral self, as was hypothesized.

Evidently, until the methodological issues are eliminated and
<table>
<thead>
<tr>
<th>Variables</th>
<th>TSCS Norm Sample</th>
<th>Aged Sample</th>
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<tr>
<td></td>
<td>M</td>
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<tr>
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*^a p < .05,  ^b p < .01,  ^c p < .001
Aged subjects have more familiarity with personality testing; it will be difficult to determine how much aged persons are inclined to answer in a socially desirable way and how much of their defensiveness is independent of the structure of the test. With the sample under investigation, it was anticipated that satisfaction and adjustment would be at least equal to the normative sample in several areas. These subjects had access to opportunities for worthwhile activities. The comfort of good housing, access to unlimited social involvement or to privacy, the access to transportation and frequently to family, suggested that these aged persons would have a fair chance of maintaining their feelings of self-worth. The total self-concept scores for this sample were significantly higher than the normative sample. As was noted, the aged sample scored significantly higher on such important areas as self-satisfaction and the social self. However, both of these areas were highly dependent upon the subjects' tendency to agree regardless of item content (true-false bias). This finding is similar to that of Kogan (1961) who administered a test on attitudes toward aging to healthy aged adults and found a clear acquiescence response set. Finally, scores for this sample indicated some distinct problems with personal integration and seem indicative of overall conflict and confusion. How much of this confusion might be attributed to personality factors and how much to not being testwise is difficult to determine.

Clearly, the defensiveness aspect cannot be ignored. Aged persons may perhaps feel it necessary to present an optimistic picture of themselves to maintain their self-respect. Perhaps, as Trimukus
(1972) noted, defensiveness is a positive reaction, i.e., a higher degree of defensiveness in old age may facilitate adjustment. This investigator, in administering the TSCS, perceived in the aged both a strong desire to be truthful and realistic and a need to present a satisfied picture of themselves. Many of the subjects noted that despite certain weaknesses or imperfections they were satisfied with themselves and willing to admit it would be difficult to change themselves, families, or friends. In line with Erikson, the subjects in taking the TSCS, needed to look back and then affirm their own ego-integrity.

Finally it must be noted that the self-report measure brings with it certain presentation issues. It may be that paper and pencil objective recordings of personality are still unfamiliar and awkward means of self-expression for aged subjects. It is suggested that this measure be revised before future work is done with aged samples. Specifically, the true-false bias merits attention. Some of the subscales of the TSCS are composed of almost all negative statements. For example, since aged subjects have indicated a tendency to acquiesce this can deflate their ratings on particular subscales in which definition of a positive self is in terms of denial of negative statements.

This investigator attempted to include multiple ratings of many personality measures, e.g., health status, life-satisfaction, social self, etc. (through the objective self-report and through the interviewer's evaluation of open-ended questions regarding these measures). Both measures, however, depended upon self-report. It is
suggested that other behavioral measures or ratings by physicians, close friends, or family in terms of these descriptive aspects of personality be included in future research.

Finally, a few comments are in order for the remaining measures in this study. The Quick IQ Test was a pleasant and very suitable test of intellectual ability for all subjects. It was a discriminator of IQ differences, and at the same time the structure allowed the interviewer to leave the subject with a feeling of competence.

The Life-Satisfaction measure was also well accepted by a majority of the subjects. The gratifying point to mention is that the aged did not all perceive the past as better than the present and future. As anticipated, society is still lacking in provision of meaningful roles and identity for retired males. However, with the availability of interesting and very diversified and meaningful activities, such as the local parish for some and the Jewish Community Center for persons of all religions, this aged sample was optimistic regarding the present and future. These results are very encouraging and indicate the impact that satisfying activities and a stimulating environment can have on an aged population.

Once personality tests are proven suitable for assessing an aged sample, it is suggested that more research be done comparing housing facilities for the aged with specific quality programs with housing facilities lacking these programs. It is this writer's opinion that until an attempt is made to reduce methodological errors in the personality tests cited in this study, large scale objective
testing of aged samples with these measures would be unwise.

An attempt was made in this study to make the testing situation as realistic and fruitful as possible for all involved. An attempt was made to use the time consuming open-ended interview setting with an aged sample in conjunction with objective tests having questionable face validity for the subject. The recommendation, after several hundred hours of interviewing, is that researchers work to design a structured type interview that gives the subjects limits and direction as to the interview goals and at the same time gives enough opportunity to bring up issues that may be pressing to the subjects but omitted by the interviewer. At this exploratory stage it is imperative that researchers give the aged an opportunity to add, delete, and revise gerontology research. This investigator has found openness to suggestions the most productive aspect of this study in terms of future research goals in the study of aging.
SUMMARY

Relevant theories and research on the self-concept in the aged were reviewed. Results indicated there was little conclusive evidence pointing either to a decrease or increase in self-concept with age. This study attempted to measure the self-concept of reasonably healthy and active aged subjects. Fifty-four males and females of the Rogers Park Area in Chicago were the subjects for this study. The Tennessee Self Concept Scale (TSCS) was the instrument used to measure self-concept. In addition to this objective measure, an attempt was made to obtain multiple ratings of personality dimensions within the TSCS (e.g., the physical self and the social self). The interview technique was employed for this purpose. In addition, objective tests of life-satisfaction and intellectual functioning were included to complete the total personality evaluation.

Results indicated that there was no clear cut decrease in self-concept with age. Age per se was too gross an index to predict any relationships between personality variables for these aged subjects. These subjects scored significantly higher in the positive total self-concept score than the TSCS normative sample. They also scored significantly higher in the TSCS defensiveness scale.

Factors contributing most significantly to the self-concept scores were health, satisfaction level, IQ, and response bias. This last methodological factor indicated that aged subjects tended to agree to TSCS statements regardless of item content. Recommendations
for test revision were suggested.

It was also noted that despite the impact of systematic methodological error, correlations of the TSCS and relevant interview variables indicated that this sample manifested a strong desire to remain engaged and to maintain self-worth. The life-satisfaction measure indicated that this aged sample, contrary to predictions, felt very optimistic about the present and future. Suggestions for future research in aging were included.
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PRELIMINARY INFORMATION

1. Name ____________________________________________

2. Age ___________

3. Marital status (check one):
   Single ___________ Divorced ___________
   Married ___________ Widow ___________
   Separated ___________ Widower ___________

4. How long have you lived in the Devon Sheridan Building? ________

5. What was your major occupation? ____________________________________
   What was your spouse's major occupation? ________________________________

6. How many years did you attend school? Number __________________________

7. Please indicate your willingness to participate in the study by checking below:
   ____________ Definitely willing
   ____________ Probably willing - Would like to consider and discuss it.
   ____________ Undecided at present
   ____________ Probably not willing but might reconsider.
   ____________ Definitely unwilling

8. Telephone number ______________________________
   If no telephone, apartment number _________

9. If you checked "definitely not willing" please indicate your reason below:
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
Senior Citizens' Interview

Name ____________________ Sex __________ Code ________

FAMILY CONSTELLATION

Date of birth ____________

Place of birth ____________________ (Rural, town city)

Brothers and Sisters (Oldest to youngest, circle subject)

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</table>

Comments:

Spouse(s) (Write "none" if single.)

Name ____________________

Married (Year) ____________ ____________ ____________

S, I. W**

Year ____________________

Comments:

Children

Name ____________________

Born (Year) ____________ ____________ ____________ ____________ ____________

S, M, S, D, W**

Live* ____________________ ____________________ ____________________ ____________________ ____________________ ____________________

#Children ____________________ ____________________ ____________________ ____________________ ____________________ ____________________

#Grandchildren ____________________ ____________________ ____________________ ____________________ ____________________ ____________________

Deceased (Yr.) ____________________ ____________________ ____________________ ____________________ ____________________ ____________________

Comments:

NOTE: *C = City; A = Area, < 50 Miles; F = Far, 50-500 Miles; VF = Very Far, > 500 Miles.

**M = Married, Si = Single, S = Separated, D = Divorced, W = Widowed
INTERVIEW: SENIOR CITIZENS

(Prior to starting interview, turn on recorder and dictate your name as interviewer, the name of the subject, and the date. Play back to be sure that everything is in working order. The recorder need not be turned on during the introductory remarks, but DO NOT FORGET TO TURN IT ON FOR THE INTERVIEW!)

AS YOU KNOW, THERE HAS BEEN A GREAT DEAL OF TIME AND STUDY DEVOTED TO CHILDREN BUT WE KNOW MUCH LESS ABOUT ADULTS AND AGING. WE THINK THAT THIS IS A BAD OVERSIGHT AND WE HOPE THAT BY LEARNING MORE ABOUT PEOPLES' EXPERIENCES AND HOW THEY GROW AND CHANGE, WE CAN GET IDEAS ABOUT WHAT IS IMPORTANT.

WE ARE GOING TO BE TALKING TO A NUMBER OF YOU HERE TO LEARN ABOUT YOUR EXPERIENCES AND REACTIONS. I HOPE THAT YOU WILL FEEL FREE TO TALK ABOUT YOURSELF. THESE INTERVIEWS ARE COMPLETELY CONFIDENTIAL. ONLY THOSE OF US WHO ARE WORKING ON THIS PROJECT WILL SEE THE INTERVIEW AND WE WILL BE GIVING EVERYONE A NUMBER. WHEN WE REPORT ON THIS STUDY, IT WILL BE ABOUT PEOPLE AS A GROUP AND WILL NOT HAVE ANYTHING ABOUT WHAT A PARTICULAR PERSON SAID OR DID.

AS I THINK YOU HEARD, WHEN WE GET TO THE END OF THIS STUDY, WE WANT TO HAVE A PARTY AND INFORMATION SHARING MEETING FOR EVERYONE WHO PARTICIPATED. WE ARE GOING TO HAVE A LOT OF INFORMATION, SO IT WILL TAKE A WHILE TO GET IT TOGETHER SO WE CAN TALK ABOUT IT, BUT WE SHOULD HAVE SOME PICTURE TO GIVE YOU IN THE FALL.

DO YOU HAVE ANY QUESTIONS?....

IF YOU GET TIRED OF SITTING, TELL ME AND WE CAN TAKE A BREAK. WE'RE GOING TO START WITH SOME SORT OF BASIC INFORMATION ON THESE SHEETS I HAVE HERE.

(Stop if problem--give quick test if possible.)

(Complete Family Constellation Sheet.)
OK. HOW LET'S JUST TALK ABOUT YOUR EXPERIENCES. I'M GOING TO
TURN ON THIS RECORDER SO THAT I DON'T HAVE TO BE DOING A LOT OF WRITING
WHILE I'M LISTENING. DOES IT MAKE YOU FEEL SELF-CONSCIOUS TO HAVE THE
RECORDER ON?

(Turn on recorder. Allay anxiety or reluctance—any comforting
remarks including fact that you used to feel self-conscious, too,
but after a while you sort of forget that it is there. Might
offer to let person listen to current talk if they would seem
to like a playback.)

CHILDHOOD SO WE GET A PRETTY COMPLETE PICTURE OF YOU, LET'S START
AT THE BEGINNING—WHAT ABOUT YOUR CHILDHOOD—WHAT DO YOU
REMEMBER ESPECIALLY ABOUT THAT?....

(PROBES: Be sure to obtain information if not supplied
spontaneously.)

Parents What about your parents—what were they like?
what kind of people—strict, easy-going?
How did you get along with them?
How do you feel about them now as you look back?
Was your family close knit—Did they do things together?
Did you always live in the same place?

Siblings What about your brothers and sisters—what were they like?
Reactions to being oldest, youngest, middle, etc.
Were you especially close to certain one(s)?
Problems with certain ones?

Others Were there any other people who lived with your family
or who were especially close?
Who and what effect?

School School—how did you like grade school? Some children
like it a lot and others would just as soon forget about
it. What about you?

What did you like most about it?
What did you like least about it?
Did you have any special interest in certain activities,
such as sports, clubs, etc.?
Parents encourage education?
Performance? Good or poor student.
Activities

How did you like to spend your free time?

(Attempt to find out about friends vs. solitary pursuits.)

Any special hobbies? (especially as group or individual)

What about other kids--did you like to play with a group or do things with a particular person?

How would you describe yourself as a youngster?

For example, were you shy or out-going, pleased with yourself or not so happy--that kind of thing.

Special problems or worries?

Other persons, family see you?

Like average or different in some way?

In summing up, would you say your childhood was pretty ordinary or was there anything that was special or different?

Anything important that we didn't cover?--e.g., separations, economic situations, moving, parental illness.

ADOLESCENT

WELL, I GUESS THAT BRINGS US UP TO TEEN AGE. SOME PEOPLE SAY IT'S THE HAPPIEST TIME OF YOUR LIFE, BUT I KNOW A LOT WHO THINK IT'S A DIFFICULT TIME. WHAT ABOUT YOU?

YOUNG

TEENAGERS CERTAINLY HAVE A LOT TO DO--THINKING ABOUT GROWING UP, FINDING A SPOUSE, FIGURING OUT WHO YOU ARE AND BECOMING INDEPENDENT, AND DECIDING ON AN OCCUPATION (Latter especially if male). LET'S THINK ABOUT THESE DIFFERENT THINGS FOR YOU.

ADULT

Education

(If continued beyond grade school, inquire about continuing education.)

I gather you were also continuing in high school and/or college.

Types of courses--plan for job or future?

Liking for education?

Reason for leaving school if before completion.

Satisfaction with amount of education?

Work

You were also thinking about the work you would be doing?

Planning and getting into job -- alternatives open (family business?)

Liking for work--satisfaction with choice

(If lack of direction) "hat doing and considering? Problems in making decision?

Frustrations - as lack of job opportunities.
Parents
What about your relationship with your parents during this time—were you still quite close or were you eager to be on your own?
Possible need to contribute to family as finances or assistance?
Feelings about parents at time?
Did your parents help you to be on your own?

Friends
What relationships with others your own age?
Opportunity?—kids around
Close friends—what like

Dating
This is a time people often start getting interested in the opposite sex and dating.
How about dating boys/girls?
Wanting to date—problems, e.g., not permitted by parents?
Did you go out with a lot of different people or just a few special ones?

(If married) Did you meet husband/wife during this time?

ADULT
NOW LET'S THINK ABOUT THE TIME FROM WHEN YOU WERE A YOUNG ADULT UP TO THE PRESENT. AS ADULTS, WE HAVE QUITE A NUMBER OF DIFFERENT ROLES, SUCH AS WIFE/HUSBAND, PARENT, FRIEND, BREAD-WINNER, ETC. EVEN THOUGH THESE ROLES ARE ALL MIXED TOGETHER, LET'S TRY TO SORT THEM OUT.

Spouse—Marriage
FIRST, WHAT ABOUT YOUR ROLE AS A WIFE AND YOUR HUSBAND (OR ROLE AS HUSBAND AND YOUR WIFE)?

Describe self and husband as young couple.
What sort of persons? (Self and spouse.)
What interests—same or different?

Did you get along about as well as most married couples or maybe things were better or worse?...
What especially good about marriage?
What especially poor or bothersome about marriage?
Who wore the pants—you or spouse or about 50-50?
Closeness to spouse?

Changes in marriage or relationship over time?...
Children—did arrival affect?
Children—did growing up and leaving home make difference?
Illness or other special events affect?
Retirement—effects on husband himself and his retirement on wife.

Reaction to death of spouse (if applicable)?
How adjust to being alone?
Parent

WHAT ABOUT YOUR ROLE AS A MOTHER/FATHER? THAT'S CERTAINLY A NEW EXPERIENCE FOR EVERYONE. COULD YOU TELL ME ABOUT YOUR EXPERIENCE?....

Relationship with and reactions to children?
What enjoy most and least about being mother/father?
Special rewards and satisfactions?
Worries and concerns, sacrificed?
Closeness of relationship as young and grow up?

Reaction to children growing up and leaving home?....
Feelings about empty nest?
What continuing relationship—closeness or loss of contact?

How does it seem to be a grandparent?

Subject as [Son, Daughter]

EVEN THOUGH WE HAVE BEEN TALKING ABOUT YOU AS A PARENT, WHAT ABOUT YOUR CONTINUING RELATIONSHIPS WITH YOUR PARENTS AND YOUR SPOUSE'S PARENTS?....

Closeness? Get on well or conflicts?
Helping relationships, parent to child or child to parent?
Feelings about?
Changing roles, parent more dependent, etc.
Reactions to loss of parents?

Occupation (Full-time)

WHAT ABOUT YOUR OCCUPATION? I NOTE THAT YOU WERE A [ ] INTO THAT?....(Idea here is to get history in general terms—not each actual job. Did subject have many jobs and disorganized work history or was it orderly progression or similar work over time?)

Reasons for choice (if not ascertained previously)?

Reactions to work as:
Satisfactions and rewards?
Pleasure in special accomplishments?
Dissatisfactions—what annoyed, bothered?
Work as major part of life or something just have to do?

Relationships with co-workers:
Closeness at work
Socializing outside of work?

Reactions to retirement:
Age?
Voluntary or required? Health reasons?
Feelings about retirement?
Adjustment following?—Easy or difficult?
Handling of time?
(Part-time) (Especially female as work prior to marriage or part-time during later years. If subject thinks of as volunteer activities, accept information here.) DID YOU EVER WORK OUTSIDE OF THE HOME?....WHAT?....

What were reasons for working--interest or necessity?
Enjoyment of work?
Reactions to and reason for stopping?

(Questions from full-time occupation as seem relevant.)

Housewife WHAT ABOUT BEING A HOUSEWIFE? HOW WAS THAT ROLE?....

Enjoyment of role: satisfactions and dislikes.

Other Activities SOME PEOPLE FIND RAISING A FAMILY A FULL-TIME JOB, OTHERS STILL MANAGE OUTSIDE ACTIVITIES. WHAT ABOUT YOU?....WHAT ABOUT YOUR ACTIVITIES, FOR EXAMPLE HOBBIES, THINGS YOU DID FOR FUN, THINGS TO HELP OTHERS?....

(Aim here is to obtain picture of activities and social relationships over time including the present.)

Hobbies, sports

Seeing friends, social activities, clubs

Volunteer work, community participation

OTHER ASPECTS THAT SEEMS VERY COMPLETE ABOUT YOUR VARIOUS ROLES. NOW THERE ARE JUST A COUPLE OF OTHER THINGS TO TALK ABOUT.

Health WHAT ABOUT YOUR HEALTH OVER THE YEARS? HAVE YOU HAD ANY SPECIAL PROBLEMS, ACCIDENTS, ILLNESSES?....

Childhood, adult, present?
Lasting limitations or handicaps?
Reactions to--especially current status (as amount of concern, effect on activities, or try to ignore).

Religion WHAT PART WOULD YOU SAY THAT RELIGION HAS PLAYED IN YOUR LIFE?....

What religion?
Importance and participation over years?
Church or temple attendance?
Participation in church-related activities?
Find faith helpful?
Self-Concept

How do you feel about yourself—what do you like or dislike?...

What are strong points and weaknesses?
How do you think others see you—same or different from your view?

Do you think there have been changes in your concept of yourself?
Compare young adult, older, and now as more or less positive, satisfied, capable?

Reactions to getting older as better or worse than expect?
What like most and least?

Philosophy

I think a lot of us have a sort of philosophy of life—A few ideas that you try to live by? (e.g., as "you get out of life what you put into it" but probably interviewer should avoid giving example if possible.)

Anything Else

Is there anything that we haven't covered that you think might be important in this picture of you?

Conclusion

Interviewer should:

Handle any anxiety about interview.
Thank subject. (You enjoyed discussing things with subject, hope he did too.)
Remind that there will be other things—will be in touch for time.
APPENDIX B
Health Rating Scale

6. Excellent
   Nothing wrong.

5. Above Average
   Very minor things or start of very minor things but not disabling or debilatating.

4. Average
   Very mild arthritis; very mild eyesight problems (glasses; recovered from cataracts); very mild hearing problems; very mild stomach dysfunctions (infrequent colitis, mild start of ulcers); mild controlled diabetes; recovered from stroke; very mild restricted activities; just a little disabling and a little debilatating.

3. Mild Below Average
   M.B.A. arthritis; M.B.A. eyesight (onset of cataracts, med. thick glasses, onset of optic nerve damage); M.B.A. hearing (needs hearing aid); M.B.A. stomach dysfunctions (frequent acute ulcers or colitis); M.B.A. controlled diabetes (caused correlated M.B.A. physical disability); M.B.A. stroke (M.B.A. cardiac insufficiency) with damage; M.B.A. high blood pressure; M.B.A. poor memory, forgetfulness (infrequent); paralyzed but mobile/M.B.A. mobility; M.B.A. lung, liver kidney dysfunctions/loss; loss of limb/s but mobile; M.B.A. restricted activities; M.B.A. disabled and debilatated.

2. Severe Below Average
   S.B.A. arthritis; S.B.A. eyesight (cataracts, thick glasses); S.B.A. hearing (almost deaf, hearing aid doesn't help too much); S.B.A. stomach dysfunctions (chronic ulcers/colitis); S.B.A. controlled diabetes (caused correlated S.B.A. physical disability); S.B.A. strokes (2 or more) with damage; S.B.A. high blood pressure; S.B.A. cardiac insufficiency; S.B.A. poor memory, forgetfulness (frequent); paralyzed, little mobility; S.B.A. lung, liver, kidney dysfunction/loss; loss of limb/s not to mobile; S.B.A. restricted activities; S.B.A. disabled and debilatated.

1. Bad
ACTIVITY RATINGS

1. **Extremely Low Activity Level**

   **Example:** Deteriorating physical abilities limit this subject's activities. Previous SES also was influential in limiting past and present activity level. Many former friends and relatives are deceased. The subject is able to do only light household chores, watch T.V., and sit in the sun in the summer. The subject does not participate in sponsored building activities. The subject is content for the most part with this low level of activity although she was somewhat ruminative regarding physical ailments.

2. **Low Activity Level**

   **Example:** Subject has tendency to turn inward and remain isolated from large numbers of people in the Housing Complex. Subject reads and does housework. She works as a housekeeper 6 days per month outside of the complex. Subject attends Church and occasionally visits relatives and children of deceased friends. Subject spends most time reading the Bible.

3. **Moderate Activity Level**

   **Example:** Subject handles others needs in a somewhat detached manner. Subject is not a warm or out-going person, yet she socializes with several persons outside the building and engages in apostolic activities of a religious organization. The subject travels a little, entertains visitors, and occasionally cares for her grandchildren.

4. **Above Average Activity Level**

   **Example:** Subject frequently involved in social and academic events. Subject active in numerous volunteer and social service endeavors in the past. Subject was active in sports; however she has gained too much weight to maintain this level. Subject continues to travel, read, attend social club meetings, and help her daughters in domestic chores. The subject takes advantage of plays, concerts and special cultural events arranged by the activity center in the CHA building. Subject is involved in arranging these activities and managing them.
5. **Extremely High Activity Level**

Example: Subject has good health, is mobile, and has had good social experiences (past and present) through his profession. Subject reads, maintain social contacts and close family relations. The subject has several hobbies and is active in the CHA activities.
SATISFACTION RATINGS

1. **Very Unsatisfied**
   
   **Example:** Subject very unhappy about past situation. (Subject had a heart-attack as a result of the stress involved in caring for a seriously ill husband). The subject is now obliged to visit her husband (who doesn't recognize her) and pay numerous bills, etc. Subject is not satisfied with family relations. Subject is unhappy about her poor health and continual marital responsibilities.

2. **Somewhat Unsatisfied**
   
   **Example:** Subject somewhat grateful to be living near surviving relatives (grandchildren) although he is more preoccupied with very poor health, and increased dependency on others. Subject has almost always had a low level of social grace or ease; this appears magnified presently. Subject is most unhappy because he has had to move from a rural to an urban setting due to poor health.

3. **Moderately Satisfied**
   
   **Example:** Subject glad he can visit his family although he is somewhat disappointed by his daughters-in-law's infidelity to traditional religious holidays. Subject's primary identity is with his work role and now that he has had to retire he is very restless. Subject is looking for some volunteer work to fill his life.

4. **Quite Satisfied**
   
   **Example:** Subject satisfied with fairly good health status. She is satisfied with her family relations and with her level of involvement in her residence. Although she regretted retirement she is grateful to have found a place where she can remain active and avail of selective events (concerts, volunteer work, etc.).

5. **Completely Satisfied**
   
   **Example:** Subject very satisfied with her excellent health, her family involvement, her loving and very active husband, and with all of the opportunities she has for activity. Subject is very appreciative of all of the opportunities for academic and cultural enhancement through the Jewish Community Center activities.
The thesis submitted by Dana Murphy has been read and approved by the following Committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

January 8, 1975
Date

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