Differential Personal Orientation of Bereaved and Non-Bereaved Aged

Ellen Sobo

Loyola University Chicago

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DIFFERENTIAL PERSONAL ORIENTATION OF
BEREAVED AND NON-BEREAVED AGED

by
Ellen Sobo

A Dissertation 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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Should this have been 1980, while I was still residing in Illinois, I would thank my committee, Dr. Gloria Lewis, Dr. Ernest I. Proulx and Dr. Manuel S. Silverman. I would have gone on to thank Dr. Silverman for having been my advisor and mentor throughout my graduate career at Loyola University and Dr. Lewis for having encouraged my academic growth and the development of my research skills.

It is 1981, and I no longer live in Illinois. I am still most grateful to my committee and to Loyola University with all that it has represented to me. My indebtedness to both Dr. Silverman and Dr. Lewis has grown in content and intensity. To Dr. Lewis I owe the gratitude of having transcended geography in her ability to convey her ever-positive and caring messages of support, encouragement and scholarly techniques. To Dr. Manuel S. Silverman I owe more than an appropriate expression of gratitude can convey while stopping short of overburdening the reader. Dr. Silverman rose to the task of counseling and directing my dissertation through "flood", "famine" and a move to New York.

I thank Dr. Marilyn Sue Johnson-Arbor for her friendship and partnership throughout our early research labor.

I thank my sons Scott and Robert for their patience and love. Beyond all, I thank my "white knight", Michael, for demanding achievement and supporting his demands with strength and love.
VITA

The author, Ellen Sobo, is the daughter of Nathan T. Weisman and Freda Weisman. She was born November 21, 1940 in Newark, New Jersey. She is the wife of Michael D. Sobo and the mother of Scott and Robert.

Her elementary education was obtained in the public schools of Newark, New Jersey and secondary education at Weequahic High School, Newark, New Jersey, where she was graduated in 1958. She received a B.A. from Fairleigh Dickinson University, Florham-Madison, New Jersey in 1962. Immediately following graduation, Mrs. Sobo accepted a position with Essex County Department of Social Work, Essex County New Jersey, where she worked as Social Worker administering Aid to Dependent Children and Old Age Survivors Disability Insurance.

In 1963 Mrs. Sobo married and took up residence in Baltimore, Maryland where she was awarded a special post in the Baltimore County Social Work Department. From 1963 to 1965 she worked in a specialized unit of protective services dealing with the families of abused children. In 1965 she resigned her position to begin her own family.

In 1972 Ellen began working on her Masters at Loyola University. In June of 1975 she graduated with an M.Ed. in Guidance and Counseling. During that same year she began interning in the Department of Psychological Services at Lake Forest College where she remained for three years. She entered the Doctoral Program at Loyola University in September of 1975.

In 1980 Ellen was granted an assistantship in Guidance and
Counseling at Loyola University of Chicago. During that same year she became involved with a research project which eventually led to her present dissertation work.

At present the Sobo family is adjusting to a recent move from Highland Park, Illinois to Dobbs Ferry, New York.
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CHAPTER I

INTRODUCTION

In recent years, a growing body of literature has addressed itself to the problem of the aging process, and more specifically to the specific difficulties encountered by the aged. There appear to be many reasons for the increased interest and emphasis on this particular population. For instance, in addition to growing larger, the aged population is growing older as well. That is, the average age of persons in the over 65 category is increasing. In 1940, the median age of this population was 71.4 years of age. By 1970 it had risen to 72.8 years of age. Projections indicate that it will reach 73.9 by the year 2000. This group has also grown as an absolute number from 3.1 million persons in 1900 to an expected peak of 52 million in the year 2030 (Siegel, 1976).

Although these older persons are an ever growing minority group cutting across every defined element of our society, they have been, until the very recent past, almost totally ignored in terms of their needs and rights. For example, research efforts most often lump them together as a total group with little thought to their unique or individual characteristics. The demographic descriptions found in the literature most often relate to this total population with no regard to any of the unique needs, characteristics, and support systems inherent in their minority status.
The relationship between the aged and mental health services is an excellent example of this disparity. Despite increased attention to the elderly and a marked maturity in the psychology of aging over the last decade (Rosenzweig, Porter, 1975), it is clear that these persons have received a disproportionately smaller share of psychotherapeutic services (Waters, Reiter, White, Dates, 1979). A 1974 survey by Cohen found that only 4 percent of those seen in community mental health centers were age 65 or over. Kahn (1975) indicated that contrary to helping the aged, the great mental health revolution has only contributed to their decreased involvement in the psychiatric system.

It is clear that there have been numerous factors contributing to this disparity between the needs of the elderly and the responses of the mental health community. While it is beyond the scope of this particular research effort to analyze all of these issues, some further information will be provided as background for a more appropriate understanding of the general issues which would lead to this particular study.

One operating variable seems to be the perception of counseling by professionals and aged censurees alike. Kastenbaum (1964) indicated that despite the increased attention given to older persons in recent years the description of the "reluctant therapist" who avoids working with the elderly still holds. The YAVIS syndrome of mental health workers who prefer to spend their time and energy on the young attractive verbal intelligent and successful was identified in 1974 by Schofield. In addition, the elderly client has come from
a generation which did not internalize the values of counseling as being favorable (Butler, 1977), but rather viewed problem-solving as a personal concern.

Paralleling the perceptions of mental health workers and the elderly towards counseling are the areas of research and education. There has been pronounced absence of gerontology in the curriculum of counselor education programs. In a national survey, (1975) Salisbury found that only 18 out of 304 counselor education training programs even offered elective courses in counseling the elderly. In addition to the problem of education Rosenzweig and Porter describe other significant concerns in studies of the aged:

Indeed, perhaps the most noteworthy change has been an increasing interest in life-span developmental psychology on the part of gerontologists who are now willing to give more than lip service to the fact that organisms are not born old... Equally important has been the recognition that the implicit decrement model of aging is unduly pessimistic and not necessarily isomorphic with empirical fact. The introduction of more sophisticated methodologies has highlighted the fact that much of our knowledge of adult development is based on the comparison of different cohorts, and consequently, for all we know, in the past we might have collected data for a psychology of generations' differences rather than for a psychology of aging.

The contention is that despite evidence of a rapid rise of concern of professionals surrounding the mental health of the elderly, there remains a dearth of pragmatics. The present disparity between the need and actualization of counseling procedures indicates the necessity of further definition of the issues faced by this segment of our population.

BACKGROUND

A previously completed dissertation at Loyola University assessed
the specific influences of loss of spouse in an elderly population (Arbor, 1981). That study examined the bereavement process in the elderly in relation to loss of spouse. The sample consisted of 32 bereaved individuals, 60 years and older, who had lost their spouse within a time period of the previous three to eleven months. Data collection was accomplished in one private, in-depth interview by trained professionals. Instruments included the Personal Questionnaire, the Bereavement and Funeral Questionnaire and the Personal Orientation Inventory (POI). Results were obtained through frequencies, percentages, and cross-tabulations. The t-Test and one-way Analysis of Variance were used to determine if significant relationships existed between specific variables.

Arbor's study found that a significant difference exists between bereaved individuals and a normal adult sample as measured by their mean scores on the POI. The bereaved individuals were very similar to the non-self-actualized group. Significant relationships and trends were found on specific demographic, psychological, and physiological variables and their affect on bereavement adjustment. No significant relationships were found between selected funeral and bereavement variables and their affect on postbereavement adjustment.

PURPOSE

This present investigation is a continuation of that previous effort. The test results of the bereaved elderly will be compared to a group of elderly non-bereaved (within the time limit of the previous study).
As further background for this specific effort, the following section briefly reviews some literature which discusses the concept of multiple loss as a normal part of the developmental aging process.

Sinick (1979) postulated that an understanding of the normative developmental tasks of a specific age group is needed in order to lead to an appreciation of the concerns and necessary adjustments that are likely to assume primary importance during that particular developmental stage of the life cycle. He stated that a full understanding of the unique cohorts will add to the general comprehension of the experiences, changes and crises of the specific age group of which that individual is a member.

Although each stage of development is marked by change and challenge (Erickson, Freud, Havighurst, Super, et.al.), the final stage, "old age", is marked by loss--which can be multiple and interacting. The evidence is that there is little research done to promote better insight into the developmental tasks of the aged. Little is known as to how these elements are interwoven with the ability to cope and adjust to loss.

Previously done studies dealing with bereavement from the loss of a spouse (Carey, 1977) have typically used measures of depression to define adjustment and have failed to compare the elderly bereaved with a normal group. The effects of bereavement in the elderly must be understood in terms of the uniqueness of this group in our population. The multiple losses occurring during this unique time in life can serve as interacting variables prohibiting satisfactory adjustment, and confounding research.
The literature suggests that there has been no attempt to isolate the cohorts in order to move beyond the recognition of bereavement as a process that may do no more than to confound an individual's capacity to cope during a period of life in which adjusting to loss is the norm.

The repertoire of knowledge that a helping professional needs in working with the aged includes developmental stages and tasks proposed by various authorities, recognizing the deviations caused by individual differences and affected by such variables as sex, religion, ethnic or socio-economic status (Sinick, 1979).

The developmental crises that face older people—multiple losses, physical decline, loss of income, lack of affiliation, suggest a need for expanded awareness in the professional community to attend to an area hitherto neglected. In addition, professionals can use obtained information to promote community and familial understanding of the needs of the elderly. This information cannot only enrich an impoverished area of current knowledge, it can also help correct currently held prejudices, beliefs, and myths.

It is appropriate to move beyond myth and conjecture and deal with the specific cohorts operating uniquely in this developmental stage. Professionals should be cognizant of the universal needs of each aged individual. Unmet needs may very widely according to specific demographic issues and the realization of nonlinear, fluid hierarchical levels (Maslow, 1954). Extra support systems are needed in terms of goods, services and supports as disengagement from central life roles start (Vontess, 1976). One must especially understand the
decreased capacity to respond to this stress and the role of multiple losses in the creation of this stress in the elderly (Whitefield, 1978). Much of the developmental task of the aging involves the acceptance of adjustment to loss or decline (Havighurst, 1959).

PROCEDURES

The effects of bereavement and the grief process must be understood as a unique and special process for this segment of our population whose very developmental status gives special meaning to their ability to cope and adjust. This study will attempt to better understand the bereavement process for the aged (60 years and older) and analyze differences in personal orientation between a sample of bereaved and non-bereaved people 60 years and older. Given that the older population is increasing both in absolute number and proportionately to our total population, and that their life conditions are marginal, the need for additional knowledge and assessment of services is mandatory.

A sample of bereaved individuals who have lost their spouse in the past year and a matched sample of non-bereaved individuals were selected and tested. They were administered the P.O.I., which is a validated reliable instrument to assess values, attitudes, and behavior relevant to Maslow's concept of a self-actualized person. Upon analysis of data specific recommendations for counseling and support will be generated for use by mental health workers, clergy, physicians, governmental agencies and others working with the elderly, especially with the recently bereaved persons and the aged.
Based on the background material and previous research information on bereavement in the elderly, the following research $H_0$ is posed as the focus of this effort. The exploratory research $H_0$ asks: What similarities or differences exist in Personal Orientation between a group of bereaved and non-bereaved aged (60 years and older) as measured by the Personal Orientation Inventory?

ASSUMPTIONS

1. Individuals over 60 years of age have suffered multiple losses.

2. One single most stress-filled life event is the death of a spouse (Holmes, 1976).

3. The aging process is part of the total development of human beings.

4. The number of people in the older population has increased more rapidly than other segments of the population during every decade of this century and is expected to continue to do so until reaching its peak in 2020.

5. The relative size of the older population is important in the perspective of anticipating the demand for needs and services from this growing segment of the population.

6. Information and support networks for the older population are not operating in accord with the needs of this growing segment of society.

7. The P.O.I. is a valid, reliable instrument that is used to measure adjustment of individuals over 60 years of age.
LIMITATIONS

1. This study is limited by the reliability and validity of the instrument uses; therefore, the results may not coincide with similar investigations.

2. This study is limited by the sample size.

3. This study is limited by the selected subjects, therefore, the results are based on a sample of individuals 60 years and older in the Chicago area.

4. This study is limited by its lack of random selection of subjects due to the nature of the non-bereaved groups and the difficulty in obtaining subjects from this population for testing.

ORGANIZATION

Chapter I has presented an introduction and brief overview of the research project. Chapter II presents a review of the literature relevant to the present study. Chapter III will include the methodology of the research design, description of the instrument utilized, the subjects and the statistical procedures employed. Chapter IV delineates the results of the data analyses and Chapter V offers a summary, conclusions and recommendations.
CHAPTER II

REVIEW OF LITERATURE

Old age, like early and middle adulthood, has its share of developmental work. In many respects, these complex life tasks may pose more of a challenge than those faced during any other stage of the life cycle (Turner, 1979). Neugarten (1973) notes that as individuals age, the factors that influence their behavior are, if anything, more complex. As a person grows older, he experiences functional losses at all levels (DeVries, 1975). Whitbourne (1979) notes that as people reach later adulthood they are more likely to suffer losses in their social world through incapacitation and/or death of their peers. These losses, when compounded with physical, psychological and environmental changes result in both identity and experiential alteration of great intensity and rapidity.

This chapter represents a review of related literature of the developmental factors involved in the final stage of the human life span. Aging is both an intensely personal and impersonal process; it is individual and it is social. Included in this review of the process of aging are psychophysiological/behavioral, self concept, sexual, family networks, retirement, bereavement, and a section on the instrument used, the P.O.I. Research information will be presented on each area.
Psychophysiological and Behavioral Processes

It is obvious that one manifestation of the aging process is the alteration of appearance. Whitbourne (1979) describes the physical stereotype of the "old person" as someone who seems frail, has white hair, wrinkles, sagging muscles around the eyes, mouth, jaw and body, a stooped posture, stiff joints and perhaps dentures, a cane, eyeglasses, and/or a hearing aid. Whether overweight or thin, the youthful figure is gone. Curtin (1972) describes society's image of the elderly person as a fragile body which seems to have gathered itself around its vital parts for self-protection. Shanas, et.al. (1968) found that physical changes are overwhelming and even disastrous to the self-images and security of some people. In a 1974 study Nowak found that the physical manifestation of aging appears to be of more concern to women than to men because of the greater cultural expectations of beauty in the female sex.

There are a multiplicity of biological models of aging (Anderson, 1973; Busse, 1969; Comfort, 1970; Shock, 1977), with little agreement. Ambron (1979) lists a number of theories linking the loss of physiological function with aging process. Included are:

The theory of cellular error: aging and eventual death are explained as resulting from the accumulation and effects of errors that occur at various steps in the sequence of information transfer at the cellular level.

The Deprivation theory: Aging is due to the inadequate delivery of essential nutrients and oxygen to cells. The cells begin to deteriorate under these deprived conditions and eventually die.

The Immunological theory: The immune system of the individual gradually deteriorates with age and so cannot provide protection from foreign substances.
The Metabolic Waste theory: Aging is attributed to slow poisoning of the body by itself.

The Stress theory: Any stress on the organism leaves a residual impairment. The accumulation of these minor impairments over long periods of time leads to a deterioration of the ability to adapt, and thus to eventual death (Shock, 1977).

It is important to note, however, that researchers have not been able to separate such theories from other possible factors such as changes in life style. Wessel and Van Huss (1969) studied females from the ages of twenty through sixty-nine and found that age-related losses in physiologic variables were more highly related to decreased activity level than to age.

Much research has been conducted on the precise factors that influence cognition and intelligence in the later life span and the conclusions are controversial. Baltes and Schaie (1977) cite scientific evidence challenging the popularly held concept that intelligence declines with age. Their cross-sectional studies indicate that these differences in testable I.Q. are more attributable to factors such as fatigue, greater sophistication of younger subjects, and a generational disparity in the level of education and testing skills. Aiken (1978) points to the generational differences in subjects when testing ranges in age.

Flum, Fosshage, and Jarvik (1972), in a twenty year longitudinal study of twins, found only slight variations in intelligence across time, Riegel and Riegel (1972) found that women test higher than men and show a later and less rapid decline. Reed and Reitan (1963) state that problem-solving ability declines with age, but general knowledge does not. Thus researchers have found reduced abilities for complex
decision-making and speed of performance with few losses in verbal skills, social awareness and the application of experience (Kalish, 1975).

Findings pertaining to memory and learning in old age are far less optimistic. It is often said that "old age is the mother of forgetfulness" (Aiken, 1979). Although Savitz (1974) reports loss of memory as a common complaint of old age, Monge (1969) reports strong evidence that an individual's cognitive style is more crucial than chronological age. Rigidity appears to be an issue linked to the capacity to learn during the aged period. Monge (1969) found that this is especially the case if the subject is emotionally threatened. Research by Okun (1976) indicates that the older person's awareness of slower reaction time and fear of failure prohibit performance in situations where learning is difficult. Comprehensive studies on the central nervous system by James E. Birren (1974) found that on the average, older people are slower to respond to stimuli than the young. Birren refers to this phenomena as "Brownout", the basic change in the speed with which the central nervous system processes information. This slowdown could account for the difficulty experienced by older people in memory retrieval and learning.

Because aging is such an extremely complex process, it is hard to separate physiological and psychological. According to Aiken (1977), biological factors (e.g., physical appearance, health, temperament) play an important role in determining the kinds and frequency of social experiences that a person has. The degree of success or failure in dealing with his/her environment and reflected evaluations
from significant others affect the aged person's concept of self and general sense of esteem. Kaplan and Parkorny (1969) indicate that the events associated with the later life span affect a person's self-concept more negatively than age itself. While Clark and Anderson (1976) found that the changes in later adulthood seem to have the same impact as the crises experienced in adolescence, during which time appearance and ability change dramatically, and the issue of personal independence is primary. However, Riley, Foneer, Hess, and Toby (1969) point out that the adolescent's crises is in the acquisition of newly developed capacities, while the adult in later life faces decreased status. In conclusion, it is worthy to note that the "cellular clock" (Curtin, 1972) is most certainly affected by the perceptions of society and the individual dealing directly with the aging process.

The theory of personality development in old age seems to center around the familiar issue of "nature" versus "nurture"—do developmental changes occur because of changes within the environment within which the human being functions. Psychologists suggest an interactional approach to personality in the aged with many researchers suggesting that older people choose to invest less in their personal relationships (Kuhlen, 1964; Havighurst, et.al., 1968) and exhibit reduced "ego energy" for dealing with conflict. Erik Erikson (1963) identifies the crises in personality development in later years as integrity versus despair, while Robert Peck (1968) characterizes three primary psychological adjustments: ego differentiation versus work-role preoccupation, body transcendence versus body preoccupation, and ego
transcendence versus ego preoccupation. A preoccupation with the inner life has led Neugarten (1973) to identify interiority as a developmental change of this period.

There are, at present, two principle theories of successful aging: the theory of disengagement and the activity theory. The theory of disengagement (Cumming, 1963; Cumming and Henry, 1961) perceives aging as a mutual withdrawal between the aged person and society. Withdrawal is seen as a natural and positive phenomena allowing the individual time for necessary reflection, preoccupation with the self, and lessened interaction and investment in people and society. Retirement can be seen as one example of disengagement. As the process is seen to be reciprocal between the older person and society, a healthy adjustment is dependent upon the two processes happening at about the same time. The activity theory (Madon, 1968) is in contrast to the theory of disengagement and suggests that the aged prefer to resist preoccupation with the self and withdrawal from society. Neugarten (1977) writes that although certain types of personality prefer to disengage from their roles in society, other types become depressed by any reduction in levels of interaction.

Several developmental theorists (Whitbourne, 1978; Glenwick, 1978; Sameroff and Chandler, 1974; Meacham, 1977) prefer a transactional model of old age, rejecting both the disengagement and the activity theories as being too simplistic. This model stresses a dualistic relationship of change within and between the person and the environment (Whitbourne and Winestock, 1979). The characteristics of change are viewed as being so intertwined as to be indistinguishable,
implicitly moving from individual to environment. The transactional model is largely based upon cross-sectional research of five areas of social-psychological aging: appearance, health and physical functioning, sensory process, cognitive skills, personality and social roles. Emphasis is placed upon the individual's loss in each area, the response of the environment, compensatory measure taken by the individual and resulting consequences within the environment to the compensatory measures.

The main criticism of the transactional approach to aging is its focus on loss rather than the possibility of achievement in later life. Whitbourne (1979) stresses that individual sources of loss, as described in the theory, may represent cohort effects rather than change inherent in the process of aging.

Self Concept

Regardless of their concept of self, once people reach the age of sixty-five they carry the labels of "old age". Whether it be "golden diner", "senior citizen", or "elderly", the status is castlike and permanent—to be removed only by death (Atchley, 1977). The passage into old age varies in status from other developmental periods in the loss of role fulfillment (e.g., breadwinner, athlete), negative stereotyping by society and a subscribed minority status replete with differential and unequal treatment often leaving the members of this group regarding themselves as the object of discrimination and lower social worth.

A review of research dealing with self concept indicates that the degree of personal happiness reaches its peak in middle years
followed by a sharp decline in old age (Aiken, 1978; Kuhlen, 1965). Aiken suggests that it is not age per se that affects a person's self-concept but rather the events that accompany the passage into the later life span. Brubaker and Powers (1976) indicate that the acceptance of a negative or positive stereotype by the aged was found to be related to objective indicators of old age, subjective definition of self, and self-concept. The work done on stereotypes of old age, held by the aged themselves, has demonstrated that characterizations of late life are indeed unique to the specific sample. Institutionalized, ethnic, and dependent aged are more likely to hold predominantly negative attitudes toward old. Independent, educated, and high occupation aged have high or at least ambivalent attitudes. Although there seems to be a relationship between chronological age and a person's self-definition of old, other variables and experiences are involved. Ward (1977) postulates that objective indicators of the aged status influence subjective definitions of oneself as old. Retirement, decline in health, and voluntary or involuntary institutionalization are objective states that a person uses as indicators of age status. Loss of certain roles (worker or husband) and acquisition of others (grandfather) are indicators of old age but the different meanings attached to them appear to be influenced by comparison of self to "other" making reference "other" important in one's own self-image.

The self-concept of the aged seems to be heavily intertwined with those held by significant "others". Authors typically note the distasteful attributes attached to the image of old age:

Old people drool. They take laxatives all the time. Their sex
organs are dried up. They can't understand young people and are stuck in the past (Kuhn, 1975).

Several studies have indicated that old age is perceived as having no significant value. Kastenbaum and Durkee (1964) tested the attitudes of high school and college youth toward the elderly and their social role with mostly negative findings. In a similar study Hickey and Kalish (1968) found that the older the subject the more negative he appears to the younger. Other researchers have noted (Kastenbaum and Durkee, 1964; Kastenbaum, 1971) that persons who make age-related judgements have a tendency to omit any consideration of their own aging. Studies indicate that the elderly often agree with many of their own stereotypes. Ambron and Rodzinsky (1979) assert that unlike members of other minority groups, the elderly deal with the unique phenomena of becoming the subjects of bias and stereotypes held by themselves in prior life span development.

**Sexuality**

The concept of self during the later life period has impact in virtually every aspect of development. Poorly conceived ideas regarding the sexuality of the elderly have led to many cruel misconceptions (e.g., "dirty old man", "frustrated old woman"). Aiken (1978) reports that elderly people are reticent to report sexual activity fearing to be seen as perverse or boastful. Other researchers have found that sex is the topic least likely to be broached in interviewing older married people.

A review of related literature yields that sexual activity among the elderly is a field that is open to new knowledge. Talbert
(1977) points to the fact that we are uncertain as to the purely physiological aspect of the aging reproductive system, while Williamson (1978) points out that most of our present information on sexuality in the aged is based upon three research projects. A good deal of information seems to be lost because of the reluctance of researchers to question the elderly about the subjectivity of their sexuality.

Sexuality is a form of activity that can be continued into advanced years if a person has the physiological capacity, and if his value system and personality style are supportive of it. One of the themes that has resulted continually in research is that sexual enjoyment is a capacity that is developed early in life and can be maintained throughout the entire life span, but only with continual reactivation in meaningful and comfortable surroundings (Binstock, Shanas, 1976). The best basis for an active and pleasurable sex life in the later years is an active and pleasurable sex life in early middle years. Troll (1971) found, in a longitudinal study, that men who reported high sexual interest in the beginning did not decline with advancing age. However, even though actual interest in sexual activity remained high, actual activity was found to have decreased. Masters and Johnson (1970) observed two basic needs for regularity of sexual expression in 70-80 year old women, a state of health and an interesting partner. Decrease in sexual activity and/or interest is often related to loss of spouse. There are few male partners available for women in their sixties, and by age 75 there are 156 females to 100 males. In 1978 Glenn coined the expression "differential opportunity structure" to refer to the difference to accessible sex
outside of marriage situations for males as compared to females.

Family Network

The death of a friend or family member is often a loss that an elderly person must face. Most older people have highly articulated networks of interaction and frequent encounters with immediate family members. Friendships with neighbors play an important role in the elderly's life. Usually long term friendships among the elderly tend to be among those who are alike in age, experience, taste, preferences, and activity patterns (Whitbourne, Weinstock, 1979).

Studies indicate that the connectedness of most elderly members to their families has been unbroken despite industrialization and modernization. Although societal complexity with its differentiated occupational structure, social segregation, and accelerated geographical mobility has hindered linkages of generations, research indicates that there is a "pull factor" to maintain, restore, and reinforce such ties in the later years. Troll (1971) found that as people enter old age there is a role reversal between themselves and their children; where the dependency, both psychological and financial comes from the elderly.

Statistical evidence supports high levels of intergenerational activities between married children and older parents. The majority of older persons, over 85% in most studies, live less than an hour's distance away from a child, and almost 30% are living in a child's household, with this percentage rising in rural areas (Binstock, Shanas, 1976). Some middle age children (40-60) are the key organizers for multiple family activities and functions within generationally linked networks. Many studies (Streib, 1965) indicate
a reluctance among older parents to make requests of adult children. This poses a question by many researchers—is the dependency which accompanies advancing years of more concern to the elderly than the incredible fear of this dependency?

Retirement

One of the primary shifts in life style patterns in old age comes as a result of retirement. Aiken (1977) notes that the current retirement model (65 for men and 60 for women) was selected by the federal government in the 1930's as a political measure to curb unemployment in younger workers. Present demographics indicate that by the year 2000 there will be 33 million retired Americans—with the expectation of living 25 years post retirement (Entine, Aiken, 1976).

Retirement, like widowhood, is statistically perceived as a major cause of mortality within the first year. It is often viewed as one of the most negative stereotypes and negative influences the elderly may experience in their self-concept. Retirement is often associated with withdrawal from social activities, community events, associates, work-related contacts and a reduction in social interaction (Ambron, 1979). MacBridge (1976) found that retirement can be an extremely stressful transition which frequently leads to serious maladjustment and decreased life satisfaction which is reflected in physical and psychological deterioration. The literature, however, is not always clear on this issue as suggested by other studies. Lowenthal and Haven (1968) found that retirement does not seem to be associated with low morale, psychological impairment or mental illness. A similar study done by Lowenthal, Thurnher, and Chiriboga
(1975) found that retirement was perceived more negatively by middle-aged men than by those who are retired. In contradiction to this study, Aiken (1979) reports that the anxiety felt by persons increases as retirement approaches, with a reduction once the retiree adjusts to a new lifestyle. In a 1970 study, Rollins and Feldman showed that the phase of retirement anticipation was the most devastating period of marriage for the husband.

Common sense dictates that there are numerous variables operating within the perception and successful actualization of retirement adjustment. Adjustment is most certainly more difficult for those who do not have sufficient economic supports. Bromley (1974) indicates that morale is correlated with economic status while Aiken (1979) states that relief from monetary worries can cushion the psychological shock of being unemployed. Personality, as a variable in successful retirement, has been categorized by Richard, Livson and Peterson (1968). They describe three types of personality associated with good adjustment: "mature men", "rocking chair men", and "armored men". Atchley (1976) describes retirement as a social process with six distinct phases: preretirement, honeymoon phase, disenchantment phase, reorientation phase, stability phase and termination phase. The essential determinants of adjustment in each phase is the correlation between preretirement expectations, the reality of retirement (e.g., money, leisure activities, options) and the capacity for retaining decision making and locus of control.

Bereavement

The ramifications of "loss of spouse" has not been explored
sufficiently, and the circumstances of widows and widowers have not received adequate attention. However, researchers have found that the bereaved often are under such stress that they do not properly care for their basic physiological needs of adequate rest and nourishment. They have also found that many kinds of physiological changes accompany the individual survivor. Physiological activity decreases. Somatic distress, a feeling of tightness in the throat, and choking sensations result; a need for sighing exists. Also, muscular power decreases and changes in the respiratory system occurs (Binstock and Shanas, 1976). In a study done by Paula Clayton (1979) on 109 widows and widowers, it was found that they both exhibited signs of disturbances of sleep (78 percent after the first month, and 49 percent after 13 months). Early morning awakening was also a problem. Weight loss was reported by 40 percent after one month and by 52 percent after 13 months, with 12 percent losing 21 or more pounds. Clayton also found in the same study that more women lost weight than men.

Chronological age is a basic and the best single predictor of mortality as indicated by death rates. Age is also associated with morbidity as indicated by an age-related incidence and prevalence of disease and disability. Whether because of innate biological mechanisms or exposure to hostile environmental factors, or both, the older the organism, the greater the risk of disease, impairment and death (Shanas and Binstock, 1976).

Because aging is such an extremely complex process, it is hard to separate the physiological from the psychological. Both are intertwined completely in terms of an individual's health. Physical
and psychological well-being are matters of great social as well as personal concern. Health and illness affect an individual's performance of basic personal tasks of daily living and expected roles. Impairment and disability increase the probability of failure in carrying out these tasks, which increases dependency, and this loss of autonomy has a negative affect on self-evaluation and life satisfaction. Physical health is thus a key personal resource for an individual and a social concern (Binstock and Shanas, 1976). Without it, psychological problems arise.

Complexly interwoven with the physical effects of aging and bereavement are the psychological. Behavioral responses to loss are numerous, including guilt, anger, depression, anxiety, restlessness, lack of appetite, and preoccupation with the image of the deceased. Due to the stresses of loss, the bereaved are often mentally depressed and unable to cope or to function with everyday life. These combined physical and psychological stresses can, if not abated, lead to premature death of the surviving spouse. Although Freud (1917) documented five psychological and somatic reactions to the death of a spouse: painful defection, cessation of interest in the outside world, loss of the capacity of love, inhibition of all activity, and absence or disturbance of self-regard, Paula Clayton (1969) found only three symptoms in normal bereavement: depressed mood, sleep disturbance, and crying, as expressed by more than half of the 40 subjects. She found no striking differences in the manifestations of these symptoms between those of different ages, sexes, length of illness, or relationship to the deceased. Clayton, et.al. (1970) investigated
similarities and differences between mourning and depression and found that those experiencing loss manifested psychological symptoms indistinguishable from depressive illness. Paula Clayton found that these symptoms were seen by both the mourner and those in the environment as normal. Furthermore, these researchers feel that those exhibiting symptoms of depression occurring after the death of a near relative should not be included with those suffering from depression as a primary affective disorder. In agreement with this research, depression is seen by Elizabeth Kubler-Ross (1969) as one of the five stages in grief over loss of loved ones. Depression is looked at as a normal state in the grieving process and a precursor to reactive depression only if in excess.

The psychological effects of bereavement have been documented by others. Stiener, et al. (1969) defined the total grief process as a self-limited, short-lived depression which is usually spontaneously resolved, but which may become physically pathological. Parkes (1964) reported increased physician utilization during bereavement, and Holmes and Rahe (1967) placed death of a spouse as the most stressful item on the Social Readjustment Rating Scale. Roes and Lutkins report an increased mortality rate among survivors following the death of someone close (1967).

It was found in a study of widows by Carey (1977) that anticipatory grief—the capacity to experience grief and come to terms with loss before the loss actually occurs, helps the individual recover from grief more rapidly. Carey placed the critical time of forewarning at two weeks. Glick, Weiss, and Parks (1974) suggested from their
study that anticipatory grief did not reduce the intensity of grief, but that longer forewarning correlated with satisfactory adjustment to widowhood.

Because an elderly person experiences "multiple losses" with increased age, he moves from a state of independence to dependence which is influenced by the individual's own circumstances. Family and social support become increasingly important with age. The need for security becomes greater as one gets older. As the level of economic and emotional security decreases, adjustment to changing environment becomes more difficult. The aged take comfort in familiar surroundings, which includes family and close friends (Merriam, 1977). Most older people have highly articulated networks of interaction and frequent encounters with immediate family members and friends. It has been found that the connectedness of most elderly members to their families has been unbroken despite our societal complexity. For those elderly persons who have had substantial involvement in kin family networks over the life span, there seems to be more stability, better adjustment to old age, and a healthier mental attitude. The family linkage to the elderly person is thus of critical importance (Troll, 1971). So with this particular reference to the elderly and bereavement, it seems logical that Schwab (1976) found that lessened social support was the single greatest factor responsible for unresolved grief. It is important for the elderly to work through his grief by allowing him to draw upon all other family and friendship relationships for support. Grief reactions expressed through tears, conversation, and recollection of experiences shared with the deceased help ease the
pain of grief. Grief is a complex and mixed emotion, and the most important factor is communication and support through friends and family (Marjolis, 1975). Kastenbaum (1969) pointed out that reluctance to communicate about death narrowed the social support system. Engel (1962) found that the task of resolving loss became more difficult in direct proportion to the dependency of the relationship. Carey (1977), however, found that happiness in marriage was not a significant factor in bereavement adjustment.

The folklore that "time heals all wounds" is subject to dispute. Several writers, including Kastenbaum (1969) and Kutscher (1969) felt that the shortest and best healer was not related to time but what the bereaved person did and accomplished within this time. Quality not quantity was the determinant of how successful the healing would be and how long it would take. Kastenbaum (1969) stated that the outside social pressures as well as internal unconscious pressures urged the bereaved person to conform to a socially accepted timetable of grief. He suggested that an older person may require more than the usual year to resolve grief due to the bereavement overload of multiple losses. The older person, in his view, feels that he is no longer able to respond fully to a new death because he is still working through the grief process for previous deaths, as well as losses such as sale of family house, retirement, financial and economic losses, status, and/or debilitating changes, which are signals in his own body that remind him that his own death is near. That fear of death exists is undeniable. However, attitudes toward death are a product of collective experiences and learned reactions toward it (Bengston, et.al., 1977).
Today's elderly are products of that learned fear and do not view death as a natural process (Margolis, 1975).

Blick, Weiss, and Parks (1974) found that most widows, after one year, were fairly detached from their husbands. Complete detachment, in their opinion, required three to four years. However, their study was done with persons under the age of 45, rather than with an older population, which is dealing with multiple losses. Carey (1977) found that widowers remarry sooner and more frequently than widows. In addition, income was found to have a positive relationship to grief adjustment—the higher one's income, the better the adjustment. Carey also found that age was a factor in bereavement adjustment. Widowed persons with college or graduate degrees were better adjusted than those who had a high school education or less. Another significant variable found by Carey and Fulton (1977) was religion. Fulton noted that belief in an afterlife did not seem to reduce the initial intensity of grief but did help sustain morale when grief began to subside.

In discussing the role of funerals and grief in our current society, Fulton (1976) points out that approximately 1 percent of the population dies each year and that 62 percent of those who died in 1976 were over 65 years of age. (Population growth prediction suggests that by 1980, 30 million of the population will be over the age of sixty-five). In the 1920's on the other hand, the highest mortality rate was among young children and infants. There has thus been a dramatic shift in the incidence or mortality across age groups and, consequently, a shift in the age and nature of the key survivors. In short, we are entering a time when widows and widowers over the age of
65 will constitute a large segment of the population.

Reflecting on the emergence of this large number of men and women who have lost their husbands and wives, we are reminded that death of a spouse is considered one of the highest causes of stress a person may ever encounter in his lifetime. The literature shows that most of the stress of bereavement, with positive and negative elements, occurs during the first year after the person is bereaved (Parkes, 1972; Clayton, 1969). With older persons who may be experiencing multiple bereavements, Carpenter (1976) notes that they may become overwhelmed with loss and grief. One possible outlet for this grief may be the funeral rituals which express the integral dignity and worth of the person (Kastenbaum, 1969). The assumption that viewing the body is an important factor in the resolution of grief is put forth by Elizabeth Kubler-Ross (1969). Kubler-Ross believes that seeing and perhaps interacting with the body is vital in terms of coming to accept the death of the person, as well as accepting one's own impending death. For example, in the Jewish tradition the mourner is required to see the body and then to participate in mourning rituals to assist him in coming to terms with death.

The role and function of the funeral ritual has long been a subject of interest to anthropologists observing the impact of various funeral rites on the bereaved have suggested that certain procedures are more helpful than others in facilitating the grieving process (Kubler-Ross, 1969; Fulton, 1976; Parkes, 1976; Rather, 1971). In a research project done by Glick, Weiss, and Parkes (1974) they reported that most widows tended to find viewing the body repugnant, although
all but three of the 49 widows in their study held traditional wakes. Fifty-two percent indicated that the effect on them had been negative, and 30 percent of the total who had viewed, wished they had not done so. Only 14 percent were glad they had done so. However, the widows indicated that the sight of their spouse in the casket unmistakably indicated death, although at that point the pain of their loss became almost unbearable.

In a study by Robert Fulton (1976) of 576 persons, those who had participated in a traditional funeral and had viewed the body and had involved their relatives and friends in the funeral reported having fewer adjustment problems than those who did not. Additionally, their recall of the deceased spouse was more positive.

In a survey of 1060 persons, "American Attitudes Toward Death," sponsored by the Casket Manufacturers Association, 50 percent of the subjects believed that the casekt should be open during the wake and closed during the funeral. The respondents who believed that the casket should be open on both occasions totaled 30 percent, with only 5 percent believing that the body should not be present at either time. An important part of our study will be to analyze the effects of viewing and visitation on bereavement adjustment among the elderly.

The Personal Orientation Inventory

The Personal Orientation Inventory (POI), is the instrument used to measure adjustment in this study. Ladenberger (in Knapp, 1976) administered the POI to 225 individuals selected from top and middle levels of management. It was found that the higher the level of management, the more self-actualized the person was. Smith (in Knapp,
1976) hypothesized that there were two types of small businessmen and that they would differ in their levels of self-actualization. He differentiated them on basis of orientation and characteristic behavior patterns. The group that was described as having a limited range of culture, a narrowness of education, low social awareness, lack of flexibility, and time limited to the present and past was found to be less self-actualized than the broader range group.

Family and support systems also have been found to influence self-actualization. Gibb (1968) made several conclusions with regard to family and self-actualization. In his study, it was found that self-actualization increased in children from homes whose parents had finished high school. His study was done with college-aged individuals only.

Summary

The preceding review of literature indicates that the elderly person experiences multiple losses with increased age—moving from a state of independence to dependence which is influenced by the individual's own circumstances. Family and social support become increasingly important with age. The need for security becomes greater as one gets older. As the level of economic and emotional security decreases, adjustment to changing environment becomes more difficult. The folklore that "time heals all wounds" is subject to dispute. Kastenbaum (1969) suggests that healing may be more difficult and time consuming for the elderly person who is already in a state of "emotional-overload" due to multiple losses. The older person, in his view, is no longer able to respond fully to a new death because he is still working through
the grief process for previous deaths, as well as losses such as sale of family house, retirement, financial and economic losses, status, and/or debilitating changes which are signals in his own body that remind him that his own death is near.

Modern society is seen by James O. Carpenter (1976) as death-denying and age-defying, both of which have implications for bereavement in the elderly person. The institutionalization of the ill and dying and the association between aging and death lead to social devaluation of persons who are aged. This social devaluation of older persons leads to lowered self-concept, which has considerable influence on their physiological and psychological needs. Because of our societal views on aging and death, the elderly person incorporates youth-oriented values into his own self-image, coming to believe the population stereotyping about aging (Kastenbaum, 1969). The aging person regards his life as less valuable now than when younger, as does society at large. This affects a person's feelings about his remaining life, impending death, and feelings that he has about other elderly persons. The older person may become involved in a self-fulfilling prophecy: that his life lacks value, that he will inevitably decline physically and mentally, and that there is little to look forward to except death. Thus, both personal and perceived societal attitudes are related to stereotyping and affect an individual's self-concept, which in turn influences his psychological and physiological health (Russell, 1977). The restrictiveness of age prejudice blocks both the biological and emotional self-fulfillment needs and can alienate a person from himself and others.
Although many myths concerning older persons and sexuality have been discredited, the elderly still live with adverse stigma. As a result of negative feedback from important "others" many older couples court in an atmosphere of secrecy that borders on shame. The physiological changes which accompany the final stages of adult development alter, but need not destroy sexual enjoyment. The greatest losses reported in the attainment of sexual intimacy arise from the loss of an appropriate partner and the inability to move beyond prejudice and generationally held beliefs. For many elderly, who for various reasons no longer have the opportunity for sexual intercourse, expressions of sexuality are found which are not dependent upon a sexual act. Areas of sexuality are often redefined and can be viewed in terms of love fulfilled through the network of friends and family.

In general, there is an increasing recognition that the typical societal definition of what old age is, and should be, does not fit in with the intuitive and rational sensing. To be infirm, senile, unproductive, inactive, and listless may be what the aged are supposed to be, but it is not what they are feeling (Ponzo, 1978). Many of these common stereotypings are currently being reexamined and reappraised.

Making note of these facts the researcher poses the following hypothesis in this study:

\[ H_0: \text{ What similarities or differences exist in Personal Orientation between a group of bereaved and non-bereaved aged (60 years and older) as measured by the POI?} \]

**Literature Related to the POI**

The degree of self-actualization was taken as a measure of
emotional stability for this study. In a previous study to examine the relationship of self-actualization to the major personality constructs, Knapp and Comrey (1973) administered the POI and the Comrey Personality Scales (CPS). They found that there was a positive correlation between emotional stability and self-actualization. In particular, significant correlations of both the POI's major Time-Competence and Inner-Directed to CPS Emotional Stability Scale were found. Because self-actualization correlates positively with emotional stability, it can be used as a measure of "adjustment" during the postbereavement period.

In further review of the literature for the POI, it was found that there were many studies in different areas, including college students, nurses, creativity, alcoholics, drug abusers, marathon groups, clergymen, and personality characteristics. However there were few studies on "normal adults" and even fewer on the elderly. There were also very few studies done on how different demographic variables affect self-actualization.

In the area of the relationship between personality characteristics and self-actualization, the literature revealed fairly consistent results. Margulis (1969) found several specific conclusions: 1) A positive relationship exists between value orientation and self-actualization, 2) The higher self-actualized group are more aware of the interconnectedness between task achievement and soci-need satisfaction, 3) The behavior of the more self-actualized groups are less determined by formal structure. Wills (1974) study also found a positive correlation between self-concept and self-actualization. However,
he found that self-actualization varied with other personality variables. The more a person saw oneself as physically and mentally healthy and the more open to self-criticism one was, the more self-actualized one's scores were. Gerber (1964) found a positive correlation between self-actualization and creativity in a sample of college students. In contrast, Summerfield (1974) did not find a significant relationship between creativity and self-actualization, but he did find one between risk-taking and self-actualization.

The review of literature on demographic variables and how they affect self-actualization as measured by the POI, indicated that further research is needed in most of these areas. As pointed out by LeMay and Damm (1960), the existence of a sex difference has not been discussed in the literature on self-actualization. This matter needs to be more fully researched so it can be incorporated into the self-actualizing theory. In one study by Wills (1974), it was found that there was a difference in males and females, but their differences were determined by combinations with other personality variables.

In the area of education, a study done by Damm (1970), indicated that both creativity and high intelligence were related positively to self-actualization. He used the Inner-Support subscale for his study. Weber's study (1970) was consistent with these findings. His study of Catholic high school girls revealed that lower ability girls had lower self-actualizing scores on the POI. Smith (in Knapp, 1976) showed a positive correlation between self-actualization and social awareness, educational level, and flexibility.

LaBach (1969) positively related self-actualizing with age,
marriage, satisfaction with college, infrequency of religious attendance, and political liberalism. The POI has been administered to many clergy over the past ten years. Greely (1970) studied the American Catholic Priesthood and found that those priests, who were relatively more self-actualized, did not hold traditional values and were also less apt to stay in the priesthood. The more conservative the priest's views were, the less self-actualized he was. Reglin (1976) found similar results with clergy having an Evangelical background. The more conservative their views were, the less self-actualized he was. Reglin (1976) found similar results with clergy having an Evangelical background. The more conservative their views, the less self-actualized, less growth-oriented, and less innovative they were. In another study done by Burke (1973), comparing different levels of religious orientation, it was found that the highest level of religious orientation (Clergy or Religious Order Member) was the most self-actualized, with an active parish member next, and the student member the least self-actualized.

Finally in the area of age and self-actualization, very few comparative studies have been done. Jansen (1974) reported POI means in ten year age intervals from 20 years for state hospital alcoholics. Although the change in mean scores was not great, scores decreased with increased age. Summerfield (1974) found no significant differences between the age groups of 16-18 and 25-26 in terms of their self-actualization mean scores on the POI. In Greely's study (1970) of Catholic Priests at 10 year intervals ranging from 26 to 35 to 56 and over, the POI mean scores decreased with age.
CHAPTER III

METHODS AND PROCEDURES

This chapter will describe the research population and the sample drawn from it, the instrumentation employed, the procedures initiated for obtaining the data, and the statistical methods employed for analyses.

SAMPLING

The sample for this study was drawn from that geographical area defined as metropolitan Chicago by the Bureau of Vital Statistics. The sample was a non-probability sample classified as purposive sampling, which is characterized by the use of judgement and a deliberate effort to obtain representative samples by including presumably typical areas or groups in the sample (Kerlinger, 1973). The pur­ poseful sampling was accomplished by interviewing volunteers at Diner Site locations, various places of worship and residences. Tables 1 and 2 (page 38 and 39) represent summary data on the sample.

In considering the sample selection, two basic concerns were addressed (Campbell and Stanley, 1971), the sample size and the degree to which that sample approximates the populations and the degree of error in utilizing a sample as opposed to an entire population. Because there are only a limited number of bereaved individuals available the researcher was forced to limit the number of non-bereaved as well. The researcher is setting a realistic and workable goal of N=60 (30
Table 1
Description of Population - Non-Bereaved

<table>
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<tr>
<th></th>
<th>N = 29</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
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<tr>
<td>Male</td>
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<td>38.0</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
</tr>
<tr>
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<td>20.6</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
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<td>79.4</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>60-65</td>
<td>3</td>
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<td></td>
</tr>
<tr>
<td>65-69</td>
<td>6</td>
<td>20.6</td>
<td></td>
</tr>
<tr>
<td>70-74</td>
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<td>31.0</td>
<td></td>
</tr>
<tr>
<td>75-79</td>
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<td>13.7</td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td>6</td>
<td>20.6</td>
<td></td>
</tr>
<tr>
<td>Over 84</td>
<td>1</td>
<td>3.4</td>
<td></td>
</tr>
</tbody>
</table>
Table 2
Description of Population - Bereaved

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
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<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>59.4</td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Widowed</td>
<td>32</td>
<td>100.0</td>
</tr>
<tr>
<td>Married</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
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<td>60-65</td>
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<td>15.6</td>
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<td>9.4</td>
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<tr>
<td>80-84</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Over 84</td>
<td>2</td>
<td>6.3</td>
</tr>
</tbody>
</table>
bereaved and 30 non-bereaved).

In an effort to insure generalizability to that of the general population with the previously discussed limitations, the following rationale for the geographical parameters of the sample was followed: The Bureau of Census reports that 64 percent of those age 60 and over live in metropolitan areas. Of the total older population, 34 percent live in the central city and 30 percent live in metropolitan areas outside the central city (Richard Blake, 1978).

The individuals comprised both an experimental and control group. Both are similar in that they are individuals of both sexes over the age of 60 years. The experimental group had experienced the loss of a spouse within a three to eleven month time period prior to the time of investigation. The control group had not experienced that particular loss. For purposes of this investigation, the experimental group is referred to as the BEREAVED group; and the control group as NON-BEREAVED.

PROCEDURES

The initial procedure for this study involved the location of suitable subjects. As previously mentioned, appropriate sampling selection criteria were considered. For actual sampling, diner sites and places of worship were utilized. Diner Sites are federally-funded lunch locations located in the greater Chicago area. The Diner Site Program is administered and supervised by the Mayor's Office for Senior Citizens and Handicapped-Chicago Nutrition Program for Older Adults. The criteria for admission in a program is two-fold: 1) the individual must be 60 years of age or older and 2) the individual must pay $.75
per lunch. The sites number over 100 in various locations. They are open a minimum of two days per week and maximum of six. All sites are supervised by field workers from the Mayor's office and are manned on a daily basis by one or more volunteers usually from the older population they serve.

By virtue of being at one of these sights, the individual classifies himself as middle to lower-middle income class and also non-institutionalized. In an attempt to insure broader generalizability the researcher sought the aid of Clergy from the same geographical area but whose parishioners fell in the middle to upper-middle income level. Once contacted, the Clergy was asked to seek volunteers for this study. Upon consent by an individual his/her name was forwarded to an interviewer for further contact.

Both samples of bereaved and non-bereaved individuals were selected from volunteers from diner's sites and through the Clergy. Individuals were never contacted or approached by researchers initially. This approach was selected in a rationale that was two-fold: 1) Due to the sensitivity of the subject it was found that it was more humane to approach their willingness to be interviewed through a trusted "caretaker". 2) It was found that individuals were less pressured to give a positive response to a caretaker, therefore, insuring a true volunteer population and minimizing stress and resistance of a reluctant participant.

The use of volunteers is limiting but necessary in this study. Limiting in the fact that volunteers may have some intrinsic characteristics not found in non-volunteers. These independent variables are
considered extraneous to the experimental process and could cause spurious results. However, the use of volunteers is necessary because one cannot test an individual who does not wish to be tested. In this study the use of volunteers is necessary because of the sensitivity of the subjects, especially in the bereaved category.

Methods of gathering data yielded significant information which was used in the design of the research. The researcher found that the interview method, on a one-to-one basis, was most effective with this population. A review of prior research reinforced the researcher's pre-test conclusions that trained interviewers would be best suited to deal with the physiological losses and the diminished self-esteem experienced by this age group.

Five interviewers were trained and employed in the collection of data. All interviewers were counselors with prior experience in dealing with subjects who are elderly. All of these counselors were female.

The training of the counselor/interviewers was held in individual and group sessions. Focus was placed on familiarity with the instrument to be used, the specific problems of communication with the subjects, (e.g., proper visual and auditory stimulus), and the sensitivity of the subjects. The interviewers were trained to both read the question to the individual being tested, and simultaneously give the person the printed questions. All questions had been printed in extra large type, two questions to each page. The interview was also selected because of the length of the test. The interview technique would hopefully keep the individuals being tested interested.
The researcher in this study felt that an interview was necessary to obtain complete information.

A concluding rationale for the use of an interview for the research is that it is "congruent" with the survey approach to investigation. When information is difficult to obtain by other methods, the interview is invaluable. Finally, as has been noted, interviewing may be the only way to communicate with the aged population and, therefore, the only source of data collection (Kerlinger, 1973).

Various attempts to collect data were aborted. Inquiry to the Bureau of Vital Statistics of Cook County, (in an attempt to gain access to death certificates) was answered by a denial. Funeral Directors were contacted in an attempt to solicit their cooperation in the study. They reported a resistance to enter into any interaction which could be interpreted negatively by a sensitive public.

The researcher ultimately found that contact with the bereaved group was most likely successful through a person who interacted directly with the subject. This contact came to be known as the "caretaker". "Caretakers" of the elderly who were willing to cooperate with the researcher were broken into three defined categories, friend, Clergy and diner-site supervisor. Initial contact was made through the "caretaker", many of whom manifested attitudes of concern for the privacy, esteem and general sense of "well-being" of the subjects. Interviewers typically spent great amount of time speaking to the various caretakers in an effort to gain trust and acceptance. It was not atypical to gain acceptance on one level of a hierarchy in order to be rejected at the next.
The interviews were held in diner-sites, houses of worship and private residences. The collection of data was accomplished in one structured, in-depth interview. Individuals were advised of their right to abort the session at any time. Interviewers were instructed to evaluate the psycho/physiological stress level of subjects due to their age and the sensitivity of the bereaved group. Only one interview was aborted due to the physical stamina of the subject. This interview was done in two sessions.

All participants were given a monetary reward of $5.00. A minimal amount of subjects refused the reward completely.

INSTRUMENTATION

In addition to the normative data gathered by structured interview, the P.O.I., previously mentioned on page 30, was administered in one structured in-depth interview to a group of bereaved and non-bereaved elderly (60 years and older). The Personal Orientation Inventory (P.O.I.) developed by Everett L. Shostrom (1968) is designed to measure degrees of movement toward self-actualization. Bloxom (in Buros, 1972, p. 290) describes the P.O.I. as "a self-report instrument designed to assess values, attitudes and behavior relevant to Maslow's concept of the self-actualizing person." Self-actualization, as defined in the P.O.I. Manual, is described as a person utilizing their unique talents and potential in a manner conducive to an enriched life (Shostrom, 1968). Shostrom describes the self-actualized person as one who is fully functioning. Specific variables assessed by the P.O.I. are: inner support--the tendency of a person to quite generally
act on and be guided by his own principles and motives, in contrast to responding to a wide variety of external pressures. Another is time competence—the tendency of the person to live primarily in the present, free of hangups over past events and future uncertainties.

The test consists of 150 two-choice comparative value judgements. Items were chosen from among a series of significant value judgement problems by therapists. The scores were determined by several criteria: Reisman's concept of inner and outer directed tendencies (Reisman, 1950), Maslow's self-actualization notions (Maslow, 1954), and May's view concerning time orientation (May, 1958). The scales are described in Appendix C, page 99.

The test was normed on 2,607 college students from mid-western universities. The correlations obtained in this study are at a level of reliability as high as that reported for most personality measure. Shostrom reported a high level of validity and stressed that the inventory significantly discriminated between self-actualization and non-self-actualization on all of the 12 scales.

Bloxom reports that the content validity of the various P.O.I. scales is good. He further notes that "the reliability coefficients range from a moderate .55 to a good .85 (Buros, p. 291).

Data Collection

After the instrument was administered to the selected sample, the results from the P.O.I. were tabulated, coded, and computer scored. Descriptive analysis was done on the calculated data. The researcher used a computer facility. The Personal Orientation Inventory (P.O.I.) mean scores comparing the two samples for each of the
individual 14 variables and the two ratio scores were compared through t-test statistics. The results of these scores in graph, table and discussion form in Chapter IV.
CHAPTER IV

RESULTS AND DISCUSSION

Chapter IV reports the findings of this study. The Personal Orientation Inventory (POI) mean scores for both groups are compared through t-test statistics and presented in graph and table forms. The t-Test scores are descriptively analyzed for the two Ratio Scores and each of the other 14 variables.

The exploratory research hypothesis asks:

$H_0$: What similarities or differences exist in Personal Orientation between a group of bereaved and non-bereaved aged (60 years and older) as measured by the POI?

**Ratio variable #1, Time Competency (TI/TC):** This variable yielded a mean score for the bereaved group of 1.9471 and a mean score for the non-bereaved group of 2.4065. The t score was 1.38, probability of .185. This result indicates no significant difference exists between mean scores of the two groups. The data was also examined for differences in variance. The standard deviation for bereaved was 0.942 and the standard deviation for non-bereaved was 1.65. The F value was 2.90, significant at the .01 level or beyond. This difference indicates that the spread of scores for the bereaved sample was significantly narrower.

**Ratio variable #2, Support Ratio Other-Inner:** This variable yielded a mean score for the bereaved group of 1.5741 and a mean score
for the non-bereaved group of 1.5228. This yielded a t score of 0.43, probability of 0.678. This result indicates that no significant differences exist between the two groups. In addition to the examination of mean scores the data was examined for differences in variance. The standard deviation for group one was 0.083 and the standard deviation for group two was 0.093. The analysis yielded a F value of 0.598 indicating no significant difference between the various of the two groups.

Variable #1, Time Competency: The mean score for the bereaved group was 14.22 and the mean score for the non-bereaved group was 14.94. This yielded a t score of 0.93 and a probability value of 0.357. This result indicates that no significant differences exist between the two groups in Time Competence (TC).

Variable #2, Inner Directed: The mean score for the bereaved group was 74.1250 and the mean score for the non-bereaved group was 74.3448. This yielded a t score of 0.09 and a probability value of 0.928. This result indicates that no significant differences exists between the two groups in Inner Directed (I).

Variable #3, Self-Actualizing Value: The mean score for the bereaved group was 18.5626 and the mean score for the non-bereaved group was 18.2069. This yielded a t score of -0.47 and a probability value of 0.642. This result indicates that no significant differences exists between the two groups in Self-Actualizing Value (SAV).

Variable #4, Existentiality: The mean score for the bereaved group was 15.0938 and the mean score for the non-bereaved group was 16.8267. This yielded a t score of 1.86 and a probability value of
0.067. While not at the .05 level of significance, this result does indicate a rather strong trend toward the possibility of some difference between the two groups on Existentiality (Ex).

Variable #5, Feeling Reactivity: The mean score for the bereaved group was 13.6250 and the mean score for the non-bereaved group was 13.5862. This yielded a t score of -0.06 and a probability value of 0.954. This result indicates that no significant differences exist between the two groups on Feeling Reactivity (Fr).

Variable #6, Spontaneity: The mean score for the bereaved group was 10.8750 and the mean score for the non-bereaved group was 10.5172. This yielded a t score of 0.71 and a probability value of 0.479. This result indicates that no significant differences exists between the two groups on Spontaneity (S).

Variable #7, Self-Regard: The mean score for the bereaved group was 12.5000 and the mean score for the non-bereaved group was 12.3448. This yielded a t score of -0.28 and a probability value of 0.778. This result indicates that no significant differences exists between the two groups on Self-Regard (Sr).

Variable #8, Self Acceptance: The mean score for the bereaved group was 14.3438 and the mean score for the non-bereaved group was 13.9310. This yielded a t score of 0.43 and a probability value of 0.665. This result indicates that no significant differences exists between the two groups on Self Acceptance (Sa).

Variable #9, Nature of Man: The mean score for the bereaved group was 10.9375 and the mean score for the non-bereaved group was 9.5172. This yielded a t score of -2.56 and a probability value of
0.013. This result indicates a significant difference does exist between the two groups on Nature of Man (Nc) with the bereaved group more constructive in their view of man.

**Variable #10, Synergy:** The mean score for the bereaved group was 6.000 and the mean score for the non-bereaved group was 5.7241. This yielded a t score of 0.73 and a probability value of 0.471. This result indicates that no significant differences exists between the two groups on Synergy (Sy).

**Variable #11, Acceptance of Aggression:** The mean score for the bereaved group was 12.8123 and the mean score for the non-bereaved group was 13.5862. This yielded a t score of 1.01 and a probability value of 0.315. This result indicates that no significant differences exists between the two groups on Acceptance of Aggression (A).

**Variable #12, Capacity for Intimate Contact:** The mean score for the bereaved group was 14.3125 and the mean score for the non-bereaved group was 15.3103. This yielded a t score of 1.14 and a probability value of 0.259. This result indicates that no significant differences exists between the two groups in capacity for Intimate Contact (C).

**Variable #13, Time Incompetence:** The mean score for the bereaved group was 8.3125 and the mean score for the non-bereaved group was 7.9310. This yielded a t score of 0.56 and a probability value of 0.580. This result indicates that no significant differences exists between the two groups on Time Incompetence (TI).

**Variable #14, Other Directed:** The mean score for the bereaved group was 49.4375 and the mean score for the non-bereaved group was 51.7586. This yielded a t score of 1.01 and a probability value of
0.319. This result indicates that no significant differences exists between the two groups on Other Directed (O).

SUMMARY OF FINDINGS

Chapter IV has reported the findings obtained through the administration of the POI to a bereaved and non-bereaved group of aged. The t-Tests, presented in graph, table and descriptive form, have been presented for the two Ratio Scores and each of the fourteen variables of the POI. In addition to the comparison of the mean scores for the two groups each of the two Ratio Scores were analyzed for significant differences between the variance of the two groups.

The results of this procedure show no significant differences between the bereaved and non-bereaved population in mean scores for both of the Ratio Scores and 13 out of the 14 variables. The analysis of variance for the two Ratio Scores indicated a significant difference in the cluster of scores in the Time Ratio (TI/TC). The bereaved group also scored significantly higher than the non-bereaved group in Nature of Man, Constructive (Nc). Also, the non-bereaved group approached a significantly higher score in Existentiality (Ex) than the non-bereaved group. However, as seen in Graph I, neither of these scores approach Shostrom's Self-Actualized Group.

In summary, the two groups are very similar in their scores on the POI in the Two Ratio Scores and in 13 out of 14 variables. The two groups are significantly different in the variable Nature of Man, Constructive (Nc), with the bereaved group scoring higher. The two groups are somewhat different in the variable Existentiality (Ex), with
Graph I
PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY
Comparison of Mean Scores

SAG-Self-Actualized Group
NAG-Normal Adult Group
NSAG-Non-Self-Actualized Group
EBG-Elderly Bereaved Group
ENBG-Elderly-Non-Bereaved Group

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<thead>
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<th>TIME</th>
<th>COMPETENT</th>
<th>SELF-DIRECTED</th>
<th>IDEALIZED</th>
<th>AUTONOMY</th>
<th>VISION</th>
<th>FEELING</th>
<th>SELF-CONCEPT</th>
<th>SYMPATHY</th>
<th>AWARENESS</th>
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CHART NOTES

- SAG: Self-Actualized Group
- NAG: Normal Adult Group
- NSAG: Non-Self-Actualized Group
- EBG: Elderly Bereaved Group
- ENBG: Elderly-Non-Bereaved Group

- Time: Competency Lines to the present
- Self-Actualizing Value
- Visceral Sensitivity
- Personal Sensitivity
- Time-Competent
- Self-Perception
- Idealized
- Autonomy
- Vision
- Feeling
- Sympathy
- Awareness
- Interpersonal Sensitivity
- Capacity for Intimate Contact

- Chart represents mean scores for different groups over time

- legend key: SA, EA, PA, etc.

- chart title: Profile Sheet for the Personal Orientation Inventory

- chart includes various axes and lines representing different groups and variables
Table 3

*t-Test For Ratio Scores on the POI*

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<thead>
<tr>
<th>Variable</th>
<th>Number of Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>F Value</th>
<th>2-Tail Prob.</th>
<th>T Value</th>
<th>Degrees of Freedom</th>
<th>2-Tail Prob.</th>
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<td>0.942</td>
<td>0.167</td>
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<td>0.081</td>
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<td>0.598</td>
<td>0.43</td>
<td>59</td>
<td>0.678**</td>
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*Separate variance estimate

**Pooled variance estimate

Group 1 = Bereaved

Group 2 = Non-Bereaved
Table 4

t-Test for Variable Scores on the POI

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* Significant .05 level or beyond
the non-bereaved group scoring somewhat, although not significantly higher. The non-bereaved group shows a significant difference in their scoring pattern in the Time Ratio.

Chapter V includes a summary of the first four chapters of this study, a discussion of results, and the researcher's conclusions and recommendations.
CHAPTER V

SUMMARY

Never in the history of Western Civilization have so many people lived for so long. Current projections indicated that this population trend will continue with an expected peak of people over the age of 65 in the year 2030. This unmistakable demographic trend has created incentives to understand the patterns, processes and meaning of that period of development identified as "old age". The lack of practical and professional understanding exhibited toward this special segment of our society is reflected historically in research efforts which most often lump them together as a total group with little thought to their unique or individual characteristics.

The introductory section to this study and the review of literature have documented an ever increasing awareness of this problem and growing attempts at gaining more specific information. Recently, Arbor (1981) studied the aged and the bereavement process. Her major purpose was better understanding of bereavement in relation to loss of spouse. Her research assessed the predictive value of different demographic, psychological, physiological, and sociological variables as well as the relationship between specific funeral and bereavement variables and their affect on postbereavement adjustment.

This present study built on that previous effort, and examined one particular characteristic generally considered an important part of
normal personality development: self-actualization.

The specific purpose of this present effort was to examine self-actualization, as measured by the POI (Personal Orientation Inventory) in a sample of bereaved and non-bereaved people 60 years of age and older. The study asked the following question: Is there significant differences between aged bereaved and non-bereaved in terms of self-actualization as measured by the POI?

Each person in the bereaved (32) and non-bereaved (29) sample was a referral from Clergy, church personnel, Diner Site Supervisor or friend. The basic procedures of the study involved administering the POI to them. After a careful review of normal testing procedures with the POI, it was determined that some significant departures from standard testing procedures were necessary. Due to the various limitations, previously discussed in describing the subject population, a rather unique format for the administration of the POI was utilized.

The subjects were individually tested in a single private, in-depth interview with a trained interviewer/counselor. The questions of the POI were magnified with the use of special type and placed in booklets. Special effort to adhere to any sensitive issue found in this segment of the population was followed in the interviewing techniques (e.g., lighting, auditory cues, fatigue, etc.).

Once all testing had been completed, the basic data, consisting of subjects' raw scores on the POI, were tabulated, coded and computed. Analysis included comparisons of mean scores on each of the sub-scales of the POI between the bereaved and non-bereaved groups. The Hypothesis was analyzed by t tests which compared the mean scores of the bereaved
and non-bereaved groups, for both Ratio Scores and each of the 14 variables. In addition to the examination for mean scores each Ratio Score was examined for difference in variance.

It is concluded that the bereaved population is not significantly different from the non-bereaved population in 13 out of 14 variables and both of the two Ratio Scales of the POI. A significant difference is found in the differences in variance for the Ratio Score Time (TI/TC) with the bereaved indicating a stronger clustering of scores. A significant difference is found in Nature of Man, Constructive (Nc) with the bereaved scoring significantly higher than the non-bereaved. The non-bereaved scored somewhat, although not significantly, higher than the bereaved in Existentiality (Ex).

As previously indicated, the bereaved and non-bereaved group showed significant differences in only one of the fourteen variables on the POI—Nature of Man, Constructive (Nc). There was no significant difference in the mean scores of the two groups in the paired scale of Synergy (Sy). Looking at the paired scores, the researcher concludes that the bereaved measures somewhat higher in the "philosophical" understanding of human nature. It is essential, however, to note that Graph I indicates that the significantly higher mean score of the bereaved group does not match Shostrom's Self-Actualized Group. This indicates that although there is a significant difference in the mean scores of the two groups, the bereaved group cannot be seen as having the self-actualizing ability to be synergic in understanding the essential dichotomies of "goodness-evil, masculine-feminine, selfishness-unselfishness and spirituality-sensuality" found in man.
When viewing Graph I it is apparent that the scores for the non-bereaved group move sharply downward. The significance, could, therefore lie in the low scores of the non-bereaved, as opposed to perceiving the difference as high scores for the bereaved. The researcher concludes that the non-bereaved could be scoring significantly lower than the bereaved as a result of any single or interacting loss which has occurred in their lives without the benefit of the support systems described in the following discussion.

In her 1980 study of bereavement, Arbor (using the same bereaved sample) reported that 96.9 percent of the sample had been married over one decade with 81.1 percent of the sample having been married over 31 years. In addition 53.1 percent of the sample described their relationship with their spouse as extremely close and warm, 31.3 percent described their relationship as close and warm, and the remaining 15.6 percent of the sample described their relationship as somewhat close and warm. The length and quality of the relationship viewed together with the fact that the sample reported thinking about their spouse several times daily (43.8, more than three times per day; 37.5, once or twice a day) indicates that the sample could be described as being involved in reflective thought.

Arbor went on to describe the sample as being predominantly religious. There were more Catholics, 43.8 percent, than any other religious group. Protestants comprised the second largest segment with 28.1 percent and Jewish, the third with 18.8 percent. Over 90 percent of the sample had religious funeral rites for their spouse. The majority of the subjects found the wakes and visitation comforting.
Family and friends were an important support network for the bereaved.

The researcher concludes that the religious affiliation present in the greatest percent of this sample, (clinical evidence suggested heightened support by religious figures during this period) could aid to supply a rationale of a philosophical nature to help ameliorate the rationale for the loss of a spouse who is described as having been a long and significant relationship. The increase in family and friend support systems during the bereavement period could idealize the bereaved's image of man. The non-bereaved could, in reality, be suffering from multiple losses which do not demand the public acknowledgement and support that our society affords the bereaved.

In summary, the length of the marriage, the closeness of the relationship within the marriage and the frequency of reported reflection could indicate an effort to find meaning within the enormity of the loss through the rationale offered by religion--"there is good found in those things which appear 'evil'". Evidence suggests that society in general, and for this sample of bereaved particularly, forms a tight network of support and concern around the individual grieving from the loss of a spouse. In contrast, little acknowledgement is made of the losses suffered by the non-bereaved population--who could be suffering intensely, and alone. Should this conclusion be correct, our elderly population would most assuredly fail to see man as good.

The researcher concludes that the slightly higher scores of the non-bereaved group in Existentiality (Ex) has little meaning when viewed in Graph form along with the scores of the complementary scale Self-Actualizing Value which yielded no significant difference in mean
scores. A high score in the complementary pair, labeled Valuing, would according to Shostrom measure the degree to which one values are like self-actualizing people. Existentiality (Ex) measures "the degree of flexibility in the application of values to living and therefore, these two scales may be considered to reflect the general area of Valuing. Graph I indicates a sharp decline from Self-Actualizing-Value to Existentiality for both groups. The trend toward somewhat less of a decline by the non-bereaved group seems less pertinent than the general trend of these two groups in their similar movement in scoring patterns. Shostrom notes that "people who get low scores tend to hold values so rigidly that they may become compulsive or dogmatic." The researcher concludes that the groups are similar in their scoring pattern in Valuing and move downward on the graph from the Non-Self-Actualized Group in Existentiality.

Shostrom suggests that self-actualization has a positive relationship with Time Competence. The person who lives in "the present, relies more on his own self-support and his own self-expressiveness than does the person who lives more in the past or the future. In other words, one cannot depend on anything but freely experiencing life and himself when he lives in a here-and-now orientation to life." The bereaved and non-bereaved group of this study scored similarly in Time Competence. Their scores were most similar to Shostrom's Non-Self-Actualized Group. The researcher concludes that this variable might not be applicable for the elderly population. A review of related literature indicates that positive adjustment during this unique period of life might be dependent upon "pre-occupation
with self" (Neugarten, 1965). Butler and Lewis (1973) suggest that a "Life Review" as part of a normal life review process is positive for this period. "It is characterized by the progressive return to consciousness of past experiences and to resurgence of unresolved conflicts which can be looked at again and reintergrated. If the reintergration is successful, it can give new significance and meaning to one's life and prepare one for death, by mitigating fear and anxiety."

The similar clustering of scores found in the bereaved group could indicate a commonality of such a process of reintergration in this group. This could be a result of the mutuality of the experience of bereavement.

It is important to include, at this time, a thought from Reich: If something is not present where we expect it, or if that something is not present in its usual place or order, it is less conspicuous than the presence of something unusual...only when the trait appears important or when it is missed immediately will it become conspicuous by its absence.

Viewing the results of this study statistically and graphically, the researcher concludes that the lack of significant differences between the bereaved and non-bereaved populations was conspicuous. The trait which appears "important" is the similarity that exists between these groups in 13 out of 14 variables as reported by their scores on the POI. They, therefore, can be viewed as a single homogeneous group, rather than one group comprised of bereaved aged individuals and a second group of non-bereaved aged.

When viewing Graph I it is evident that both the Bereaved and Non-Bereaved groups have mean scores which are most similar to the mean scores of the Non-Self-Actualized Group (Shostrom, 1966). In
her 1980 study, using the same population as the present study, Arbor compared the difference between the bereaved sample and the normal adult sample as measured by the POI. Her findings indicated that the Bereaved were significantly different only on Self-Regard (Sr). Arbor concluded that the high mean score found in Self-Regard (Sr) could be attributed to the age of the group interviewed, since one could assume that the elderly have been able to find an "inner peace." The results obtained in the current study indicate no significant difference between the bereaved and the non-bereaved group on Self-Regard. Therefore, it can be concluded that both the Bereaved and the Non-Bereaved Elderly are somewhat more adjusted in the area of Self-Regard (SR) than Shostrom's Non-Self-Actualized Group. It is not within the scope of this study to comment on the mean scores of groups in this study as compared to Shostrom's Groups beyond reporting the existence of these differences.

In an effort to better understand the phenomena found in the statistical homogeneity displayed by the bereaved and non-bereaved aged, the researcher has re-assessed three concepts: loss, bereavement and grief. These concepts definitively address the core issue of this study (as seen in the Assumptions, Chapter I, page 8; and the Review of Related Literature, Chapter II, page 10) as well as the bases for understanding the unique developmental period that is aging.

A review of the related literature of this study indicates that loss must be perceived as the major task faced in this developmental period. As a person ages, there are functional losses at all levels (De Vries, 1975) these are most evident when the individual is subjected
to stress (De Vries, 1975; Shock, 1961). At the end of the life span the individual experiences the crisis of ego integrity versus despair and disgust (Erikson, 1963). Frenkel-Brunswic (1968), like other researchers, states that retirement, declining health, and death among family members and close associates affect personality and consequently adjustment. As far as sexual activity is concerned, it is fairly well recognized that there is a decline with advanced years (Jacobson, 1974) although these decreases appear to originate from social and emotional problems (Young, 1975) rather than physical loss. The superficial symptoms of senescence are accompanied by diminished muscle strength and its attendant unsteadiness (Vincent and Martin, 1961).

According to Aiken (1978), self-concept in old age is dependent upon reflected evaluations from significant "others" as well as physical appearance, health, innate abilities and social experiences. Many researchers indicate a peaking of self-esteem during middle years followed by a downward spiral (Bloom, 1961) as a result of life experiences and loss.

In summary, it is clear that loss bombards every facet of the internal and external world as one ages. Researchers have realized that bereavement is the single greatest cause of stress to an individual (Holmes, 1974). What is evident, as a result of this study, however, is that the various losses which the elderly faces are compounded and intertwined. The review of literature for this study, when viewed in light of the statistical conclusions, gives implicit information signifying the bombardment of loss during this developmental period. It is apparent that, for example, an individual who
has suffered the loss of income, physical health, family members, peers and concept of self is grieving as profoundly as that person who is bereaved but has suffered minimal loss in other areas.

The researcher concludes that the unique cohorts found operating in the aged act as intervening variables which can be defined in single measures but which will act upon the person with compounded and thus, confounding results. A descriptive profile of the individual suffering from the effects of multiple loss confronts us with the concepts of bereavement and grief.

Common assumptions are made involving bereavement and the grief process. Parkes (1972) suggests that the determinants of grief may be considered within a time frame as antecedent, concurrent, or subsequent to bereavement. Oftentimes the concept of grief is intertwined and confused with the concept of bereavement. While grief is most assuredly present during the one year time period defined as "bereavement", it should not be assumed that it is exclusive to this period or non-fluid. The results of this study indicate that the grief process is to be viewed as a unique concept which seems to occur in the individual suffering from any real or perceived loss. The elderly person suffering from the affects of multiple losses can manifest behaviors normally associated with the bereaved. A definitive confusion of the two concepts leads to a misunderstanding of the needs of the elderly who must cope with the consequent grief over loss.

In conclusion, some discussion on the relationship of Maslow's (1968) hierarchy of needs to adjustment is necessary. As outlined by
Maslow, a general motivation hierarchy of needs, from lower-level to higher-level, includes: physiological needs, safety needs, social needs, esteem needs and self-actualization needs. He stresses that lower-level needs must be realized before higher-level needs can be met. It must be noted, however, that movement through the levels is non-linear, not permanent but rather fluid. Should an individual have spent a life which was satisfied by sufficient income, little time would have been spent addressing lower-level needs. They would have addressed their energies to satisfy their higher-level needs. They would be seen as more actualized or positively adjusted. If retirement, to name just one example, should bring a severe reduction of income, the same individual would revert to a lower need level in an effort to satisfy previously fulfilled needs (Solomon, 1978). The researcher concludes that any single or compounded loss will have a direct affect upon elderly person's adjustment.

RELATED CONCLUSIONS

1. The elderly population of this study were receptive to interviews conducted in a manner appropriate to their individual needs.

The review of literature indicates that specific physiological, cognitive and conceptual concomitants found in the aged necessitate unique interviewing techniques. Kalish (1975) found reduced abilities for complex decision making and speed performance. Interviewers were, therefore, trained to minimize testing variables normally associated with time. Other studies indicate stress emphasizes functional losses (De Vries, 1975) in the elderly. Interviewers were
trained to control those areas normally associated with the stress in a testing situation. These procedures included:

a. The time taken to complete the task.

b. A full explanation of the rationale for the study. (This procedure served to relax the individual and make him/her feel part of a cooperative effort rather than subjugated.)

c. Permission to leave the testing situation at any time and to leave any question unanswered.

d. An emphasis on the lack of right or wrong answer.

In addition special attention was given to the unique physiological needs of the elderly by insuring proper lighting, maximizing auditory and visual cues and minimizing extraneous interference. Enlarged type-set was used for all testing material. Interviewers were prepared to read all questions to the subjects if need dictated this procedure.

In keeping with researchers (Okun, 1967; Birren, 1974; Aiken, 1977) concepts of the complexity of the interaction of physiological and psychological factors with the reflected sense of esteem, interviewers were trained to treat each elderly individual in a manner which communicated positive regard for their "self" rather than for the information to be obtained through the test process.

2. Researchers and caretakers of the elderly are more effective if they are cognizant of and have processed their own issues involving bereavement and the process of aging. Wolff (1978) notes that it is tempting but "precarious" to assume that skillful counselors and para-professionals can direct their professional efforts to diverse target populations without specific training.
The aged constitute a group with very specific needs often as a result of realized and potential loss. In contrast, most often with debilitating effects, the persons most often interacting with the aged are in their middle-years. The lack of contact and sufficient processing of their own issues surrounding aging leads to profound misunderstanding. This is most often typified by a confusion between the actual need of the elderly individual and the perceived need of the person "caretaker" or "professional". This seems to result in false stereotypes and unreal expectations. One example of this was seen in this present study to have been manifested in the caretakers of the aged who consistently perceived the interviewers as posing a real threat to the older person. In contrast, the aged individuals found the interviewing procedure to be a positive experience. Many of these persons expressed great relief after having shared their experiences with the trained professional who interviewed them.

3. There is much knowledge to be gained in the comprehension of confounding variables and the specific affect of "multiple losses" upon the adjustment of the elderly population.

To experience a multiplicity of changes within a given time period, regardless of the type of changes, may be of detriment to the individual. When those changes constitute loss, and when the individuals are from the elderly population, the affect can be devastating.

According to the review of related literature, these losses include biological factors, including physical appearance, health and certain aspects of temperament (Aiken, 1978). There is a general agreement that losses of cognitive skills is evident in the performance
of the aged. In addition, the older person faces the loss of certain social and familial roles. The loss of these roles, such as worker, often brings reduction in lifestyle as well as negative stereotyping by society who no longer views them as productive. The death of significant "others" narrows the aged's social interactions as well as bombarding them with the immence of death--not least of all their own. Closely intertwined with physical, social and psychological transition is the concept of self. Research indicates that the concept of self in old age is heavily dependent upon the reflected value of significant others. Loss in sexuality is most often perceived to be a function of the unavailability of an appropriate partner, poor health or emotional disturbance rather than physiological inability.

The literature on the aged is replete with efforts to study individual losses as described in the previous paragraph. What is often suggested, but never tested, is the affect multiple loss has on the adjustment of the elderly. It is obvious that physiological and psychological adjustment are inter-dependent; that the loss of a spouse changes the individual's role, social network and sexuality (to name just a few of the potential losses); that health loss demands re-adaptation to the physical environment. What seems evident is that no single loss can occur without it having impact upon the older person. In addition, compounded losses must have an interacting affect.

4. Results indicate that the bereaved and the non-bereaved group are non-self-actualized.

5. Results indicate that the loss of a spouse may have different
significance in the elderly than in other developmental stages.

Research indicates that there have been many studies into the affect of bereavement. What has been omitted has been any study done comparing the loss of a spouse in early years, in middle years and in later years. This absence of knowledge has important implications in dealing with the elderly population. It is obvious from the lack of studies in this area that we know very little about the relative intensity or duration of the effects of grief during the bereavement of the elderly (Sanders, 1979-1980). Kastenbaum and Costa (1977) define bereavement as indicative of survivorship status. This denotes no single thing indicative of the survivor's response to the loss, with the exception of increased mortality in the survivor.

Most often associated with the loss of a spouse is the experience of grief. Kubler-Ross (1969) has defined the stages of the grief process. Other writers have gone on to explore the unique problems facing a woman in a society which is "couple-oriented" and male dominated. Little is known, however, in terms of older widows who are freed by the death of their spouse, relieved from the stress of constant care and their focus on the dying spouse (Koff, 1979). No attention has been paid to the possibility of shifting roles, i.e., dependencies, as couples age. Most certainly, a youthful, fully functioning male moves through the period of bereavement in a manner far different to his aged counterpart who has withdrawn from his previous vocational role.

Finally, the experience of the loss of a spouse is not understood on the psycho/philosophical level. Concern with death appears to peak
in middle adulthood (Ambron, Brodzinsky, 1979). During this period bereavement becomes a crisis, both in the possibility of the death of parents and peers, which the middle-aged person has not had the time to adjust to. In old age, studies suggest, the most common orientation toward death is acceptance. The repeated bereavement that most people have suffered by the time they are aged creates a perception of death as a natural process.

6. Results indicate that the bereaved are more synergistic in their perception of man and their understanding of human nature.

7. In reference to the POI used as the measure of adjustment, the researcher quotes Hays (1973):

Regardless of what one is going to do with the information--change his opinion, adopt a course of action, or what not--he needs to know relatively how probable is a result like that obtained, given a hypothetical true situation. Basically, a significance test gives this information, and that is all. The conventions about significance level and regions of rejection can be regarded as ways of defining "improbable." The occurrence of a significant result in terms of these conventions is really a signal.... Even more emphatically the occurrence of a nonsignificant result does not mean that you must accept the hypothesis as true.... one has often not the foggiest idea of the error probability in saying that the tested hypothesis is true; here, making a decision to accept the tested hypothesis is absurd in the light of the unknown.

The researcher concludes that the original hypothesis was an exploratory hypothesis which made an effort to yield information pertinent to further investigation.

8. The research concludes that although the loss of a spouse (Holmes, 1977) has been established as the single most stress filled life event, it is evident that multiple and compounded losses affect the adjustment of individuals in a similar manner.
RECOMMENDATIONS

1. This study may serve as a basis for further studies of adjustment in the elderly.

2. Further studies should increase the size of the population to include a more representative sample.

3. Construction of a test of adjustment that fills the criteria:
   a) Validity
   b) Simplicity of administration
   c) Measures the individual cohorts defined as "loss" (e.g., physical decline, self-concept, vocation, income, bereavement, sexual contact).

4. Interpret individual results to optimize counseling use.

5. Plan follow-up cross-validation studies.

6. Utilize other instruments to develop further information.

7. This study should serve as a rationale for the need to develop modules on aging and death to be used by all professionals and caretakers of the elderly.

8. Comparative studies should be done in an effort to view grief reactions due to the loss of a spouse in males and females in the three developmental periods known as youth, middle-age and aged.

9. A follow-up study should be done comparing a sample of bereaved-aged to a sample of non-bereaved-aged who are currently married.

IMPLICATIONS TO COUNSELORS

The findings of this exploratory study can be of use to all
counselors. Demographic studies indicate that the population of elderly people is growing at a readily calculated rate. The researcher feels that this demographic trend will not only affect the number of individual counselors who have direct contact with the elderly. The current population trend will in one way or another have ramifications upon professionals practicing in other areas of counseling as well.

The number of "caretakers" dealing with the elderly will increase in juxtaposition to the size of the population. Counselors should be aware of the role that these individuals assume within the network of the aged. The "caretaker" is often in the position of supplying direct goods and services to elderly persons. In many instances they are the only supportive contact of the individual needy aged. Counselors should maximize the effectiveness of these interactions by establishing positive relationships with the "caretakers" and offering skill-building techniques to facilitate their abilities (i.e., communication skills, workshops dealing with grief).

There is an indication of specific training and educational needs for those people who plan to "gerocounsel". The professional who works with the aged must be able to apply his or her general counseling knowledge and skills to this specific population. However, specific training should be added to the existing body of counseling techniques. Most important is the caveat that the professional working in this area deal with his or her own attitudes of aging and death. Once the counselor has learned to deal with his/her own sense of aging, deterioration, dependency and death he/she can then go on to facilitative workshops for other professionals and para-professionals dealing in this area, as
well as the general population at large. In addition, it would seem that counselors who choose to work specifically with sensitive areas such as death and/or bereavement avail themselves of support groups in order to maintain a proper level of internal equilibrium.

Communication is often the essence of counseling. When counseling the elderly it becomes essential to be attuned to specific problems which can hamper communication. For example, the elderly person can suffer sensory loss, diminished physical stamina or exhibit resistance to professional intervention due to generationally held beliefs. The professional must be aware of all of the possible problems that can manifest in interacting with the older client. Specific environmental aids might be necessary in order to facilitate interaction. The counselor should remain open to innovative styles and attain flexibility in general techniques. The hearing impaired client might need audio-visual cues. The person of little stamina might require three fifteen minute sessions instead of one forty-five minute meeting. The isolate could desire closer physical proximity than the counselor normally finds comfortable in professional interactions.

The knowledge that the "aged" is a specific and unique developmental period must be realized by the counseling profession. Generalities commonly applied to the overall population do not specifically apply to this segment of that population. Grief, for example, is most commonly associated with bereavement. Professionals are sensitive to the needs demonstrated by the bereaved who are grieving from their loss. Support networks are most often seen operating at a more effective level during this specific period of time. The individual's level of self-
actualization is assumed to be depressed. There is a need to recognize that bereavement is one possible loss in a stage of development that suffers loss as a constant phenomena that can be multiple and interacting. The researcher feels that the specific individual aged person can be dealing with the process of grief from any number of realized or potential losses, which can hamper self-actualization. Counselors should be aware of the real and potential losses of the aged counselee and their effect upon the self-actualization of the individual. Recognition of needs should lead to stronger support from the professionals and the community at large.
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APPENDIX A
PERSONAL ORIENTATION INVENTORY

EVERETT L. SHOSTROM, Ph.D.

DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a". (See Example Item 1 at right.) If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b". (See Example Item 2 at right.) If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR OWN opinion of yourself and do not leave any blank spaces if you can avoid it.

In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks in this booklet.

Remember, try to make some answer to every statement.

Before you begin the inventory, be sure you put your name, your sex, your age, and the other information called for in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND START WITH QUESTION 1.
1. a. I am bound by the principle of fairness.
   b. I am not absolutely bound by the principle of fairness.

2. a. When a friend does me a favor, I feel that I must return it.
   b. When a friend does me a favor, I do not feel that I must return it.

3. a. I feel I must always tell the truth.
   b. I do not always tell the truth.

4. a. No matter how hard I try, my feelings are often hurt.
   b. If I manage the situation right, I can avoid being hurt.

5. a. I feel that I must strive for perfection in everything that I undertake.
   b. I do not feel that I must strive for perfection in everything that I undertake.

6. a. I often make my decisions spontaneously.
   b. I seldom make my decisions spontaneously.

7. a. I am afraid to be myself.
   b. I am not afraid to be myself.

8. a. I feel obligated when a stranger does me a favor.
   b. I do not feel obligated when a stranger does me a favor.

9. a. I feel that I have a right to expect others to do what I want of them.
   b. I do not feel that I have a right to expect others to do what I want of them.

10. a. I live by values which are in agreement with others.
    b. I live by values which are primarily based on my own feelings.

11. a. I am concerned with self-improvement at all times.
    b. I am not concerned with self-improvement at all times.

12. a. I feel guilty when I am selfish.
    b. I don't feel guilty when I am selfish.

13. a. I have no objection to getting angry.
    b. Anger is something I try to avoid.

14. a. For me, anything is possible if I believe in myself.
    b. I have a lot of natural limitations even though I believe in myself.

15. a. I put others' interests before my own.
    b. I do not put others' interests before my own.

16. a. I sometimes feel embarrassed by compliments.
    b. I am not embarrassed by compliments.

17. a. I believe it is important to accept others as they are.
    b. I believe it is important to understand why others are as they are.

18. a. I can put off until tomorrow what I ought to do today.
    b. I don't put off until tomorrow what I ought to do today.

19. a. I can give without requiring the other person to appreciate what I give.
    b. I have a right to expect the other person to appreciate what I give.

20. a. My moral values are dictated by society.
    b. My moral values are self-determined.

21. a. I do what others expect of me.
    b. I feel free to not do what others expect of me.

22. a. I accept my weaknesses.
    b. I don't accept my weaknesses.

23. a. In order to grow emotionally, it is necessary to know why I act as I do.
    b. In order to grow emotionally, it is not necessary to know why I act as I do.

24. a. Sometimes I am cross when I am not feeling well.
    b. I am hardly ever cross.

GO ON TO THE NEXT PAGE
25. a. It is necessary that others approve of what I do.
b. It is not always necessary that others approve of what I do.
26. a. I am afraid of making mistakes.
b. I am not afraid of making mistakes.
27. a. I trust the decisions I make spontaneously.
b. I do not trust the decisions I make spontaneously.
b. My feelings of self-worth do not depend on how much I accomplish.
29. a. I fear failure.
b. I don't fear failure.
30. a. My moral values are determined, for the most part, by the thoughts, feelings and decisions of others.
b. My moral values are not determined, for the most part, by the thoughts, feelings and decisions of others.
31. a. It is possible to live life in terms of what I want to do.
b. It is not possible to live life in terms of what I want to do.
32. a. I can cope with the ups and downs of life.
b. I cannot cope with the ups and downs of life.
33. a. I believe in saying what I feel in dealing with others.
b. I do not believe in saying what I feel in dealing with others.
34. a. Children should realize that they do not have the same rights and privileges as adults.
b. It is not important to make an issue of rights and privileges.
35. a. I can "stick my neck out" in my relations with others.
b. I avoid "sticking my neck out" in my relations with others.
36. a. I believe the pursuit of self-interest is opposed to interest in others.
b. I believe the pursuit of self-interest is not opposed to interest in others.
37. a. I find that I have rejected many of the moral values I was taught.
b. I have not rejected any of the moral values I was taught.
38. a. I live in terms of my wants, likes, dislikes and values.
b. I do not live in terms of my wants, likes, dislikes and values.
39. a. I trust my ability to size up a situation.
b. I do not trust my ability to size up a situation.
40. a. I believe I have an innate capacity to cope with life.
b. I do not believe I have an innate capacity to cope with life.
41. a. I must justify my actions in the pursuit of my own interests.
b. I need not justify my actions in the pursuit of my own interests.
42. a. I am bothered by fears of being inadequate.
b. I am not bothered by fears of being inadequate.
43. a. I believe that man is essentially good and can be trusted.
b. I believe that man is essentially evil and cannot be trusted.
44. a. I live by the rules and standards of society.
b. I do not always need to live by the rules and standards of society.
45. a. I am bound by my duties and obligations to others.
b. I am not bound by my duties and obligations to others.
46. a. Reasons are needed to justify my feelings.
b. Reasons are not needed to justify my feelings.

GO ON TO THE NEXT PAGE
47. a. There are times when just being silent is the best way I can express my feelings.
   b. I find it difficult to express my feelings by just being silent.

48. a. I often feel it necessary to defend my past actions.
   b. I do not feel it necessary to defend my past actions.

49. a. I like everyone I know.
   b. I do not like everyone I know.

50. a. Criticism threatens my self-esteem.
   b. Criticism does not threaten my self-esteem.

51. a. I believe that knowledge of what is right makes people act right.
   b. I do not believe that knowledge of what is right necessarily makes people act right.

52. a. I am afraid to be angry at those I love.
   b. I feel free to be angry at those I love.

53. a. My basic responsibility is to be aware of my own needs.
   b. My basic responsibility is to be aware of others' needs.

54. a. Impressing others is most important.
   b. Expressing myself is most important.

55. a. To feel right, I need always to please others.
   b. I can feel right without always having to please others.

56. a. I will risk a friendship in order to say or do what I believe is right.
   b. I will not risk a friendship just to say or do what is right.

57. a. I feel bound to keep the promises I make.
   b. I do not always feel bound to keep the promises I make.

58. a. I must avoid sorrow at all costs.
   b. It is not necessary for me to avoid sorrow.

59. a. I strive always to predict what will happen in the future.
   b. I do not feel it necessary always to predict what will happen in the future.

60. a. It is important that others accept my point of view.
   b. It is not necessary for others to accept my point of view.

61. a. I only feel free to express warm feelings to my friends.
   b. I feel free to express both warm and hostile feelings to my friends.

62. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.
   b. There are very few times when it is more important to express feelings than to carefully evaluate the situation.

63. a. I welcome criticism as an opportunity for growth.
   b. I do not welcome criticism as an opportunity for growth.

64. a. Appearances are all-important.
   b. Appearances are not terribly important.

65. a. I hardly ever gossip.
   b. I gossip a little at times.

66. a. I feel free to reveal my weaknesses among friends.
   b. I do not feel free to reveal my weaknesses among friends.

67. a. I should always assume responsibility for other people's feelings.
   b. I need not always assume responsibility for other people's feelings.

68. a. I feel free to be myself and bear the consequences.
   b. I do not feel free to be myself and bear the consequences.
89. a. I already know all I need to know about my feelings.
b. As life goes on, I continue to know more and more about my feelings.

90. a. I hesitate to show my weaknesses among strangers.
b. I do not hesitate to show my weaknesses among strangers.

91. a. Two people will get along best if each concentrates on pleasing the other.
b. Two people can get along best if each person feels free to express himself.

92. a. I have feelings of resentment about things that are past.
b. I do not have feelings of resentment about things that are past.

93. a. I like only masculine men and feminine women.
b. I like men and women who show masculinity as well as femininity.

94. a. I actively attempt to avoid embarrassment whenever I can.
b. I do not actively attempt to avoid embarrassment.

95. a. I blame my parents for a lot of my troubles.
b. I do not blame my parents for my troubles.

96. a. I feel that a person should be silly only at the right time and place.
b. I can be silly when I feel like it.

97. a. People should always repent their wrong-doings.
b. People need not always repent their wrong-doings.

98. a. I worry about the future.
b. I do not worry about the future.

99. a. Kindness and ruthlessness must be opposites.
b. Kindness and ruthlessness need not be opposites.

100. a. I prefer to save good things for future use.
b. I prefer to use good things now.

101. a. People should always control their anger.
b. People should express honestly-feit anger.
92. a. The truly spiritual man is sometimes sensual.
b. The truly spiritual man is never sensual.

93. a. I am able to express my feelings even when they sometimes result in undesirable consequences.
b. I am unable to express my feelings if they are likely to result in undesirable consequences.

94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.
b. I do not feel ashamed of my emotions.

95. a. I have had mysterious or ecstatic experiences.
b. I have never had mysterious or ecstatic experiences.

96. a. I am orthodoxly religious.
b. I am not orthodoxly religious.

97. a. I am completely free of guilt.
b. I am not free of guilt.

98. a. I have a problem in fusing sex and love.
b. I have no problem in fusing sex and love.

99. a. I enjoy detachment and privacy.
b. I do not enjoy detachment and privacy.

100. a. I feel dedicated to my work.
b. I do not feel dedicated to my work.

101. a. I can express affection regardless of whether it is returned.
b. I cannot express affection unless I am sure it will be returned.

102. a. Living for the future is as important as living for the moment.
b. Only living for the moment is important.

103. a. It is better to be yourself.
b. It is better to be popular.

104. a. Wishing and imagining can be bad.
b. Wishing and imagining are always good.

105. a. I spend more time preparing to live.
b. I spend more time actually living.

106. a. I am loved because I give love.
b. I am loved because I am lovable.

107. a. When I really love myself, everybody will love me.
b. When I really love myself, there will still be those who won't love me.

108. a. I can let other people control me.
b. I can let other people control me if I am sure they will not continue to control me.

109. a. As they are, people sometimes annoy me.
b. As they are, people do not annoy me.

110. a. Living for the future gives my life its primary meaning.
b. Only when living for the future ties into living for the present does my life have meaning.

111. a. I follow diligently the motto, "Don't waste your time."
b. I do not feel bound by the motto, "Don't waste your time."

112. a. What I have been in the past dictates the kind of person I will be.
b. What I have been in the past does not necessarily dictate the kind of person I will be.

113. a. It is important to me how I live in the here and now.
b. It is of little importance to me how I live in the here and now.

114. a. I have had an experience where life seemed just perfect.
b. I have never had an experience where life seemed just perfect.

115. a. Evil is the result of frustration in trying to be good.
b. Evil is an intrinsic part of human nature which fights good.

GO ON TO THE NEXT PAGE
116. a. A person can completely change his essential nature.
   b. A person can never change his essential nature.

117. a. I am afraid to be tender.
   b. I am not afraid to be tender.

118. a. I am assertive and affirming.
   b. I am not assertive and affirming.

119. a. Women should be trusting and yielding.
   b. Women should not be trusting and yielding.

120. a. I see myself as others see me.
   b. I do not see myself as others see me.

121. a. It is a good idea to think about your greatest potential.
   b. A person who thinks about his greatest potential gets conceited.

122. a. Men should be assertive and affirming.
   b. Men should not be assertive and affirming.

123. a. I am able to risk being myself.
   b. I am not able to risk being myself.

124. a. I feel the need to be doing something significant all of the time.
   b. I do not feel the need to be doing something significant all of the time.

125. a. I suffer from memories.
   b. I do not suffer from memories.

126. a. Men and women must be both yielding and assertive.
   b. Men and women must not be both yielding and assertive.

127. a. I like to participate actively in intense discussions.
   b. I do not like to participate actively in intense discussions.

128. a. I am self-sufficient.
   b. I am not self-sufficient.

129. a. I like to withdraw from others for extended periods of time.
   b. I do not like to withdraw from others for extended periods of time.

130. a. I always play fair.
   b. Sometimes I cheat a little.

131. a. Sometimes I feel so angry I want to destroy or hurt others.
   b. I never feel so angry that I want to destroy or hurt others.

132. a. I feel certain and secure in my relationships with others.
   b. I feel uncertain and insecure in my relationships with others.

133. a. I like to withdraw temporarily from others.
   b. I do not like to withdraw temporarily from others.

134. a. I can accept my mistakes.
   b. I cannot accept my mistakes.

135. a. I find some people who are stupid and uninteresting.
   b. I never find any people who are stupid and uninteresting.

136. a. I regret my past.
   b. I do not regret my past.

137. a. Being myself is helpful to others.
   b. Just being myself is not helpful to others.

138. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.
   b. I have not had moments of intense happiness when I felt like I was experiencing a kind of bliss.

GO ON TO THE NEXT PAGE
139. a. People have an instinct for evil.
b. People do not have an instinct for evil.
140. a. For me, the future usually seems hopeful.
b. For me, the future often seems hopeless.
141. a. People are both good and evil.
b. People are not both good and evil.
142. a. My past is a stepping stone for the future.
b. My past is a handicap to my future.
143. a. "Killing time" is a problem for me.
b. "Killing time" is not a problem for me.
144. a. For me, past, present and future is in meaningful continuity.
b. For me, the present is an island, unrelated to the past and future.
145. a. My hope for the future depends on having friends.
b. My hope for the future does not depend on having friends.
146. a. I can like people without having to approve of them.
b. I cannot like people unless I also approve of them.
147. a. People are basically good.
b. People are not basically good.
148. a. Honesty is always the best policy.
b. There are times when honesty is not the best policy.
149. a. I can feel comfortable with less than a perfect performance.
b. I feel uncomfortable with anything less than a perfect performance.
150. a. I can overcome any obstacles as long as I believe in myself.
b. I cannot overcome every obstacle even if I believe in myself.
This answer sheet is for recording your answers to the Personal Orientation Inventory. Read each question in the booklet and write your response next to the corresponding space A, B, or C on this sheet using a number 2 pencil. You may change your answer, if you wish, by erasing the first answer and writing your new answer in the space provided. Be sure to fill out the entire answer sheet before completing the P.O.I. You may refer to the Personal Orientation Inventory booklet while filling out the answer sheet. The completed answer sheet is scored only. See Sample (00).

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</table>
1. A. I AM BOUND BY THE PRINCIPLE OF FAIRNESS.
   B. I AM NOT ABSOLUTELY BOUND BY THE PRINCIPLE OF FAIRNESS.

2. A. WHEN A FRIEND DOES ME A FAVOR, I FEEL THAT I MUST RETURN IT.
   B. WHEN A FRIEND DOES ME A FAVOR, I DO NOT FEEL THAT I MUST RETURN IT.

3. A. I FEEL I MUST ALWAYS TELL THE TRUTH.
   B. I DO NOT ALWAYS TELL THE TRUTH.

4. A. NO MATTER HOW HARD I TRY, MY FEELINGS ARE OFTEN HURT.
   B. IF I MANAGE THE SITUATION RIGHT, I CAN AVOID BEING HURT.
## Graph 2

**Size of the Older Population (65+)**

<table>
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<tr>
<th>Year</th>
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<td>1975</td>
<td>22,400,000</td>
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<td>3,988,000</td>
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<td>4,829,000</td>
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<td>6,705,000</td>
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GRAPH 3
Life Expectancy at Birth and at Age 65

### Scoring Categories for the Personal Orientation Inventory

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<th>Number of Items</th>
<th>Scale Number</th>
<th>Symbol</th>
<th>Description</th>
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<td>I. Ratio Scores</td>
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<tr>
<td>23</td>
<td>1/2</td>
<td>TI/TC</td>
<td>TIME RATIO</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Time Incompetence/Time Competence measures degree to which one is &quot;present&quot; oriented</td>
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<td>127</td>
<td>3/4</td>
<td>O/I</td>
<td>SUPPORT RATIO</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Other/Inner - measures whether reactivity orientation is basically towards others or self</td>
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<td>II. Sub-Scales</td>
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<td>5</td>
<td>SAV</td>
<td>SELF-ACTUALIZING VALUE - measures affirmation of a primary value of self-actualizing people</td>
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<tr>
<td>32</td>
<td>6</td>
<td>Ex</td>
<td>EXISTENTIALITY - measures ability to situationally or existentially react without rigid adherence to principles</td>
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<tr>
<td>23</td>
<td>7</td>
<td>Fr</td>
<td>FEEL REACTIVITY - measures sensitivity of responsiveness to one's own needs and feelings</td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>S</td>
<td>SPONTANEITY - measures freedom to react spontaneously or to be oneself</td>
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<td>16</td>
<td>9</td>
<td>Sr</td>
<td>SELF REGARD - measures affirmation of self because of worth or strength</td>
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<td>26</td>
<td>10</td>
<td>Sa</td>
<td>SELF ACCEPTANCE - measures affirmation or acceptance of self in spite of weaknesses or deficiencies</td>
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<tr>
<td>16</td>
<td>11</td>
<td>Nc</td>
<td>NATURE OF MAN - measures degree of the constructive view of the nature of man, masculinity, femininity</td>
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</tbody>
</table>
Scoring Categories for the Personal Orientation Inventory*

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<tr>
<th>Number of Items</th>
<th>Scale Number</th>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>12</td>
<td>Sy</td>
<td>SYNERGY - measures ability to be synergistic, to transcend dichotomies</td>
</tr>
<tr>
<td>25</td>
<td>13</td>
<td>A</td>
<td>ACCEPTANCE OF AGGRESSION - measures ability to accept one's natural aggressiveness as opposed to defensiveness, denial, and repression of aggression</td>
</tr>
<tr>
<td>28</td>
<td>14</td>
<td>C</td>
<td>CAPACITY FOR INTIMATE CONTACT - measures ability to develop contactful intimate relationships with other human beings, unencumbered by expectations and obligations</td>
</tr>
</tbody>
</table>

*From the EITS Manual of the POI by Everett L. Shostrom, 1966.*
The dissertation submitted by Ellen Sobo has been read and approved by the following committee:

Dr. Manuel S. Silverman, Director
Associate Professor, Guidance and Counseling, Loyola

Dr. Gloria J. Lewis
Associate Professor and Chairperson, Guidance and Counseling, Loyola

Dr. Ernest I. Proulx
Professor, Curriculum and Instruction, Loyola

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

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Date 8.3.81

[Signature]
Director's Signature