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THE SUBCULTURE OF THE AGING:
AN EMPIRICAL TEST

A Thesis Submitted to the Graduate Division in Partial
Fulfillment of the Requirements for the
Degree of Master of Science

By
William C. Lane

KANSAS STATE COLLEGE OF PITTSBURG

Pittsburg, Kansas

July, 1975

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ABSTRACT

During the past twenty-five years the discipline of social gerontology has emerged as a major field of interest among sociologists. A number of theories concerning the social aspects of the aging process have been proposed, but few have been empirically tested.

The central concern of the present study was to conduct an empirical test of the subculture of the aging theory developed by Arnold M. Rose. The subculture of the aging theory proposed that there is a growing awareness among many older people that they are not merely members of a social category, but are members of a social group with common problems and a distinctive subculture. The major components of the aging subculture are a status system, a special set of values, aging self-conception, and aging group-consciousness.

The present study was conducted in a multi-story housing facility for low-income older people located in Southeast Kansas. The sample consisted of 81 respondents to a 44-item questionnaire. Twenty-two of the respondents were also interviewed. The questionnaire collected basic socio-demographic data and examined the components of the aging subculture. Morale was measured by the Kutner Morale Scale and alienation with the Middleton Alienation Scale. Aging group-consciousness was measured by a six-item scale developed for the present study.

The questionnaire data were coded, transferred to 80 column IBM cards, and tabulated using a Fortran IV language computer program. The data were analyzed using the chi-square test of significance, the phi coefficient, and Pearson's C. Interview data supplemented the findings derived from the questionnaire.

An analysis of the data found that the status system in High Rise, as the facility was called in the present study, contained many distinct norms and values centered around social activity. In addition, a significant number of residents had come to view themselves as members of an emerging social group, with a desire to associate with other older people and with a concern for the political issues involving the aged. Those factors increased in their intensity with increased length of residence in High Rise.

Aging group-consciousness was found to be significantly associated with morale. That is, the higher the degree of aging group-consciousness, the higher the level of morale. The data supporting those findings were significant at the .02 level. It was concluded that the data presented supported the subculture of the aging theory.

The most important implication of the findings was that social activity may be only one component which might help to maintain a high morale level. Denial of chronological aging may lead to a decrease in the level of morale, and not to an increase in it.

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CHAPTER I

INTRODUCTION

During the past several decades the discipline of social gerontology has emerged as a major field of interest among both sociologists and gerontologists. Social gerontology is a subfield of gerontology, the study of aging, which focuses on the nonmedical aspects of aging (Atchely, 1972:5). It is also considered to be a part of the discipline of sociology (Brehm, 1968; Shanas, 1971). As Brehm (1968:24) pointed out "sociology . . . is concerned with the aging process in terms of its interrelationships with the social interaction process and with reference to the culturally induced conceptions of aging." Social gerontology is somewhat similar to social psychology, in that it is positioned between two disciplines, sociology and gerontology.

When a new field of study develops, controversies may arise over theoretical orientations, methodological issues, and even over basic concepts. The study of community power, for example, has been preoccupied with the elitist-pluralist argument. In somewhat similar fashion, controversies have developed within social gerontology. While major areas of disagreement have centered around activity and disengagement and cross-sectional versus longitudinal research design, other substantive issues have been neglected. One such issue is the subculture of the aging theory.

Arnold M. Rose (1962b; 1965b) stated the theory that the aged constitute a subculture in American society. He indicated that it is a general subculture that cuts across other subcultures (Rose, 1965b:6-7). While this approach is, on the surface, somewhat similar to viewing the aging as a minority group (Barron, 1953), the subculture of the aging theory represents a distinct approach within social gerontology.

Need for the Study

A search of the literature revealed numerous references to an aging subculture (cf. Hochschild, 1973), but very few empirical tests of the basic components of the theory. The primary support for the subculture of the aging theory has come from secondary sources, and not from direct empirical testing. Therefore, empirical investigations are needed to verify or refute the theory, as Rose (1962b:123) requested in his original article.

A second area of need was reflected in the physical setting of the study and the geographic location of the population. The population consisted of the residents of a high rise apartment, located in a rural area. A review of the literature did not uncover a single study using this combination of older people living in close physical proximity, coupled with a rural location. With more housing of this type being constructed in rural areas, more research

needs to be conducted in rural areas. Most of these projects were designed for urban areas and there may be some significant differences between the needs of the rural aged and the urban aged, which only empirical research can identify.

The present study can also provide empirical data, both demographic and social-psychological, on a group of low-income older people in Southeast Kansas. Such data are not available, other than extrapolated census data, for use by the Area Office on Aging, local school districts, community colleges, or social agencies in designing and implementing programs and services.

Statement of the Problem

As stated in the previous section, there are many references to an aging subculture in the literature, but very few empirical tests of the theory have been conducted. Rose (1962b:123) clearly stated that he was presenting a number of related hypotheses and logical deductions that looked forward to empirical testing, but many writers have treated his work as though it has been based upon empirical data. The central concern of the present study was to conduct an empirical test of the subculture of the aging theory. The study examined three major components of the aging subculture; age-identification, the status system of the aged, and aging group-consciousness. The possible relationships between aging group-consciousness and alienation were also examined.

Hypotheses

The concept of subculture is based on the assumption that individuals must interact with each other over a period of time, for a distinctive subculture to develop. Therefore, it may be logically concluded that the longer a group of individuals interacts with each other, the greater the chance that a subculture will develop. The length of time a person has been a member of an age-concentrated community was used as the independent variable in the three major hypotheses in the present study.

The work of Rose (1962b; 1964b; 1965b; 1965c), was reviewed to determine the fundamental components of the aging subculture. Three of these components were used as dependent variables. First, the majority group devalues the aged and views them in terms of negative stereotypes. It was hypothesized by Rose that older people are becoming more aware of these views. Second, older people place special value on good health and social activity. Finally, what Rose labeled aging group-consciousness was postulated to be of growing significance for at least a portion of older people. Based on this review, the following hypotheses were tested:

1. The longer a person is a member of an age-concentrated community, the more likely he will be to acknowledge that the aged are delineated and devalued by society.
2. The longer a person is a member of an age-concentrated community, the more likely he will be to adopt a special set of values.

3. The longer a person is a resident of an age-concentrated community, the higher the degree of aging group-consciousness.

In addition to the three major hypotheses tested, two related hypotheses were examined. Many studies in social gerontology have attempted to relate morale and alienation to age and/or activity. Maddox and Eisdorfer (1962) found that while activity and morale may be related, chronological age appears to have only limited utility as an independent variable. However, the relationship between activity and morale is a complex one and there are limiting conditions under which this relationship does not exist (Maddox and Eisdorfer, 1962:259).

One of the most important components of the subculture of the aging theory is aging group-consciousness. Some older people have begun to think of themselves as not simply members of a category, but as members of a social group composed of older persons. This aging group-consciousness, or age-identification, leads to a desire to associate with fellow agers, expressions of group pride, and a more positive self-image (Rose, 1962b). This suggests that aging group-consciousness may be used as an independent variable in association with various dependent variables. Using aging group-consciousness as the independent variable and morale and alienation as dependent variables the following hypotheses were constructed and tested:

1. The higher the degree of aging group-consciousness, the higher the level of morale.
2. The higher the degree of aging group-consciousness, the lower the degree of alienation.

Method of Research

The principle method of data collection used in the present study was the questionnaire method. A questionnaire was constructed consisting of forty-four fixed alternative questions. These questions were divided into four categories; demographic questions, questions testing the three major hypotheses, the Kutner Morale Scale, and the Middleton Alienation Scale.

The basic demographic data collected included the sex of each respondent, marital status, occupation of respondent and spouse, educational level attained by the respondent and spouse, number of years the respondent had lived in Southeast Kansas, age, and source of income. The various questions measuring the dependent variables shall be discussed extensively in Chapter III.

The Kutner Morale Scale (Kutner, et al., 1956), was used to measure the morale level of each respondent. The scale is composed of seven items which form a Guttman Scale, with a coefficient of reproducibility of .90 (Kutner, et al., 1956:302).

Alienation was measured by the Middleton Alienation Scale (Middleton, 1963). While this was designed as a six-

item scale, item number six pertained to work and therefore could not be used with retired persons. The modified scale consisted of five items, each of which was an attitude statement associated with one type of alienation. The scheme for the typology was based on the work of Seeman (1959), with some modifications (Middleton, 1963). The Middleton Alienation Scale has a coefficient of reproducibility of .90 (Robertson and Shaver, 1973:279).

In addition to the questionnaires, twenty interviews were conducted during the same week that the questionnaires were being administered. Five interviews, lasting forty minutes each, were conducted on four successive nights. The interview schedule consisted of ten open-ended and five fixed-alternative questions designed to obtain data on what factors influenced the respondents to move into the building, any problems they encountered in physically making the move, and some data concerning the residents' attitudes toward aging. Interviews were scheduled on a random basis with the assistance of the managers of the building.

The Plan of the Study

The original idea for the present study began with an examination of the socio-environmental theory of aging proposed by Gubrium (1973). After some consideration, it was decided that direct empirical test of that theory was not warranted, but that one of the principal ideas of that theory

could be incorporated in testing the subculture of the aging theory. Gubrium (1973), following the work of Rosow (1967), proposed that there are four types of social contexts in which older people can live. This typology was based on two variables; physical proximity and age-homogeneity (Gubrium, 1973: 61). The types range from a high concentration environment where older persons live in very close proximity to each other, in a setting composed only of the elderly, to one where the residential proximity is very distal and the community is age-heterogeneous (Gubrium, 1973:67). The prime example of the high concentration environment, hereafter referred to as an age-concentrated community, is the large, multiple-unit structure housing only elderly residents.

As the present study began to focus on the aging subculture, the following statement by Rose (1962b:123) became more important: "The greater the separation of older people from other age categories, both as individuals and as a social group, the greater the extent and depth of subcultural activity." Using the work of Gubrium, it follows that if there is an aging subculture, it should be most likely to first develop in an age-concentrated community. Therefore, the basic plan of the present study was to conduct an empirical test of the subculture of the aging theory by sampling a population of older people living in a large apartment unit designed specifically for the elderly.

After the decision was made to use a special housing unit, an investigation was made of the units that had been constructed in the Southeast Kansas area. While several units have been built, only one such apartment unit fell into the category of high rise construction. This type of construction most resembles the type of units that are erected in urban areas. This high rise unit was chosen as the most representative of an age-concentrated environment in Southeast Kansas.

After contacting the building managers about the possibility of conducting the research in the building, tentative permission was granted. However, it was decided that final permission should rest in the hands of the residents themselves. A meeting was arranged between the House Council and the researcher. The House Council, which consisted of representatives elected from each floor of the building, was presented with a summary of the purposes and goals of the study, including sample questions from the questionnaire, under the supervision of the researcher.

Prior to the collection of the data, several visits were made to the building simply to make some general observations. The operation of the Senior Center for the community, which is located in the building, was discussed with

the Center Director. An organizational plan of the room numbers was obtained, along with the location of the unoccupied rooms (one) and those rooms where the residents would be absent during the study (six).

The questionnaires were distributed in large kraft envelopes that could be sealed. Each envelope was marked with a room number in the upper left-hand corner for distribution and recording purposes. As arranged, representatives to the House Council distributed and collected the questionnaires from each floor. They were provided with a questionnaire distribution check list, which enabled them to keep a record of both the distribution and return of the various instruments. A master check list was used by the researcher to account for each group of questionnaires released to the different representatives.

After the questionnaires were returned, they were opened to determine if any information was missing that could be obtained from the management. The original procedure was to cover the room number with a gummed label and then open the sealed envelopes. However, this procedure was altered because it was possible for individuals to return their questionnaires without filling them out. This would make it impossible to send out second requests, because the room numbers of the persons who returned blank questionnaires could not be determined.

An inspection of the questionnaires revealed that 67 were returned with responses to all questions, 15 had some data missing, 8 simply refused to accept a questionnaire, and only 6 were accepted and returned uncompleted in the sealed envelope. Of the 15 that were returned with some information missing, 6 had omitted only their age. That information was obtained from the managers and the questionnaires were replaced in the kraft envelopes. After again reviewing the original distribution procedure, it was decided that a second request could not be made to those persons who returned their questionnaires blank, and still maintain confidentiality. Therefore, it was decided to return to the original format and no requests were circulated.

The data were then coded, using a straight numerical code, transferred to 80 column IBM data cards, and tabulated using a Fortran IV language computer program. The data were analyzed using the chi-square test of significance, the phi-coefficient, and Pearson's C. While .05 was established as the level of significance, arguments shall be presented in Chapter IV against a rigid adherence to the conventional level.

During the same week that questionnaires were distributed and collected, twenty interviews were conducted. Interviews were scheduled on a random basis by the building managers and the only criteria used for selection was that some residents

from each floor be included in the sample. The sample included sixteen women, two men, and two married couples. While married couples were overrepresented in the sample, men and women were represented in approximately the same proportion as the sex ratio of the building. A discussion of the interview data is presented in Chapter III.

Special Procedures

During the initial contact with the managers of the building in which the study was conducted, they were somewhat uncertain about the number of residents who would agree to participate. In addition, as a study on resistance to participate in research (Mercer and Butler, 1973:50) reported that the tendency to refuse to be interviewed generally increased with the age of the respondent. In their study the refusal rate was 14 per cent higher for persons 60 to 69 years of age than for those 16 to 19 years old. Both Kutner and others (1956) and Rosow (1967), in their studies of older people, reported refusal rates of 26 per cent. Therefore, in anticipation of a potentially high rate of refusals to participate in the present study, the procedure described in the previous section for distributing the questionnaire was adopted. Using the residents of the building to distribute and collect the questionnaires would produce, it was believed, a higher rate of return than otherwise would be obtained.

Delimitations of the Study

The population studied was composed of 102 low-income, older people living in a seven-story apartment building located in the Southeast Kansas Area. There were 85 women and 17 men, ranging in age from 63 to 93, living in the building while the present study was being conducted. That included three residents who were staying in nursing homes during the study and three others who were in the hospital or out of town. The managers live in the building, but they were not included in the sample. Those exclusions reduced the effective population from 102 to 96.

All the residents had been designated as "low-income elderly" based on Federal guidelines. The residents must be over the age of 62 and their income must fall within a certain range. A single individual may have a maximum total income of \$4,100 a year, when they apply for admission into the building, while couples may receive \$4,600 a year from all sources. A restriction to \$15,000 in assets applies to both single residents and married couples.

Limitations of the Study

In the field of social gerontology, there has been a controversy over the use of a cross-sectional research design versus a longitudinal design. While most research in aging has been cross-sectional in design, many researchers have argued in favor of the longitudinal approach (Streib and Schneider, 1971). The longitudinal approach requires the

study of the same population over a long period of time. That type of design was not feasible in a study such as this one. By using the cross-sectional approach, only the degree to which a subculture of the aging has or has not developed could be studied. In other words, it did not permit an examination of the processes involved in the formation of the aging subculture which the longitudinal approach would have made possible.

A second limitation centered around the behavior being studied. The theory of the subculture of the aging, along with other concepts developed by Arnold Rose, fall within the major type of sociological theory referred to as symbolic interactionism (Rose, 1962a; Decker, 1975). Studies using that theoretical framework generally use participant observation or extensive interviews as the principle method of data collection. However, in the present study the questionnaire method was employed, supplemented by interviews, because the problem was to determine the degree to which an aging subculture had formed. Further, the problem was not to study the process by which a subculture may or may not have formed, as is the general goal of most studies guided by symbolic interaction theory.

Finally, there is some question as to the degree to which the aging subculture might form in a physical setting where older people are not in close contact, as for example in an age-heterogeneous residential neighborhood. While a more

elaborate research design might have included a matched sample of residents of an age-homogeneous setting with those living in an age-heterogeneous setting, that was not possible in a study of the present type. However, an empirical study can be carried out without that type of design.

Definition of the Principle Terms

The previous sections of this chapter have contained a number of concepts and terms for which no conceptual or operational definitions have been offered. This final section examines the most important concepts and terms used in the present study; old person, age-concentrated community, sub-culture, aging group-consciousness, morale, and alienation. Some additional discussion of these concepts and terms have been included in Chapter II.

Old Person. In defining the first term, old person, we are faced with the question of when does old age begin. While some researchers have used age 60 (cf. Caven, et al., 1949), the trend in recent years has been to use age 65 as the lower limit of old age. Rose (1962b) has pointed out that since the passage of the Social Security Act of 1935, age 65 has tended to become both the legal and the social definition of old age. In the apartment complex from which the sample was drawn, age 65 was the lower limit when the building first opened. Recently, the age of admission was lowered to age 62. Since the apartment complex was specifically designed for the elderly, age 62 was used as the lower limit to define an

individual as being in the category of old person. The terms old person, older people, the elderly, and the aged were used interchangeably in the present study to describe individuals over 62 years of age.

Age-Concentrated Community. The origin of the term age-concentrated community was discussed in a previous section, but to reiterate, it was defined as consisting of an age-homogeneous group of individuals living in very close physical proximity.

Subculture. A. B. Hollingshead (1939) wrote a now classic article which was very influential in the formation of the concept of subculture. According to Hollingshead (1939:817):

Persons in more or less continuous association evolve behavior traits and cultural mechanisms which are unique to the group and differ in some way from those of other groups and from the larger socio-cultural couples. That is, every continuing social group develops a variant culture and a body of social relations peculiar and common to its members.

Following the work of Hollingshead, Milton Gordon published the first article using the term subculture in 1947 (Arnold 1970). Although it is now considered to be one of the basic concepts in sociology, the concept is of rather recent origin.

Rose (1962a:13) separated society, "a network of interacting individuals," from culture, "the related meanings and values by means of which individuals interact." In addition, "the individual is expected to learn the requirements for behavior found in the culture and to conform to them most of the time" (Rose, 1962a:13). American society is not composed

of one homogeneous group, but of a variety of groups each of which are integrated to varying degrees into the larger society. Each group possesses a slightly different set of related meanings and values, a variant of the larger culture. It was out of that understanding that the concept of subculture developed.

In developing the theory of the subculture of the aging, Rose (1962b; 1965b) did not offer a formal definition of subculture. Instead, he referred to the various components that characterize the aging subculture. Rose stressed that while some carry-over from the larger culture was reflected in the subculture of the aging, certain characteristics set it apart. That approach to the concept of subculture was reflected in the following definition:

(A subculture is) a pattern of norms, beliefs, attitudes, values, and other cultural elements that are shared within particular groups or segments of a society but that do not normally characterize the society as a whole (Defleur, et al., 1973:117).

That conceptual definition was used in the present study. Definitions of terms, such as norms and values, are central to the subject matter of sociology and do not require special attention at this point.

Aging Group-Consciousness. Aging group-consciousness was used by Rose to describe an increasing trend toward age-identification. According to Rose (1962b:126), "some people have begun to think of themselves as members of an aging group; in their eyes, the elderly are being transformed from a

category into a group." That transformation occurs in three steps or phases. The first phase begins when older people join some recreational group where they interact with others their own age. The second phase develops when they begin to discuss common problems, such as reduced income, medical care, and general health with other older people. Finally, the third phase appears when older people begin to talk of group social action to correct or solve common problems (Rose, 1962b:127). Aging group-consciousness may be thought of as a three-phase process in which the individual comes to view himself, not as a member of a category, but as a member of a distinct social group sharing common problems that may be corrected through group action.

Morale. The fifth concept, morale, was defined as "... a continuum of responses to life and living problems that reflect the presence or absence of satisfaction, optimism, and expanding life perspectives" (Kutner, et al., 1956:48). In that definition there are two types of responses to growing old. At one end of the continuum are persons with low morale, characterized as focusing on immediate problems and showing very little concern with planning for the future. They are characterized as being in a demoralized state. At the other end of the continuum are persons of high morale. Those persons demonstrate some evidence of planning and have some concern for the problems of aging (Gubrium, 1970:b:11-12).

Alienation. Alienation has been one of the most important

yet elusive concepts to define, in sociology. In the present study alienation has been conceptually defined as "feelings of noninvolvement in and estrangement from one's society and culture" (Theodorson and Theodorson, 1969:9). Alienation was taken as a social-psychological concept and may be manifested in a number of ways. According to Seeman (1959:783), alienation has been used in five basic ways: powerlessness, meaninglessness, normlessness, self-estrangement and social isolation. Each of those different manifestations of alienation can be measured, with only slight modifications, by an item on the Middleton Alienation Scale, which was used in the present study.

The fundamental outline of the present study has now been presented. Following an extensive review of the available literature in Chapter II, the data are then presented. An analysis of the data was made and support for the major and secondary hypotheses follows in Chapter IV. The summary, conclusions, and recommendations are presented in the final chapter. Supplemental data concerning special educational programs for older people are included in Appendix A.

LIBRARY

CHAPTER II

REVIEW OF THE LITERATURE

While the theory that a subculture of the aging exists is often referred to in the literature, few empirical studies have been reported that test that theory. The theory was first presented in the article, The Subculture of the Aging: A Topic for Sociological Research by Arnold M. Rose (1962b:123-27). In that article, Rose (1962:123) clearly stated his theory was supported by ". . . no data except for an illustrative example here and there, but looks forward to empirical testing."

The main body of this chapter consists of an examination of the work of Rose (1962b; 1964b; 1965a; 1965b). Those few empirical studies using the subculture of the aging theory are then reviewed. The aged as a minority group approach (Barron, 1953) shall be discussed and the two positions are then compared. It has been contended that there has been conceptual confusion and that, while there are points of convergence, the aged as a minority group approach and the subculture of the aging theory are not one and the same.

Formation of the Aging Subculture

The concept of subculture is used extensively in sociology today. Studies have been conducted examining regional subcultures, social subcultures, and especially,

juvenile delinquent subcultures (Arnold, 1970:93). Subcultures develop when a group of persons are separated from the larger society and interact more with each other than with others. Older people increasingly interact with other older people, while their contacts with younger people decrease. The degree of isolation varies from person to person, and, therefore, there are different degrees of involvement in the aging subculture displayed by different people.

There are four factors that keep older people in contact with the larger society and, as a result, minimize the development of an aging subculture. These include contact with family, contact with the larger society through the mass media, continued employment, and an "attitude of active resistance toward aging" (Rose, 1962b:124). If there is a posture of active resistance to aging, and a rejection of the aging subculture, the result may often be isolation and group self-hatred (Rose, 1965a:8).

In contrast to the factors that tend to minimize the development of the aging subculture, there are a number of demographic, ecological, and social organizational trends creating the necessary conditions for the development of a subculture. The proportion of percentage of the population over age 65 is increasing every year through medical advances, more of these people are healthy. This is due, in part, to a reduction in the rate of chronic illness. There are

increasing self-segregating trends, especially in terms of housing, which is partly a result of the break-up of the extended family living pattern. Compulsory and voluntary retirement have increased greatly since 1935 allowing older people a number of years of leisure time. Finally, increased solvency, through Social Security and private pensions, has enabled many older people to remain active. What people do during their retirement years often becomes part of their subculture (Rose, 1965a:4-5).

Components of the Aging Subculture

There are several major components of the aging subculture. According to Rose (1962b:124): "The areas of life chosen for analysis represent some of the variation in the aging subculture; they do not present a comprehensive picture." These major components are the status system, a special set of attitudes and values, aging self-conception, and aging group-consciousness, discussed in the following section.

The status system of the elderly consists of two parts; that portion which is a carry-over from the general society, and that which develops out of the distinctive values of the aging subculture (Rose, 1962:124). The major areas of carry-over are wealth, prestige derived from the individual's former occupation, power that the person had prior to retirement, and general education. Each of these decreases

with advancing age although education, which has the greatest utility in retirement, probably carries over more than the others (Rose, 1965a:9).

Health and social activity are the two most important and distinctive subcultural values of the status system which are not the result of an adaptation of the values of the larger society. Good health, which is common among young people, becomes increasingly rare with advancing age and those who remain healthy are admired by their fellow agers (Rose, 1962b:125). Concerning social activity, "many of the aging accord high status to those of their number who are willing and able to assume leadership in various social influence and expressive associations composed primarily of the aging" (Rose, 1962b:125).

The attitudes of older people differ from those of the rest of the population on a number of topics. For example, while the aged may still be interested in sexual activity, this interest seems to decline with increasing age (Rose, 1962b:125). Other differences in attitudes may be found in the areas of death, marriage, interpersonal relationships, leisure activities, and other hobbies. Differences may also be found in their argot and distinctive rituals (Rose, 1965a:11).

The third major component of the aging subculture is aging self-conception. While there is no set age when a person enters old age, most Americans eventually come to

think of themselves as being elderly. "There tends to be a marked change in self-conception, which includes a shift in thinking of oneself as progressively physically and mentally handicapped, from independent to dependent, and from aspiring to declining" (Rose, 1962b:126). These changes in self-conception are associated with a role that is not highly valued in American society. This role of "old person" has been labeled the "roleless role" by Ernest Burgess because the individual "is left with no cultural prescriptions as to appropriate forms of behavior" (Decker, 1975:7).

There are studies indicating that many negative attitudes exist about older people and that most of society tends to view them in terms of negative stereotypes (Tuckman and Lorge, 1952; McTavish, 1971). According to Tuckman and Lorge (1953:260), ". . . old people are living in a social climate which is not conducive to feelings of adequacy, usefulness, and security and to full adjustment in their later years." Many of the attitudes and stereotyped beliefs about older people are based on a lack of accurate information and are simply incorrect (McTavish, 1971). As older people began to accept the fact that they are aging and become more aware of the negative attitudes about the aged their first reaction may be one of disengagement (Rose, 1962b:126).

This disengagement is by no means completely voluntary for many people. "The older person is pushed out of his occupation, out of the formal and informal associations connected with occupation, and even out of leadership roles in many kinds of nonoccupational associations (Rose, 1965a:12). Research indicates that while some individuals resisted identification with the aged (Riley and Foner, 1968:302), those who did accept the fact that they were growing older tended to have more positive self-images than those who denied that they were aging (Peters, 1971:69).

Aging Group-Consciousness

Aging group-consciousness, the fourth major component of the aging subculture, may also be called aging group-identification (Rose, 1965a:13). According to Rose (1964b:10), older people are beginning to become aware of themselves as a social group:

They (older people) are starting to think of their problems less in individual terms and more in collective terms. They show more of a tendency to share each other's company - - to have more age-graded social relations - - and to exhibit pride in such achievements as hobbies and performances of skill.

This new phenomenon of aging group-consciousness develops in three stages or phases.

The first phase involves the joining of an organization by the older person (Rose, 1965a:13). This may be a Senior Citizens Club, The American Association of Retired Persons, The Golden Agers, or some other similar group designed

specifically for older people. While these organizations are usually formed for social reasons and are not concerned with political activity, there appears to be considerable discussion at their meetings of common problems and issues concerning the elderly (Trela, 1971:122).

The second phase occurs when the elderly begin to talk over their common problems in a constructive way and not simply to complain about them (Rose, 1962b). According to Trela (1971:123), the more an individual meets with his age peers in age-graded associations, the more frequently he is likely to engage in discussions about what come to be perceived as common problems. These common problems include such things as inadequate income, medical care, nursing home care, and general problems centered around retirement.

Some older people have begun to talk about their common problems with an awareness that those things occur to them as a social group and not simply as individuals (Rose, 1962b). Although they still represent a minority in terms of the total proportion of the over-65 population, they affiliate with groups, such as The National Council of Senior Citizens, that work on the local, state, and national levels for legislation favorable to older people. There is even a small group of older people known as the Gray Panthers that advocates confrontation tactics to gain a better place in society for older people. This constitutes the third phase of aging group-consciousness.

In summary, the subculture of the aging consists of a status system, a set of attitudes and values, a distinctive self-conception, and a growing awareness among older people that they are not merely members of a social category, but are members of a social group with common problems. Rose (1965b:14), has summarized some of the changes that are occurring today in the following paragraph:

There is a desire to associate with fellow-agers, especially in formal associations, and to exclude younger adults from these associations. There are expressions of group pride and corollary expressions of dismay concerning evidence of "moral deterioration in the out-group, the younger generation. With this group pride has come self-acceptance as a member of an esteemed group, and the showing off of prowess as an elderly person (for example, in "life begins at eighty" types of activities). There are manifestations of a feeling of resentment at the way elderly people are being mistreated, and indications of their taking social action to remove the sources of their resentment. These are the signs of group-identification that previous sociological studies have found in ethnic and minority groups.

References to the Aging Subculture

While references to the subculture of the aging theory were found throughout the literature of social gerontology, very few empirical studies that directly test this approach could be located. A complete search of The Gerontologist from Volume II (1962) through Volume XIV (1974) was conducted. The search consisted of examining the reference lists of each article to determine if any of the articles in which Rose (1962b; 1964b; 1965a; 1965b) used the aging subculture theory were cited. All references were then examined to determine

if the article tested any hypotheses drawn from the subculture theory or if it simply used one of the articles cited as a reference. The search yielded only two such articles, Anderson (1967) and Culter (1973). A similar search was conducted using all the issues of The Journal of Gerontology from Volume XVII (1962) through Volume XXIX (1974). One article, by Bultena (1968) was located testing components of the subculture of the aging theory.

A search of the major publications in the field of social gerontology was then made using the name index or, in the case of readers, individual articles. One study by Smith (1966) was located. However, numerous references were found suggesting that an aging subculture was forming (cf. Donahue and Tibbitts, 1962), or that it was a well-researched reality (cf. Hochschild, 1973). Rose (1965b) conducted one study which focused on the phenomenon of aging group-consciousness.

There are at least three possible explanations why the subculture of the aging theory has not generated more empirical research. First, there is always the possibility that, even on the surface, the theory has no validity and therefore holds nothing for researchers. Based on the number of references to the theory, and the research that has been done on subcultures by sociologists in other areas of society, this was disregarded as a possible explanation. Second, part of the answer seems to be that social gerontologists have simply

accepted the concept of an aging subculture without conducting research. Finally, the debate over activity and disengagement theory has dominated the field to the exclusion of all other types of theoretical research. The activity-disengagement theory controversy should be examined because it has an important bearing on the present study.

The Activity-Disengagement Controversy

During the 1960's there emerged two dominant views in social gerontology of what the role of the aged should be in American society (Decker, 1975:1). These two perspectives are commonly referred to as activity theory and disengagement theory. Both of those theories have been associated with two major theoretical perspectives in sociology; activity theory with symbolic interactionism, while disengagement theory was associated with functionalism (Rose, 1964a; Gubrium, 1973; Decker, 1975).

Activity theory is the older perspective and springs from the work of Ernest Burgess, who has been called the father of social gerontology (Rose, 1964a:46). According to Rose (1964a:46), "the earliest research in social gerontology was descriptive in character, but soon concepts like adjustment, role changes, loss of roles, and changing self-concept were borrowed from the symbolic interactionist theory"

In an excellent review of activity theory, Decker (1975) offered a comprehensive summary of this theoretical position. First, the aged began to be viewed as a social problem

resulting from rapid changes in society. Those changes affecting the aged created, what Burgess called, the "roleless role" of the aged; a new role which is simply a position in the social structure devoid of any obligations or expectations. "The problem, as viewed by the symbolic interactionist, is that if the aged individual is to achieve a satisfactory adjustment to the new roleless role, there will have to develop some culturally approved values or normative orientations for the role of the aged" (Decker, 1975:8). For the activity theorist, the concept of adjustment is central to understanding the aging process.

Activity theorists are by no means in agreement on exactly how this adjustment should take place. According to Havighurst (1961:8), successful aging (or successful adjustment to aging) means, from the point of view of activity theory, "the maintenance as far and as long as possible of the activities and attitudes of middle age." This, in all probability, represents the view of most of the practitioners in gerontology. The subculture of the aging theory offers a different approach to the concept of adjustment that falls clearly within the symbolic interactionist perspective. Rather than the maintenance of old normative patterns, if new cultural prescriptions are established it will be possible for older people to make the transition from middle age to a new self-conception and age group-identification.

Disengagement theory, the dialectical opponent of activity theory, received the widest exposure with the publication of the book Growing Old: The Process of Disengagement (Cumming and Henry, 1961). Cumming and Henry (1961:14) concluded that "aging is an inevitable mutual withdrawal or disengagement resulting in decreased interaction between the aging persons and others in the social system he belongs to." The key ideas of disengagement theory are expressed in the previous sentence (Maddox, 1964:80):

1. The process of social and psychological withdrawal (disengagement) is modal for the aging population.
2. This process is both intrinsic and inevitable.
3. The disengagement process is not only a correlate of successful aging, but also probably is a condition of it.

Disengagement theory is clearly functionalist. It assumes that society must seek equilibrium, in Parsonian terminology, and this equilibrium must be maintained for the survival of the social system. Disengagement is viewed as intrinsic and inevitable because death, the ultimate disengagement, is universal. While activity theory postulates that successful aging is the result of continued social activity and that this activity is necessary to remain mentally alert and emotionally balanced, disengagement, and not continued "middle age" level activity, is actually a functional requirement of the social system.

Both those theories have been criticized on various grounds. Activity theory has been attacked because it lacks

explicit and systematic presentation. This criticism has some merit because as late as 1972, attempts were still being made to present a formal, axiomatic statement of activity theory (Lemon, et al., 1972). It has also been challenged for presenting the idea that activity is good, in and of itself, without regard for the content of that activity. Finally, the theory says nothing about what happens to those persons who cannot maintain the activity standards of middle-aged persons (Atchley, 1972:35). It should be noted that Rose (1962b:126), in presenting the subculture of the aging theory, postulated three possible modes of adjustment open to the older person:

1. Maintenance of the middle-age activity pattern, attempting to hold onto the pre-65 role and self-conception.
2. Entry into the aging subculture with its own status system, values, and patterns of age group-identification.
3. Disengagement from society which may or may not be followed by a reengagement into the aging subculture.

Disengagement theory has been subjected to much more criticism than activity theory. First, the postulate that disengagement is intrinsic and inevitable has been challenged (Rose, 1964a). Cross-cultural data do not support this claim. Second, Cumming and Henry (1961) present the view that disengagement is desirable for all older people. This conclusion has been directly contradicted by Maddox and Eisdorfer (1962:259) who concluded that high activity and high morale were found to have a significant positive relationship.

Finally, the theory is a poor interpretation of the facts (Rose, 1964a:48). A more appropriate interpretation would be that disengagement is the product of recent social changes which our culture has not yet devised a way to compensate for (Rose, 1965c:628).

These two approaches, activity theory and disengagement theory, dominated the research in social gerontology during the 1960's. The subculture of the aging theory and the newer approaches, such as continuity theory (Atchley, 1972), have been generally neglected in favor of research comparing the two dominant perspectives. Much of that research appears to have been directed simply at "proving" that one theory or the other was the "correct" one. After reviewing much of the research Schooler and Estes (1972:108) concluded that, based on the research by Neugarten, Maddox, and others, "it would appear that satisfaction or adjustment in later years is positively associated with engagement for some persons and negatively associated for others."

Research on the Aging Subculture

The previous sections of this chapter have discussed the lack of research directly testing the subculture of the aging theory and the principle reason why this research has not been conducted. Anderson (1967), in reviewing the work of Barron, Rose, and Rosow, concluded that the general approach of viewing the aged as a social group rather than a category should

become a major topic of gerontological research. Research should first be directed toward the characteristics of age groups within defined interactional contexts, such as day centers, living units, or political action groups (Anderson, 1967:166).

Some research has been conducted on the degree to which the aged are perceived to be members of a distinct social group by the residents of a community. According to Smith, (1966:224), the data indicated that the terms "old people" and "the aged" were meaningful to community residents. However, many residents of the community studied were unable to compare their city in terms of percentage of old people to other cities. Smith (1966:224) concluded that while the aged are not simply a category or an analytic group, they do not represent a real group either; they are somewhere between the two extremes. This view is also generally supported by Donahue and Tibbitts (1962:22) who contended that present trends indicate that a "retired persons subculture" appears to be forming.

Bultena (1968) and Culter (1973) both conducted studies using hypotheses derived directly from the subculture of the aging theory. In a study of older men, Bultena (1968:539) examined two hypotheses:

- "1. Older persons interact more with each other than with persons of a younger generation.
2. Advancing age among the elderly brings an increased prominence of horizontal, as vis-a-vis vertical, social ties in extended family, and community groups."

The first hypothesis was supported by the data. This indicated that one of the critical conditions necessary for the formation of an aging subculture was present (Bultena, 1968: 543). However, the second hypothesis was not supported. This data indicated that conditions were still present which tended to inhibit the formation of an aging subculture.

Culter (1973:70) studied the preceptions of prestige loss among older persons as "one variable condition for the transformation of the aged from a categorical to a social group." Two principle hypotheses were tested:

Those older persons who perceive the aged as having reduced prestige as a result of the position in an age-stratified social system will be most likely (1) to favor governmental intervention on behalf of the aged and (2) to favor organized political activity by the aged.

Support was found for viewing perceived prestige loss as a variable factor among those aged persons who favored governmental intervention and organized political activity for older persons. Culter (1973:73) concluded that these findings supported the contention of Rose that there is a movement toward group-consciousness, one of the principle components of the aging subculture.

Aging group-consciousness was investigated by Rose (1965b). Rose (1965b:20) operationally defined aging group-conscious

persons as those who joined formal organizations whose membership consisted entirely of elderly persons. The members of those organizations were compared to a sample of older people who had not joined a voluntary association for the elderly. The data indicated that the aging group-conscious persons had a lower class status than did the non-participants. This supported the contention that "aging group-consciousness is not the same kind of participation as most others which have been shown for the general population to be correlated with educational and other indices of class" (Rose, 1965b:24). In addition, poor health, based on the data, was not considered to be significant reason for non-participation in these organizations.

The findings of Rose (1965b:24-36) clearly indicated the existence of aging group-consciousness among a substantial number of older persons who had chosen to join a voluntary association for the elderly. First, the aging group-conscious demonstrated an increase in most retirement activities which was much greater than the increase demonstrated by the non-aging group-conscious. The aging group-conscious persons took up new social roles and had not become disengaged. They also associated more with their own age group, had more demands, resentments, and pride associated with aging, and they were more likely to think that older people should organize politically to demand their rights than were the non-aging group-conscious. Therefore, the aging group-conscious "are

distinguished by their participation in organizations, by their relationships with others, and by their many activities" (Rose, 1965b:36).

In addition to the studies that have been reviewed in this section, the work of Rosow (1967; 1970) and Gubrium (1970a; 1970b; 1971; 1972b; 1973) should be briefly discussed. Rosow (1967:38) argued that only two variables, social homogeneity and residential proximity, account for the bulk of local friendships. In a later article, Rosow (1970:64), concluded that ". . . residential concentration of the aged significantly increases their social integration and group supports." The basic thrust of Rosow's research tended to reinforce the underlying assumption of the aging subculture; increased social interaction is the fundamental requirement in the formation of the subculture.

Jaber Gubrium has attempted to extend the work of Rosow, Rose, Bultena, and others in an effort to construct a socio-environmental theory of aging. A number of his findings support the subculture of the aging theory. For example, Gubrium (1970a:296) found that as environmental age-concentration increased, morale tended to increase. This increase held true when controlling for health and solvency. Other research indicated that health was the worry that most troubled older people (Gubrium, 1971:400). This supported the contention that older people place a special value on good health (Rose, 1962b:123). Finally, voting behavior seemed to be influenced

by a continuity of social support (Gubrium, 1972b:423). Political activity did not appear to be a function of age, and this would indicate that the development of aging group-consciousness should have a positive affect on continued interest in political activity.

The research presented by Gubrium in The Myth of the Golden Years (1973) generally supported the subculture of the aging theory. However, Gubrium (1973:151-81) attempted to alter and subsume the work of Rose into his own system. While an evaluation of this approach was not possible or necessary in this review, it was noted that Gubrium relied heavily on the same research reviewed in this chapter.

The Aged as a Minority Group

One approach which is similar to the subculture of the aging theory is the contention by Barron, Palmore, and others that the aged represent a minority group in American society. The remainder of this chapter concerns an examination of this contention.

Milton Barron (1953; 1954; 1961) has stated the thesis that the aged are an emerging quasi-minority group. "The premise is that the economic, psychological, and social situations of the aged in urban, industrial America resemble those of the many ethnic groups which we call minorities" (Barron, 1954:56). They are referred to as a "quasi-minority group" because the aged are not a socially or independently

functioning subgroup in American society (Barron, 1953:477). According to Barron (1953:478-80; 1961:67), the aged exhibit the following minority group characteristics:

1. Attitudes of prejudice and stereotyping, as well as discriminatory behavior against the aged by younger adults, are well documented.
2. The aged manifest "typical minority reactions" to prejudice and discrimination; marked self-consciousness, sensitivity, self-hatred, and defensiveness.
3. Legislation against discrimination, paralleling that for the protection of ethnic groups has been enacted.

In supporting the quasi-minority group approach, Drake (1958:387) added withdrawal and voluntary isolation to the minority group characteristics listed by Barron. Many studies, in his opinion, seemed to fit into a general framework of dominant-minority relations. According to Drake (1958:389), ". . . it must be concluded that the aged in our society partake of some of the characteristics of a social and economic minority even though there does not appear to be any organized or categorical discrimination against them."

Palmore (1969:57) argued that the aged largely possess many minority group characteristics and that they are continuing to become increasingly disadvantaged like other minority groups. There are four major minority group characteristics exhibited by the aged; the existence of negative stereotypes about the aged, voluntary and involuntary segregation, discrimination, and typical minority group reactions to prejudice and discrimination (Palmore, 1969:47-57). Among the negative stereotypes are those concerning illness, sexual

activity and interest, mental abilities, morale, social activities, productivity, and isolation. "The people who are prejudiced against other minority groups tend to be prejudiced against the aged" (Palmore, 1969:52).

While Barron and Drake advocated viewing the aged as a "quasi-minority," Palmore (1969:57) has favored almost full minority group status for the aged. The evidence, in his view, indicated that the aged are becoming more socially organized and functioning more independently. In addition, Palmore (1969:57) stated that "there is more prejudice, segregation, and discrimination directed toward the aged than toward women and children."

The principal critic of the minority group approach has been Gordon Streib (1965). Streib (1965:36) contended that "in a strict sociological sense the aged are a statistical aggregate or a social category, not a genuine group." They have little feeling or solidarity, and they do not have any distinct cultural traits. The following characteristics, according to Streib (1965:37-46), must be present for a minority group to exist:

1. Members of the minority possess identifying characteristics throughout the life-cycle, with accompanying status-role expectations.
2. The majority group holds negative stereotypes and cliches about the group.
3. There must be group identity; there should be a self-image identifying with the group and an absolute criteria for group identification employed by others.

4. Members should be ready to organize as an identifiable pressure group.
5. Minority groups have differential access to power, privileges, and rights.
6. Minority groups suffer from deprivation in the areas of economics, equal access to jobs, residential segregation, and social isolation.
7. Minority group members are generally denied access to equal educational opportunities and voluntary association participation.

With only one exception, according to Streib, none of the above characteristics apply to the aged. Only in the area of equal access to jobs did Streib feel that there was any evidence that the aged are comparable to minority groups; "Here is the first genuine equivalent between the aged and other minority groups . . ." (Streib, 1965:43). However, he contended that the fact that many older people are "under-privileged" is the principal reason for the minority group analogy. While many are economically under-privileged, many have been so throughout their lives and this is not a result of their status as aged. Streib (1965:46) concluded that "from the stand-point of conceptual clarity and empirical fact the notion of the aged as a minority group does not increase understanding, it decreases it."

Conceptual Confusion

While the empirical reality of the aged as a minority group is not a fundamental concern of the present study, a review of this literature reveals that conceptual confusion

between the concepts of minority group and subculture has occurred. This conceptual confusion appears to result from an attempt to extend the concept of minority group to include the concept of subculture. It is also possible that this confusion results from the recent origin of the concept of subculture.

The argument presented by Barron (1953) that the aged are a minority group or quasi-minority in American society is based on the contention that the aged suffer from prejudice and discrimination. It should be noted that Barron did not argue that the aged were a "true" minority group, but only a quasi-minority. This is based on the assurance that while they possess the principle characteristics, they do not possess all of the characteristics of racial and ethnic minorities. In their definitional discussion of the concept of a minority group, Theodorson and Theodorson (1969: 258-59) seem to support Barron's analysis:

(A minority group is) any recognizable racial, religious, or ethnic group in a community that suffers some disadvantage due to prejudice or discrimination. This term, as commonly used, is not a technical term, and indeed it is often used to refer to categories of people rather than groups . . . Thus as the term is often used, a minority group need be neither a minority nor a group, so long as it refers to a category of people who can be identified by a sizable segment of the population as objects for prejudice or discrimination.

Based on this definition of minority group, if there is support for Barron's three basic propositions listed in the previous section, his contention of the aged as a quasi-

minority group would seem to be in order.

In attacking the aged as a minority group approach, Streib (1965) used a much more restricted definition of a minority group. That is, in order to qualify as a minority group a number of criteria must be met. His discussion seems to follow the presentation of some defining properties of minority groups stated by Simpson and Yinger (1965:17):

(1) minorities are subordinate segments of complex state societies; (2) minorities have special physical or cultural traits which are held in low esteem by the dominant segments of the society; (3) minorities are self-conscious units bound together by the special traits which their members share and by the special disabilities which these bring; (4) membership in a minority is transmitted by a rule of descent which is capable of affiliating succeeding generations even in the absence of readily apparent special cultural or physical traits; (5) minority peoples, by choice or necessity, tend to marry within the group.

Streib (1965) agreed, in part, with the contention that the aged do suffer from some degree of prejudice and discrimination. However, he did not even consider the social legislation indicator, and proceeded to bring in a number of characteristics not considered by Barron (1953).

In attempting to defend the aged as a minority group approach, Palmore (1969) and Palmore and Whittington (1971) added to the confusion. Rather than raising the question of different conceptualizations of the concept of minority used by Barron and Streib, Palmore attempted to simply answer the criticism of Streib. As part of the defense, he asserted that there is a subculture of the aging in American society

(Palmore, 1969:55-56). In doing so, he attempted to subordinate the concept of subculture under the concept of minority group and this resulted in additional conceptual confusion. For example, Palmore (1969:55) made the following statement: "the usual reaction to discrimination and segregation is for a minority group to form a distinctive subculture." He then continued to offer the formation of an aging subculture as evidence supporting his argument that the aged are a minority group. This assertion could easily lead to the erroneous conclusion that a subculture forms only in relation to a minority group.

A subculture consists of a pattern of norms and values held by a subgroup in society and not by all members of a society. This subgroup may or may not be an ethnic, racial, or religious minority. "It is agreed that ethnic groups have subcultures, but writers also refer to the subculture of occupations, adolescents, criminals, social classes, etc." (Theodorson and Theodorson, 1969:424). Therefore, the aged do not necessarily have to be a minority group in American society for the aging subculture to exist.

Areas of Convergence

While there are differences between the aged as a minority group approach and the subculture of the aging theory, there are several critical points of convergence. First, in both cases, the aged are viewed as an emerging social group and not as a category. Second, each is somewhat supportive

of the other. Increased empirical evidence of an aging subculture should indicate that the aged may be moving toward minority group status. On the other hand, increased movement toward minority group status should assist in the development of the aging subculture. As Breen (1960:157) stated, "to the extent that any group is set apart from the larger society for special consideration and treatment, a collective group concern has developed."

These two approaches need not be viewed as competing, but should be seen as complementary to each other. The extent to which older people represent an emerging social group is problematic to both approaches. The extent to which the aged may be considered to be a minority group in American society is an empirical question that was not under consideration in the present study.

In this chapter a systematic review of the subculture of the aging theory was presented, followed by a review of all the available empirical studies testing hypotheses derived from this theory. Finally, a comparison was made between the aged as a minority group approach and the subculture of the aging theory in an attempt to delineate one from the other and to clarify the latter. The next chapter presents the data collected in the present study and discusses some of the methodological implications of the findings.

CHAPTER III

METHODOLOGY AND DATA COLLECTED

Chapter I contained a brief description of the research methods employed in the present study. The first section of this chapter contains a more comprehensive review of the methodology and a discussion of some of the methodological issues. The following five subsections examine the questions from which no data could be reported, the construction of the aging group-consciousness scale, the rate of return for the questionnaire, coding and tabulation of the data, and a review of the interview procedure. Those are followed by a presentation of the data collected.

Data collected via the questionnaire method are reported first. After the basic demographic data collected on the sample has been reported, data on three major variables that have been used in numerous studies, life satisfaction, health, and activity, are reported. Data related to each of the three major hypotheses, morale, and alienation are then presented. The final section consists of the data gathered through interviews.

Methodology

The data for the present study was derived from the responses to a questionnaire consisting of forty-four fixed-alternative questions. Questions were chosen from a large

number collected over a period of months from other studies and through original construction. The wording of a question is vital. According to Sjoberg and Nett (1968:199), "questions not only should be phrased in terms of the knowledge level of the interviewee but should also have built-in face-saving devices to protect his ego." This was accomplished, in some cases, by using terms and phrases that are common with older people. Other questions were designed with a short opening sentence to soften the impact. The format of the questionnaire followed the design used in the Cornell Study of Occupational Retirement (Streib and Schneider, 1971:200-302).

Following the preparation of a first draft, a pretest of the questionnaire is generally conducted (Selltitz, et al., 1959:550). Because of the location of the population being studied, a pretest of the type generally recommended was not feasible. As a substitute for the standard pretest, the questionnaire was evaluated by the members of a social gerontology class composed of seniors and graduate students.

Questions Not Yielding Usable Data. Of the 44 questions used, 42 were considered to have been "successful questions." That is, only questions 27 and 38 did not, because of their construction, yield data which could be coded and presented. Both questions used a range of alternatives that forced many respondents to choose two or more responses rather than only one, as had been anticipated. The data gathered through question

27, concerned with revealing to others that only persons over a certain age can live in High Rise, was impossible to code accurately and will not be reported.¹ Question 38 concerned the residents' sources of financial support. Again, the data could not be coded accurately because many residents received support from several sources. It should be noted that the data from questions 39, 40, 41, and 42, concerning educational programs for older people, are reported in Appendix A. The data formed a separate topic for research and were therefore incorporated in an appendix.

Aging Group-Consciousness. An index may be defined as "any measurable or observable phenomenon (or phenomena) that is used to indicate the presence of another phenomenon that cannot be measured directly or conveniently" (Theodorson and Theodorson, 1969:198). Construction of an index is usually based on the theoretical perspective employed in the study; "the choice of an index to represent a phenomenon represents some degree of definition of the conceptual nature of that phenomenon" (Theodorson and Theodorson, 1969:198). A six-item index was constructed to measure the degree of aging group-consciousness of each resident. Each question was chosen because it was designed to measure one of the major components of aging group-consciousness, as reviewed in Chapter II.

¹The name High Rise was used throughout the present study as a substitute for the actual name of the building. This is standard practice in sociological studies as it protects the identity of the respondents.

The aging group-consciousness index consisted of the following six questions:

Number of Question	Response Scored +1
14. Do you attend any activities at the Senior Center?	Yes
20. Since you moved into High Rise do you find that it is easier to talk with people about getting older?	Yes
24. Have you become more interested in political issues that affect older people, such as Social Security and health insurance, since you moved to High Rise?	Yes
26. Membership listed in a group for older people, other than the Senior Center located in the building.	Member
43. Older people have problems that are much different from the problems of younger people.	Agree
44. Since I moved to High Rise, I enjoy being with people my own age more than being with younger people.	Agree

One point was given for each response designated as favorable, with a possible range of scores of from 0 to 6. While this indicator must be considered to be an index rather than a cumulative scale, it does possess one of the major properties of a Guttman type scale, in that all the questions fall within the established 80 per cent agreement or disagreement limits (Miller, 1970:94).

Rate of Return. A total of 96 persons were contacted during the week the questionnaire was administered. Of the 96 possible respondents, 81 returned their questionnaires. Of the 81 returned, 73 were complete, and the other 8 contained enough data to allow them to be used in the present

study. The return rate of 85.4 per cent was high compared with the return rate of 74 per cent achieved by Kutner and others (1965) and Rosow (1967) in their studies of the aged.

Coding and Tabulation. The data were coded, on the original questionnaires, using a straight numerical code. A codebook was constructed assigning one column of a standard 80 column IBM data card to each question. All the questions were coded by that method, with the exception of question 40 which coded manually. Each response for each question was assigned a number from 1 through 9 within the column, with 9 always indicating that the response, if any, could not be coded. For questions 3 and 4, concerning the occupation of the respondent and the respondent's spouse respectively, an 8 category occupational classification scheme was devised. Categories were also established for questions 36, the number of years the respondent had lived in Southeast Kansas, and 37, the respondent's age. Intervals for all questions were established on the basis of standard research practices (cf. Selltitz, et al., 1959:391-401).

After coding, the data were transferred to 80 column IBM data cards using an IBM 29 Card Punch. The resulting 81 data cards, one card for each questionnaire, were then fed into an IBM/360 Computer using a Fortran IV language tabulation program. This program was written to print the total of each response for all columns on each run. By hand sorting a column into groups of like responses, and then replacing the

original single run program cards for the data deck with new cards, it was possible to obtain a tabulation of responses by each question. For example, separate tabulations of the responses for males and females and responses to all questions by length of residence were obtained using the same Fortran program.

Interview Procedure. During the week that the questionnaires were administered, 20 interviews; lasting 40 minutes each, were conducted. The interview schedule was composed of 10 open-ended and 5 fixed-alternative questions. The interviews were conducted with 22 residents who were chosen on a random basis.

The first part of the interview, questions 1 through 5, concerned the reasons why the interviewees move into High Rise. Gubrium (1973:173) has pointed out that, in a study of group-consciousness, "it would have to be shown that group-conscious old people do not overselect themselves to that kind of context" (an age-concentrated setting). Questions 3 and 4 were designed to examine the various reasons why the respondents moved into High Rise.

The second part of the interview was constructed to obtain additional information on the residents attitudes toward aging. The schedule was designed to allow for a comparison between the responses to the various of the interview and the responses to items on the questionnaire. For example, question 6 of the interview schedule was compared to questions 20 and 44 on the questionnaire.

Characteristics of the Sample

The data presented in this section, and in the sections that follow, were presented in the manner that was best suited for use in the data analysis reported in Chapter IV. The tables have been constructed following the traditional format listing the dependent variable down the stub of the table and the independent variable across the top in the heading (Loether and McTavish, 1971a:176).

Sex and Marital Status. The data in Table I indicate the

TABLE I
SEX AND MARITAL STATUS OF THE SAMPLE

Sex	Marital Status				
	Single	Married	Divorced or Separated	Widowed	Total
Men	-	4	2	6	12
Women	3	5	4	57	69
Total	3	9	6	63	81

distribution of both the sex and marital status of the sample, which consisted of 12 men and 69 women. The majority of the sample, 6 men and 57 women, were widowed.

Age. The age range of the sample, as Table II shows,

TABLE II
AGE OF RESPONDENTS BY SEX

Sex	Age						Total
	63-69	70-74	75-79	80-84	85-89	90 & Over	
Men	1	2	4	3	1	1	12
Women	16	12	23	14	2	2	69
Total	17	14	27	17	3	3	81

extended from age 63 to 93. Both the youngest and the oldest residents of High Rise were included in the sample. The median age for men was 78.8 years, while women had a median age of 75.3 years.

Years in Southeast Kansas. Most of the respondents had lived in Southeast Kansas for a long period of time. Table III reveals that only 9 respondents had lived in the area

TABLE III
NUMBER OF YEARS THAT RESPONDENTS HAD LIVED IN SOUTHEAST KANSAS

Sex	Number of Years in Southeast Kansas					Total
	1-20	21-40	41-60	62 & Over	NR	
Men	1	1	3	6	1	12
Women	8	12	15	23	11	69
Total	9	13	18	29	12	81

for less than 20 years, while 47 persons, or 58 per cent of the sample, had resided in the area for over 60 years.

Occupational Classifications. The data, presented in Table IV, reveals that 21 women were housewives and that

TABLE IV
OCCUPATIONS OF RESPONDENTS AND THEIR SPOUSES

Occupation	Respondent		Respondents Spouse	
	<u>Men</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>
Housewife	-	21	3	-
Professional or Managerial	2	9	1	11
Sales or Clerical	-	8	2	4
Skilled workers	2	1	1	26
Unskilled workers	-	1	1	2
Service workers	2	14	1	4
Farm workers	-	-	-	2
Disabled	1	-	-	-
No Response	5	15	5	20
Total	12	69	12	69

26, or 38 per cent, were married to skilled workers. This is the classic occupational pattern of the working class family. However, 11 women were married to men in a professional or managerial occupation, while 9 women worked in occupations in that category. This indicated that while the residence was designated for low-income persons, many of the residents

did not enter this income group until after retirement or the death of their spouse occurred. It should also be noted that only 2 women listed their husband's occupation as farming.

Education. During the early part of this century, a high school diploma was considered adequate preparation for most occupations. This standard was reflected in the educational attainment of the sample, as reported in Table V.

TABLE V
EDUCATIONAL LEVELS OF RESPONDENTS AND THEIR SPOUSES

Highest Grade Level Completed in School	Respondent		Respondent's Spouse	
	<u>Men</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>
8 yrs. or less	3	9	3	18
9-11 years	2	26	3	7
High school grad.	2	16	2	16
1-3 yrs. college	3	11	2	6
College grad.	2	2	-	4
Postgraduate	-	1	-	-
No Response	-	4	2	18
Total	12	69	12	69

Of the women respondents, 51 did not go beyond high school, and 35 of them did not gain a diploma. In addition, 41 women reported that their husbands did not go beyond high school. However, 11 women attended college and 2 had

graduated, while 4 women married college graduates.

By turn of the century standards, male respondents appeared to be somewhat above average in educational achievement. Of the 12 men in the sample, 7 graduated from high school, 5 continued on to college, and 2 remained to graduate.

It should be noted that the large number of no responses listed in both Table IV and Table V appeared to result from two factors. First, divorced, separated, and single persons did not respond to the questions referring to occupation and educational level of spouse. Second, for many men and women, who have been widowed for 15 to 20 years, it was very difficult to remember how many years of education their former spouse completed.

Length of Residence in High Rise. Table VI shows that

TABLE VI

LENGTH OF TIME RESIDENTS HAVE LIVED IN HIGH RISE

Sex	Length of Residence in Years						Total
	Under 1 yr.	1-2	2-3	3-4	4 & Over	NR	
Men	1	1	2	1	6	1	12
Women	7	7	4	9	40	2	69
Total	8	8	6	10	46	3	81

46 respondents had lived in the building for 4 or more years.

This means that 56 per cent of the sample had been residents of High Rise almost from the day it opened. Of the other 46 per cent, 10 had lived there 3 to 4 years, 6 for 2 to 3 years, 8 from 1 to 2 years, while 8 had lived there under 1 year.

Because the three major hypotheses used length of residence in an age-concentrated community as the independent variable, the 3 no responses presented a slight problem. As a result, some of the data tables, which report the dependent variables by length of residence, contain an N of only 78, rather than 81.

Life Satisfaction, Health, and Activity

Life satisfaction, health, and activity have been the focus, both singularly and in various combinations, of numerous studies in social gerontology (cf. Riley and Foner, 1968). All three have been used as both independent and dependent variables in a variety of studies. In the present study, they were examined in Chapter IV in investigating possible alternative explanations of findings and as limiting factors of subcultural development.

Life Satisfaction. Residents were asked to respond to the following question: "How do you feel about living in High Rise?." The findings, reported in Table VII, indicated

TABLE VII

DEGREE OF SATISFACTION WITH LIVING IN HIGH RISE

Sex	Degree of Life Satisfaction									
	Very Satisfied		Just Satisfied		Not Satisfied		NR		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Men	10	83.4	1	8.3	-	-	1	8.3	12	100.0
Women	62	89.9	3	4.3	2	2.9	2	2.9	69	100.0
Total	72	88.9	4	4.9	2	2.5	3	3.7	81	100.0

that 83.4 per cent of the men and 89.9 per cent of the women were "very satisfied" living in High Rise. The question had one of the lowest rates of no responses, 2.9 per cent, of any question asked.

Health. Research indicates that although the self-rating of health tends to be slightly more favorable than that based on a medical examination, there is a correlation between self-evaluation and a medical evaluation of an individual's health (Riley and Foner, 1968:293). Data presented, on the following page in Table VIII, shows the results of a question asking the respondent "rate his or her own health."

Most men and women rated their health as excellent or good. However, while none of the men rated their health as fair, 30.4 per cent of the women placed themselves in this category. The category of poor represents a merger of two categories, poor and very poor. Only 10.2 per cent of the

TABLE VIII
SELF-EVALUATION OF HEALTH

Sex	Rating of Present State of Health									
	Excellent		Good		Fair		Poor/NR		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Men	2	16.7	7	58.3	-	-	3	25.0	12	100.0
Women	9	13.0	32	46.4	21	30.4	7	10.2	69	100.0
Total	11	13.6	39	48.1	21	26.0	10	12.3	81	100.0

women rated their health as poor, although 25.0 per cent of the males were in this group.

Activity. The majority of the sample, as indicated by the data in Table IX, felt that they were active to some

TABLE IX
SELF EVALUATION OF ACTIVITY LEVEL

Sex	Level of Activity									
	Very Active		A Little Active		Not Active At All		NR		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Men	4	33.3	7	58.4	1	8.3	-	-	12	100.0
Women	34	49.4	30	43.5	3	4.3	2	2.8	69	100.0
Total	38	46.9	37	45.7	4	4.9	2	2.5	81	100.0

degree. Women were divided almost equally between very active, 49.4 per cent, and a little active, 43.5 per cent,

while only 4.3 per cent indicated they were not active at all. Of the males, a clear majority, 58.4 per cent, felt they were very active. It should be noted that residents of High Rise must be able to care for themselves in order to remain in the facility.

Attitude Toward Aging

Social gerontologists have conducted a number of studies in the area of age-identification, that is, how people view or categorize themselves in relationship to chronological age and to the various labels that society uses to separate people into various age-groupings.

As Table X indicates, 58.4 per cent of the males and

TABLE X
AGE-IDENTIFICATION

Sex	Age-Identification									
	Middle Aged		Elderly		Old		Other or NR		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Men	3	25.0	7	58.4	1	8.3	1	8.3	12	100.0
Women	21	30.4	30	43.5	6	8.7	12	17.4	69	100.0
Total	24	29.6	37	45.8	7	8.6	13	16.0	81	100.0

43.5 per cent of the females identified themselves as elderly. However, over one-fourth of the sample, 25 per cent of the men and 30.4 per cent of the women, still identified themselves as middle aged. While 8.3 and 8.7 per cent of men

and women respectively stated they were old, not one respondent identified themselves as very old.

The "other" choice yielded some interesting responses. Among the 10.2 per cent of the women who took advantage of that alternative, the following age-identification statements were made: "Old as to age-Young as to thinking;" "I think of everyone as old but me;" "Just as old as I feel;" and "Spring Chicken."

A second dimension of attitude toward aging was measured by the following question: "Since you have moved into High Rise do you find it is easier to talk with people about getting older?" The findings, presented in Table XI,

TABLE XI

EASE IN DISCUSSING AGING SINCE MOVING INTO HIGH RISE

Sex	Easier Now (Yes)		Not Easier (No)		Same As Before		NR		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Men	6	50.0	-	-	5	41.7	1	8.3	12	100.0
Women	17	24.6	7	10.1	41	59.5	4	5.8	69	100.0
Total	23	28.4	7	8.6	46	56.8	5	6.2	81	100.0

indicated that most respondents, 59.5 per cent of the women and 41.7 per cent of the men, felt that there had been no change. That is, they had not found that discussing growing older had become any easier or any more difficult.

Many researchers (cf. McTavish, 1971) have found that

people in the industrialized, western nations hold negative stereotypes about the elderly and tend to, as a group, devalue them. Two questions were constructed to measure the respondents perception of the attitudes of others toward older people: (1) "Do you feel that most people in society "look down" upon older people?" and (2) "In many cases, people treat the old as if they are inferior to the young?."

The findings presented in Table XII reveals that the

TABLE XII

DEGREE TO WHICH OLDER PEOPLE ARE LOOKED DOWN UPON

Opinion	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Yes	4	25.0	3	18.7	9	19.6	16	20.5
No	11	68.8	11	68.8	33	71.7	55	70.5
NR	1	6.2	2	12.5	4	8.7	7	9.0
Total	16	100.0	16	100.0	46	100.0	78	100.0

residents of High Rise did not feel that most people "look down upon" old people. While only 20.5 per cent agreed with the statement, a sizeable majority of 70.5 per cent disagreed. However, the findings were not so clear concerning the second question. Table XIII indicates that 39.7 per cent felt that

TABLE XIII

PEOPLE TREAT THE OLD AS INFERIOR TO THE YOUNG

Opinion	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Agree	8	50.0	4	25.0	19	41.3	31	39.7
Disagree	6	37.5	9	56.3	20	43.5	35	44.9
NR	2	12.5	3	18.7	7	15.2	12	15.4
Total	16	100.0	16	100.0	46	100.0	78	100.0

the old were treated as inferior to the young and 44.9 per cent of the total sample felt they were not. The findings were even closer for those residents who had lived in the building for over four years; 41.3 per cent felt that the old were treated as inferior, as opposed to 43.5 per cent who felt they were not.

The Status System of Older People

A major component of the aging subculture is a distinctive set of subcultural values that are not a carry-over from the general society. According to the discussion in Chapter II, the two most important values are health and social activity. As a consequence, two questions were constructed to measure each of those values.

Health. Residents were asked if they "discuss health

with their friends more now than before they moved into High Rise." The results, found in Table XIV, indicated that most

TABLE XIV

DISCUSS HEALTH MORE THAN BEFORE MOVING INTO HIGH RISE

Sex	Increase or Decrease in Discussion of Health							
	Yes		No		No Change		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Men	3	25.0	2	16.7	7	58.3	12	100.0
Women	3	4.3	12	17.4	54	78.3	69	100.0
Total	6	7.4	14	17.3	61	75.3	81	100.0

respondents have not experienced any change. While 7.4 per cent reported an increase and 17.3 per cent said they had noticed no increase or never discussed health, 75.3 per cent felt that there had been no change in the amount of discussion they engaged in with their friends about health.

A second question dealt with health as a regular topic of conversation. As Table XV clearly indicates, the residents did not consider health to be a regular topic of conversation. While 12.8 per cent agreed that health was a regular topic of conversation, 82.1 per cent answered that it was not.

Social Activity. While a number of questions were constructed to measure social activity, two were designed to examine the value placed on social activity. First, residents were questioned to determine "if people who are active

TABLE XV
HEALTH AS A REGULAR TOPIC OF CONVERSATION

Response	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Yes	3	18.8	2	12.5	5	10.9	10	12.8
No	13	81.2	12	75.0	39	84.8	64	82.1
NR	-	-	2	12.5	2	4.3	4	5.1
Total	16	100.0	16	100.0	46	100.0	78	100.0

are shown more respect than those residents who are in good health but not very active." Table XVI presents the findings

TABLE XVI
RESPECT SHOWN FOR RESIDENTS WHO ARE ACTIVE

Opinion	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Shown More Respect	6	37.5	7	43.8	19	41.3	32	41.0
Not Shown More Respect	9	56.2	4	25.0	20	43.5	33	42.3
NR	1	6.3	5	31.2	7	15.2	13	16.7
Total	16	100.0	16	100.0	46	100.0	78	100.0

which indicated that, in total, the sample was almost equally divided with 41.0 per cent stating that active persons were more respected, while 42.3 per cent indicated that they were not. If the data are examined by length of residence, the change over time was in the general direction of showing more respect for those who were active.

Residents were also requested to respond to the following questions: "Do you ever discuss how active a person is with any of your acquaintances here?." The data, presented in Table XVII, strongly indicated that the majority of the

TABLE XVII
DISCUSSION OF ACTIVITY

Opinion	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	No.	%	No.	%	No.	%	No.	%
Often	1	6.3	3	18.7	9	19.6	13	16.7
Sometimes	6	37.5	10	62.5	33	71.7	49	62.8
Seldom or Never	9	56.2	1	6.3	-	-	10	12.8
NR	-	-	2	12.5	4	8.7	6	7.7
Total	16	100.0	16	100.0	46	100.0	78	100.0

residents discussed how active other residents were. Only 12.8 per cent of the sample indicated they seldom or never discussed the activity level of a resident. On the other hand, 62.8 per cent sometimes would enter into such

discussions and 16.7 per cent often discussed the activity level of other residents.

Indicators of Aging Group-Consciousness

In this section data are presented on a number of indicators of aging group-consciousness. These indicators were divided into three basic categories; group membership, age interaction, and problems and politics. In addition, data concerning contact with relatives are also presented.

Group Membership. Three aspects of group membership were studied; attending activities at the Senior Center, familiarity with organizations for older persons, and memberships held in those organizations. The first was investigated by asking residents "if they attended any activities at the Senior Center, located in the building."

The data presented in Table XVIII indicated that a large

TABLE XVIII

ATTENDING ANY ACTIVITIES AT THE SENIOR CENTER

Response	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Yes	16	100.0	11	68.7	35	76.1	62	79.5
No	-	-	5	31.3	11	23.9	16	20.5
Total	16	100.0	16	100.0	46	100.0	78	100.0

majority, 79.5 per cent, of the respondents attended the activities at the Senior Center. However, interest in the Center's activities seemed to decline with increased length of residence. While 100 per cent of the respondents who had lived in High Rise under 2 years took part in some of the activities, only 76.1 per cent were involved among those who had lived there over 4 years.

The second aspect of group membership, involving familiarity with organizations, was measured by presenting a list of five organizations to each respondent. The five groups were; The American Association of Retired Persons, The Gray Panthers, Kansas Citizens Council on Aging, National Council of Senior Citizens, and The National Retired Teachers Association. The results are presented in Table XIX.

TABLE XIX

FAMILIARITY WITH ORGANIZATIONS FOR OLDER PEOPLE

Number of Groups	Length of Residence							
	Less Than 2 Years		2-4 Years		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1 or 2	10	62.4	10	62.5	19	41.3	39	50.0
Over 3	3	18.8	4	25.0	19	41.3	26	33.4
NR	3	18.8	2	12.5	8	17.4	13	16.6
Total	16	100.0	16	100.0	46	100.0	78	100.0

The results indicated that 50.0 per cent of the sample were familiar with 1 or 2 groups and 33.4 per cent had heard of over 3 of the organizations listed. Only 16.6 per cent failed to respond or were not familiar with any of the organizations listed.

The third aspect of group membership was measured by asking the residents "if they were affiliated with any organizations for older people." Membership in the Senior Center was not tabulated in the totals, however membership in the local Senior Citizens group and the "retired railroaders" was accepted. A tabulation of the results are presented in Table XX.

TABLE XX
ORGANIZATIONAL MEMBERSHIP

Response	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Member	8	50.0	5	31.3	17	37.0	30	38.5
Nonmember	8	50.0	8	50.0	22	47.8	38	48.7
NR	-	-	3	18.7	7	15.2	10	12.8
Total	16	100.0	16	100.0	46	100.0	78	100.0

The data presented in Table XX shows that 38.5 per cent of the respondents were members of organizations, while 48.7 per cent were nonmembers. Membership does not appear to have increased with length of residence. While 50.0 per cent of the respondents who had lived in High Rise for 2 years or less were members of some group, only 37.0 per cent of those who had lived there for over 4 years or more were affiliated with an organization.

Age Interaction. Data were collected on age interaction, that is, the degree to which respondents maintained friendships within their own age cohort. Each respondent was asked "How they compared in age with their friends: much older, about the same age, somewhat younger, or much younger."

The data presented in Table XXI revealed that most

TABLE XXI
COMPARISON OF RESPONDENTS AGE WITH AGE OF FRIENDS

Sex	Response									
	Much Older		Same Age		Somewhat Younger		NR		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Men	1	8.3	9	75.0	-	-	2	16.7	12	100.0
Women	5	7.2	50	72.5	8	11.6	6	8.7	69	100.0
Total	6	7.4	59	72.8	8	9.9	8	9.9	81	100.0

residents maintained the majority of their friendships within their own age cohort. Among the men, 75.0 per cent reported

they were about the same age as their friends, with none reporting that they maintained most of their friendships with younger people. Almost three-fourths, or 72.5 per cent, of the women reported they maintained friendships with persons of a similar age, while only 11.6 per cent reported that most of their friends were somewhat younger.

Residents were also asked the following question: "Since I moved to High Rise, I enjoy being with people my own age more than being with younger people." The data shown in Table XXII, indicated that a slight majority, 43.6

TABLE XXII
ENJOYMENT OF BEING WITH OLDER PEOPLE
MORE THAN YOUNGER PEOPLE

Response	Length of Residence							
	Less Than 2 Years		2-4 Years		Over 4 Years		Total	
	No.	%	No.	%	No.	%	No.	%
Agree	4	25.0	8	50.0	21	45.7	33	42.3
Disagree	10	62.5	5	31.3	19	41.3	34	43.6
NR	2	12.5	3	18.7	6	13.0	11	14.1
Total	16	100.0	16	100.0	46	100.0	78	100.0

per cent, did not feel that they now enjoy being with older people more than being with younger people, as opposed to 42.3 per cent who did. However, the longer a person had been

a resident of High Rise, the more likely he or she was to enjoy being with older people more than with younger people. Of those who had lived there under 2 years, only 25.0 per cent agreed with the question, while 62.5 per cent disagreed. That was reversed with those who had resided in High Rise over 4 years. A majority, 45.7 per cent, agreed that they preferred the company of older people, while 41.2 per cent disagreed.

Problems and Politics. This final category of indicators consisted of two parts; the problems of the aged viewed as different from the problems of other groups and voting behavior and interest in politics.

Table XXIII presents a tabulation of the responses to

TABLE XXIII

OLDER PEOPLE HAVE DIFFERENT PROBLEMS FROM YOUNGER PEOPLE

Opinion	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	No.	%	No.	%	No.	%	No.	%
Agree	15	93.8	11	68.8	34	74.0	60	77.0
Disagree	1	6.2	2	12.5	6	13.0	9	11.5
NR	-	-	3	18.7	6	13.0	9	11.5
Total	16	100.0	16	100.0	46	100.0	78	100.0

the question: "Older people have problems that are much different from the problems of young people." While 77.0

per cent of the sample agreed with this statement, only 11.5 per cent did not agree. This was especially true of the respondents who had lived in High Rise under 2 years, as 93.8 per cent agreed that older people have different problems than younger people.

Three questions were constructed to measure political interest. First, residents were asked "if they voted in the last (1972) Presidential election." This was followed by a question to measure their over all interest in politics: "How would you describe your interest in politics, not interested at all, somewhat interested, or very interested?." Finally, respondents were asked "if they had become more interested in political issues that effect older people since they moved to High Rise."

The data presented in Table XXIV indicate that 74.4 per

TABLE XXIV
RESIDENTS VOTING IN THE LAST PRESIDENTIAL ELECTION

Response	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Voted	13	81.3	11	68.8	34	73.9	58	74.4
Not Voting	3	18.7	5	31.2	9	19.6	17	21.8
NR	-	-	-	-	3	6.5	3	3.8
Total	16	100.0	16	100.0	46	100.0	78	100.0

cent of the sample voted in the last Presidential election, while only 21.8 per cent did not vote. However, it should be noted that residents who had lived in the building for less than two years were not living there during the time of the last election.

The results shown in Table XXV indicate that most of

TABLE XXV
DEGREE OF INTEREST IN POLITICS

Degree of Interest	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	No.	%	No.	%	No.	%	No.	%
Very Interested	9	56.3	6	37.5	14	30.4	29	37.2
Somewhat Interested	6	37.5	7	43.8	27	58.8	40	51.3
Not Interested	1	6.2	2	12.5	2	4.3	5	6.3
NR	-	-	1	6.2	3	6.5	4	5.2
Total	16	100.0	16	100.0	46	100.0	78	100.0

the sample were interested in politics to some degree; 37.2 per cent were very interested and 51.3 per cent were somewhat interested. Only 6.3 per cent reported they were not interested in politics at all.

The data reported in Table XXVI indicate that 71.8 per

TABLE XXVI
INCREASE IN INTEREST IN POLITICS SINCE
MOVING TO HIGH RISE

Change in Interest	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	No.	%	No.	%	No.	%	No.	%
Increase	10	62.5	11	68.8	35	76.1	56	71.8
No Increase	6	37.5	2	12.5	8	17.4	16	20.5
NR	—	—	3	18.7	3	6.5	6	7.7
Total	16	100.0	16	100.0	46	100.0	78	100.0

cent of the sample believed that their interest in issues related to the elderly had increased and only 20.5 per cent felt that their interest had not increased. Interest tended to increase with length of residence. Of those who have lived in High Rise for under 2 years, 62.5 per cent reported increased interest, while 76.1 per cent of those living there for over 4 years reported an increase in interest.

Contact with Relatives. Rose (1962b) postulated that contact with relatives was one of the factors that tended to inhibit the development of the aging subculture. To gather data on that variable, respondents were asked the following question: "How often do you visit in person with one of your relatives, either here in the building or somewhere else?." A tabulation of the responses to that question are found in Table XXVII.

TABLE XXVII

AMOUNT OF CONTACT RESIDENTS HAD WITH RELATIVES

Amount of Contact	Length of Residence							
	Less Than 2 Years		2-4 Yrs.		Over 4 Years		Total	
	No.	%	No.	%	No.	%	No.	%
Once a Week	8	50.0	7	43.7	18	39.2	33	42.3
2-3 Times a Month	4	25.0	2	12.5	6	13.0	12	15.4
Once a Month	-	-	4	25.0	2	4.3	6	7.7
A Few Times a Year	2	12.5	-	-	9	19.6	11	14.1
Once a Year	1	6.3	1	6.3	5	10.9	7	9.0
Never	1	6.3	-	-	4	8.7	5	6.4
NR	-	-	2	12.5	2	4.3	4	5.1
Total	16	100.0	16	100.0	46	100.0	78	100.0

According to the data in Table XXVII, 42.3 per cent of the sample visited with a relative once or more per week. That compared with 15.4 per cent who visited with relatives 2 to 3 times per month, 7.7 per cent who saw relatives once a month, 14.1 per cent who had contact a few times a year, and 9.0 per cent who came into contact with relatives once a year or only on holidays. A total of 6.4 per cent of the respondents never had any contact with relatives.

Morale Scores

The Kutner Morale Scale (Kutner, et al., 1956:302-03), was used to measure the morale level of the sample in the present study. The seven-item scale was assigned question numbers 29 through 35 on the questionnaire:

Number of Question	Response Scored +1
29. How often do you feel there is just no point in living?	Hardly ever
30. Things just keep getting worse and worse for me as I grow older.	Disagree
31. How much do you regret the chances you missed during your life to do a better job of living?	Not at all
32. All in all, how much unhappiness would you say you find in life today?	Almost none
33. On the whole, how satisfied would you say you are with your way of life today?	Very satisfied
34. How much do you plan ahead the things you will be doing next week or the week after -- would you say you make many plans, a few plans, or almost none?	Many plans
35. As you get older, would you say things seem to be better or worse than you thought they would be?	Better

One point was given for each favorable response. In coding the data, a column was provided following question 35 to record the cumulative morale scores.

For men, the score range was 0 through 6, while the range for women was from 0 through 7. The modes of the raw scores were 5 for women and 4 for men, while mean morale

scores were 4.18 for men and 4.60 for women.

Table XXVIII provides a summary of the frequency of the

TABLE XXVIII
CUMULATIVE RAW SCORES FOR THE KUTNER MORALE SCALE

Sex	Frequency of Raw Scores									
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>NR</u>	<u>Total</u>
Men	1	-	1	-	4	2	3	-	1	12
Women	2	2	6	7	4	17	14	8	9	69
Total	3	2	7	7	8	19	17	8	10	81

cumulative raw morale scores for men and women. Using a raw score as the mid-point, the percentage of scores that fell above and below that mid-point were calculated. For males, 18.1 per cent of the scores were below the mid-point and 45.5 per cent were above it. Only 23.3 per cent of the females had a raw score below 4, while 65.0 per cent of their scores were above the mid-point.

Alienation

In the present study, the Middleton Alienation Scale, which was based on the work of Seeman, was used. The scale contained five-items which were assigned questions numbered 21a through 21e. Agreement with an item indicated alienation of the type associated with the attitude statement. The following directions were printed on the questionnaire: "Now,

I would like to ask your opinions on some of the things that people sometimes say. Think carefully about whether you definitely agree or disagree." The five-items used to measure alienation and the type of alienation associated with the items are:

Number of
Question

- 21a. There is not much that I can do about most of the important problems that we face today. (Powerlessness)
- 21b. Things have become so complicated in the world today that I really don't understand what is going on. (Meaninglessness)
- 21c. In order to get ahead in the world today, you are almost forced to do some things which are not right. (Normlessness)
- 21d. I am not much interested in the TV programs, movies, or magazines that most people seem to like. (Cultural Estrangement)
- 21e. I often feel lonely. (Social Estrangement)

Middleton made three modifications in the typology of Seeman. First, he substituted the term cultural estrangement for isolation to avoid confusion with the traditional connotation of social isolation (Middleton, 1963:974). Second, Middleton added social estrangement as a basic type of alienation. According to Middleton (1963:974), "the feeling of loneliness . . . is crucial to alienation, and the present item (I often feel lonely) is designed to tap this subjective sense of social estrangement."

In addition, Middleton substituted estrangement from work for self-estrangement. However, because of the nature

of the population being studied, this question was not used. Therefore, Middleton's original six-item scale was reduced to five, and each question was analyzed as a simple index of one distinguishable type of alienation.

The data presented in Table XXIX indicate varying degrees

TABLE XXIX
MIDDLETON ALIENATION SCORES BY INDIVIDUAL ITEMS

Type of Alienation	Frequency of Responses by Sex							
	Agree		Disagree		NR		Total	
	No.	%	No.	%	No.	%	No.	%
Powerlessness								
Men	7	58.4	4	33.3	1	8.3	12	100.0
Women	45	65.2	16	23.2	8	11.6	69	100.0
Total	52	64.2	20	24.7	9	11.1	81	100.0
Meaninglessness								
Men	7	58.4	4	33.3	1	8.3	12	100.0
Women	41	59.4	18	26.1	10	14.5	69	100.0
Total	48	59.3	22	27.1	11	13.6	81	100.0
Normlessness								
Men	2	16.7	9	75.0	1	8.3	12	100.0
Women	8	11.6	54	78.3	7	10.1	69	100.0
Total	10	12.3	63	77.8	8	9.9	81	100.0
Cultural Estrangement								
Men	5	41.7	5	41.7	2	16.6	12	100.0
Women	15	21.7	48	69.6	6	8.7	69	100.0
Total	20	24.7	53	65.4	8	9.9	81	100.0
Social Estrangement								
Men	4	33.3	6	50.0	2	16.7	12	100.0
Women	20	29.0	41	59.4	8	11.6	69	100.0
Total	24	29.6	47	58.0	10	12.4	81	100.0

of, or levels of, alienation, with the highest levels recorded for powerlessness and meaninglessness. While 64.2 per cent of the sample agreed with the powerlessness statement, against 24.7 per cent who did not agree, 59.3 per cent agreed with the meaninglessness statement, as opposed to 27.1 per cent who disagreed. A moderate level of alienation was indicated by the social estrangement statement where 29.6 per cent agreed and 58.0 per cent disagreed. The cultural estrangement statement had a 24.7 per cent level of agreement, while 65.4 per cent disagreed. The lowest level of agreement, and thus the lowest degree of alienation, was reported in response to the normlessness statement. While only 12.3 per cent of the sample agreed with the statement, 77.8 per cent disagreed.

Interview Data

The interview data reported in this section are much more qualitative than the data collected via the questionnaire method. Much of the data required some interpretation and analysis before it could be placed in an analytical context. Therefore, the data presented in this section consist primarily of that data which was quantifiable. Other data from the interviews shall be examined in Chapter IV.

Characteristics of the Sample. The interviewees represented a subsample of the total sample in that all the respondents were also respondents to the questionnaire that was administered. Twenty interviews were conducted with 18

widowed individuals and 2 married couples, yielding a sample of 18 females and 4 males. The length of time respondents had been widowed ranged from 2 to 28 years, with a mean length of time of 11.8 years. Seven respondents had lived in High Rise for 2 years or less, 2 for 2 to 4 years, and 13 for over 4 years.

Moving to High Rise. Only 5 respondents indicated that they had ever considered living in a multiple family complex before, while 17 indicated they had never considered it. While respondents offered a variety of reasons why they moved to High Rise, three main types or categories of reasons emerged. First, the death of the respondent's spouse seemed to be an underlying reason. The death of the spouse indirectly contributed to the second reason, the inability to maintain a home. The following response by a widow was typical: "I couldn't keep up my home. It was lonesome and I wouldn't have to work to keep it (High Rise) up." Third, High Rise was built in conjunction with an urban renewal project and the demolition of property forced several residents to move from their homes.

The interviewees were questioned as to who was most influential in helping them make their decision to move into High Rise. The majority, 13 respondents, said they made their own decision. When presented with the third question, one widowed responded: "No one. I make up my own mind. The children approve -- but I made my own decision." Other

respondents identified their daughter, sister, minister, brother, doctor, an urban renewal official, a grocer, and a close friend as having influenced their decision.

None of the residents felt they encountered any particular problems in moving to High Rise. In addition, possibly because none of them encountered any problems themselves, not one of them could offer any suggestions for assisting other older people in moving into similar residential settings.

Growing Older. Interviewees were first asked "if people in general showed more respect for older people when they were young than they do today." A total of 7 respondents agreed with the statement, 8 disagreed, 4 felt it was about the same today as when they were young, and 3 felt it is much different today and the two periods cannot be compared. The same reasons were given by almost all of the interviewees to support their answers, regardless of which opinion was expressed. In supporting the idea that the old were more respected in the past, respondents stated that there was a place in the family for older people or that the children felt an obligation to care for their parents or grandparents. In stating the reverse opinion, respondents stated that in the past older people were forced to live with their families, and "just sit and hold their hands," or "go to the poor farm." Those who stated that it is the same today, or that the situation today is so much different that

the two situations are not comparable, again used the changing family pattern as their main support. While all the respondents agreed that there had been a change in the basic family structure, described by sociologists as a change from the extended to the nuclear family pattern, there was no agreement on how this change should be viewed.

Interviewees were also asked "how much different older people are from other groups in society." Most of the respondents would ask for clarification of the question. "What do you mean?" was the standard retort. This question, because of inadequate construction, did not yield data which could be presented.

Finally, the respondents were asked "if their attitude about growing older had changed since moving into High Rise." Only 4 people said their attitudes had changed, while 18 said they could not detect any change. The primary reason for this lack of change in attitude was a variation of the statement, "I don't think about getting old." Each of the respondents who said their attitude had changed listed "feeling more secure since moving into High Rise" as their reason.

In this chapter the data collected in the present study has been presented. Chapter IV consists of an analysis of the data, acceptance or rejection of the hypotheses, and a discussion of the issues involved in data analysis. The latter subject must be examined first.

CHAPTER IV

ANALYSIS OF THE DATA

The primary concern of this chapter is the presentation of the analysis and interpretation of the data presented in the previous chapter. A minimal number of references have been made in this chapter to the tables presented in Chapter III.

The first section of this chapter examines various issues involved in data analysis and consists of three subsections; computer techniques, tests of significance, and level of significance. Following this section, one section has been allocated to examine each of the three major hypotheses and the secondary hypotheses concerning morale and alienation. Other factors, such as contact with relatives, are then analyzed.

Issues in Data Analysis

Computer Techniques. The particular Fortran IV program used in the present study facilitated partial factor analysis of the data. That is, data cards were sorted according to the responses in a particular column, which made it possible to run one variable against the responses to all questions. In addition, it was possible to run the three major scales used against all the questions. This yielded, for example, how all persons with a certain level of morale

responded to all questions. Thus, the program used made possible an unusually thorough analysis of the data.

Tests of Significance. Three tests of significance were used in the present study; chi-square, phi coefficient, and Pearson's C. Chi-square (χ^2) is the best-known non-parametric test of significance in social research (Levin, 1973:184). It assumes the null hypothesis; that is, it assumes that there are no significant differences between populations (Blalock, 1960:213). According to Blalock (1960:213), if the value of chi-square turns out to be larger than that expected by chance, the null hypothesis is rejected and the research hypothesis is accepted. However, although chi-square, as Loether and McTavish (1974b:216) have indicated, "does not measure the strength of relationships," (author's emphasis) those authors do go on to assert; "when the value of chi-square is large, it means that we can be more confident about rejecting the null hypothesis and concluding that the variables are related." Chi-square was applied by using Basic Language programs, which were available through the Computer Center at Kansas State College of Pittsburg, with access gained to these programs through an IBM 274 Communications Terminal.

The phi coefficient, or contingency coefficient, and Pearson's C were used to determine the strength of relationships in the data. The former was used for 2 x 2 chi-square tables, while the latter was employed for larger

tables. The maximum value for each measure of correlation varies from 0 to 1.0, but, under certain conditions, the maximum value of both measures may be less than 1.0 (Levin, 1973:234). No value can ever be less than 0. This was considered in the interpretation of the degree of significance of the correlation computed.

Level of Significance. In social science, and particularly sociology, it has become more or less conventional to adopt .05 as the minimum standard level of significance (Selltitz, et al., 1961:418). It is also customary to establish a priori the most appropriate level of significance (Skipper, et al., 1967:17). Such strict adherence to the conventional .05 level has been challenged by several writers (cf. Skipper, et al., 1967). According to Skipper and others (1967:17), "blind adherence to the .05 level denies any consideration of alternative strategies, and it is a serious impediment to the interpretation of the data."

While the .05 level was established in the first chapter as the level of significance, it was established with reservation. That reservation was based upon two grounds. The first involved certain properties of the chi-square test, while the second related to the nature of the data being examined in relation to the theory from which the hypotheses were derived.

First, it has been established that the value of chi-square is affected by the small size of the sample. In

other words, "when a sample is small it requires a much more striking relationship in order to obtain significance" (Blalock, 1960:227). According to Blalock (1960:227), "in the case of small samples we may be saying quite a bit when we can establish significance." The sample size in the present study, which consisted of 81 cases, was considered small. Therefore, .08 may not be significant by "convention," but this convention may lead to a Type II error, a failure to reject the null hypothesis when, in fact, it is false.

Second, the theory of the subculture of the aging postulates that the elderly are an emerging social group. Rose (1961b) did not state that an aging subculture had formed, but that an aging subculture was in the process of forming. Therefore, the concern of the present study was to find evidence of the transformation of the aging from a social category to a social group and not to find support for the hypotheses only on the basis of highly significant findings.

There is, of course, always a danger in setting the level of significance too low and thus committing a Type I error. As Labovitz (1968:221) has pointed out, "minimizing one type of error tends to increase the other." However, based on the arguments presented above, it would appear that there is a greater danger of committing a Type II error with a small sample by rigid adherence to the .05 convention.

Labovitz (1968:220), for example, argues that "small error rates (.01 and .001) should usually accompany large N's." As Skipper and others (1967:17) have stated". . . it is the nature of the problem under study which ought to dictate which type of error is to be minimized" (author's emphasis).

Acknowledgement of Aging

The theory of the subculture of the aging postulates that as older people interact with each other, they will begin to identify themselves as old, will discuss aging more easily, and will acknowledge that older people are devalued by society (Rose, 1962b). The following hypothesis was derived from this portion of the subculture theory; the longer a person is a member of an age-concentrated community, the more likely he will be to acknowledge that the aged are delineated and devalued by society. That hypothesis was not supported by the data, as the following χ^2 values indicated: age-identification, .34590 with 2 degrees of freedom; discussion of aging, .46667 with 2 degrees of freedom; older people are "looked down upon" by society, .10212 with 1 degree of freedom; and the aged are treated as inferior, 1.26918 with 2 degrees of freedom. None of the values were significant beyond the .60 level.

The data indicated that there was no relationship between length of residence in High Rise and age-identification, an increase in ease of discussing the aging process, or the expression of feelings that the old are devalued in American

society. While these findings did not support the hypothesis, the data for age-identification agreed with the general findings reported in the literature. Peters (1071:70), for example, has indicated that "a significant number of old persons tend to deny that they are old, to dissociate themselves from the category of aged, and to identify themselves as considerably younger than they, in fact, are chronologically." In the present study, 29.6 per cent of the sample stated that they were "middle aged." That was in a sample where the median age was 78.8 years for men and 75.3 years for women and where the youngest resident was 63 years old at the time of the study.

The Status System of the Aging

The subculture of the aging theory also states that a special status system exists among older people, which is only partially a carry-over from the general society. The theory postulates that there are two fundamental components of that system; health and social activity, which would seem to constitute a special set of values. In other words, older people place a special value on good health and continued social activity. The second hypothesis in the present study was designed to reflect those theoretical assumptions; the longer a person is a member of an age-concentrated community, the more likely he will be to adopt a special set of values. The data gave moderate support to that

hypothesis, with support of health found in the interview data and support for activity indicated by the questionnaire data.

In the area of health, no significant findings were evident in the analysis of the questionnaire data to indicate that most of the residents placed a special value on good health. For example, the discussion of health and the self-evaluation of health were not found to be related significantly to length of residence. Discussion of health had a χ^2 value of 2.6838 with 2 degrees of freedom, while the self-evaluation of health indicator had a χ^2 value of only .02055 with 2 degrees of freedom. In addition, health was not considered to be a major topic of conversation among the residents, regardless of the length of time they had lived in High Rise. However, the interview data indicated that there was certainly an overt concern with the maintenance of good health. (It should be noted that residents must be able to care for themselves in order to remain in High Rise. A number of interviewees stated that they hoped they could continue to maintain their apartments, because they did not want to go to a nursing home).

Turning to social activity, the data revealed that the longer a resident had lived in High Rise, the more likely he was to discuss with the other residents how active a person was. The results presented in Table XXX strongly supported

TABLE XXX
DISCUSSING HOW ACTIVE A PERSON IS WITH OTHERS

Opinion	Length of Residence			
	Less Than 2 Yrs.	2-4 Yrs.	Over 4 Yrs.	Total
	<u>No.</u>	<u>No.</u>	<u>No.</u>	<u>No.</u>
Often	1	3	9	13
Sometimes	6	10	33	49
Seldom or Never	9	3	4	16
Total	16	16	46	78
$\chi^2=16.64835$ $df=4$ $C=.42$				

the hypothesis. The χ^2 value of 16.64835, with 4 degrees of freedom, was significant at the .05 level. It was also considered to be highly significant in that it reached the .01 level. Activity, unlike health which tended to be viewed in personal terms by the residents, was social in nature. That special emphasis was not a carry-over from the general society because it was usually not present among the newer residents, but it was adopted by most of the residents over time.

There were at least two additional indicators of the existence of a distinctive value system among the residents observed by the writer while visiting High Rise. First, there were the pool tables. Many women, as well as men,

spent their afternoons playing pool in the recreation area. In High Rise, pool was found to be a perfectly acceptable form of activity for women, as well as men. During the interviews, respondents would mention the pool playing and comment that it was acceptable in High Rise, but it would not be sanctioned elsewhere.

During the interviews, a second, distinct indicator became apparent. Respondents would consistently state that they had everything in common with the other residents. "Most people here are my type," was the way one woman put it. Another woman stated that "older people are all interested in the same things and programs are adjusted to their needs." The interview data indicated, in total, that the residents felt that there was a distinct system of norms and values, and thus a special status system, which operated in High Rise.

Aging Group-Consciousness in High Rise

Aging group-consciousness is a multi-dimensional phenomenon which was measured in the present study by a six-question index. With the exception of acceptance of aging which was examined earlier, three principal components were measured; membership in organizations for older people, social interaction among the aging, and perception of the problems faced by older people and political interest. Each of those components was analyzed separately.

Organizational Membership. Residents were asked "if they took part in the activities of the Senior Center," "if they were familiar with the names of several organizations for older people," and "if they were members of any organizations for the aging." While familiarity with the names of organizations increased slightly with length of residence, the χ^2 value of 2.60212, with 1 degree of freedom, was significant only at the .20 level. In addition, there was almost no increase in the rate of group affiliations among the residents in relationship to their length of residence in High Rise, as indicated by the χ^2 value of only .07756 with 1 degree of freedom. However, the findings concerning participation in the Senior Center activities were somewhat mixed.

The findings from the questionnaire revealed that membership in the Senior Center and the length of residence were not significantly associated. The χ^2 value of 2.45180 with 1 degree of freedom was only significant at the .20 level. However, the interview data indicated that there had been a continued interest in the Center's activities. The Center was found to be a focal point of activity and identification with the group for the respondents. Most new residents took part in the activities very soon after moving into High Rise. The reason for not continuing in the various activities was found to be related to loss of interest due to repetition. Several residents stated that they were still interested in the Center, but that they had made more objects than they

could use. Therefore, taking part in the Senior Center's program may be, at least in part, a function of the nature of the craft program, rather than factors such as length of residence or age.

Interaction and Aging. According to Rose (1962b:126), one of the early manifestations of aging group-consciousness is a growing desire on the part of the elderly to interact with persons of a similar age. To measure that aspect, respondents were asked "the age of their friends" and "if they enjoyed being with older people more than with younger people." While the age of friends did not change significantly with length of residence in High Rise, an increased enjoyment of being with older people was recorded.

A summary of the responses to the question: "Since I moved to High Rise, I enjoy being with people my own age more than being with younger people," are found, on the following page, in Table XXXI. Those data were not significant at the .05 level, but they were found to be significant at the level of .06. Based on the arguments presented earlier in the present chapter, the findings that related to that aspect of the study were considered significant. The interview data strongly supported those findings, as every respondent indicated that he enjoyed living with other older people. However, Pearson's C yielded a coefficient of .24, which only moderately supported the hypothesis.

TABLE XXXI
ENJOYMENT OF BEING WITH OLDER PEOPLE

Opinion	Length of Residence		Total
	3 Yrs. or Less <u>No.</u>	Over 3 Yrs. <u>No.</u>	
Increased Enjoyment	5	28	33
No Increase	12	22	34
NR	5	6	11
Total	22	56	78
$\chi^2 = 5.23692$ $df = 2$ $C = .24$			

Interest in Politics. The second phase in the development of aging group-consciousness is marked, according to Rose (1962b:126), by a realization that the problems of older people are different from those of other groups in society. Residents were asked "if older people had problems that were different from those of younger people." While 77 per cent of the residents, as reported in Table XXIII of Chapter III, indicated that they agreed with this idea, the percentage did not increase with length of residence. While the total percentage figure seemed to lend support to the aging subculture theory in general, it must be interpreted with caution. That attitude may not develop as a result of entering an aging subculture, but rather may simply indicate an attitude held by middle aged and older people in general.

There exists, according to Rose (1962b:126), a third, and final, phase of aging group-consciousness. In this phase, there is an increased interest in political issues that concern older people. Respondents were asked "if they voted in the last election for President," "to what degree they were interested in politics," and "if their interest had increased since moving into High Rise."

Previous studies have found that voting reaches a plateau during the middle years and declines when people pass the age of 70 (Riley and Forner, 1968:353). Given the median age of the sample, 75.8 years, voting and interest in politics were found to be above the expected levels as indicated by the data reported in Chapter III.

The data presented in Table XXXII indicate that the

TABLE XXXII

LEVEL OF INTEREST IN POLITICS SINCE MOVING INTO HIGH RISE

Opinion	Length of Residence		
	3 Yrs. or Less <u>No.</u>	Over 3 Yrs. <u>No.</u>	Total <u>No.</u>
Increased Interest	13	43	56
No Change	9	13	22
Total	22	56	78
$\chi^2 = 3.99289$ $df = 1$ $\phi = .26$			

longer a resident had lived in High Rise, the more interested he became in political issues affecting older people. The increase in interest was significant at the .05 level, based on a X^2 value of 3.99289, with 1 degree of freedom. However, a phi coefficient of only .26 was found which indicated that while the variables were significantly associated, the association was not a strong one. The data on political activity, taken together, offered substantial support for the third hypothesis.

On the basis of the data analyzed in this section, the third hypothesis was accepted. As length of residence increased, residents were found to enjoy being with older people more than with younger individuals, to feel that older people have problems that are different from other groups in society, and to maintain interest, and even to demonstrate increased interest in politics.

Aging Group-Consciousness and Morale

Social gerontologists have attempted to relate morale to a variety of independent variables. Age, health, and activity have been among the most commonly used by researchers (Maddox and Eisdorfer, 1962). Cumming and Henry (1961) found a relationship between morale and social disengagement. In the present study, the fourth hypothesis stated that the higher the degree of aging group-consciousness, the higher the level of morale. That does not make morale a function of

activity or disengagement, or the reverse of that relationship as some researchers have attempted to demonstrate, but rather asserts that morale may be a function of a complex set of factors referred to collectively as aging group-consciousness.

Aging group-consciousness was measured by the six-item index developed for the present study. Cumulative scores of from 0 to 2 were rated as low levels of aging group-consciousness, 3 was considered a moderate level, and scores of from 4 to 6 were rated as high. Morale scores, derived from the Kutner Morale Scale, were classified as follows; 0 to 2 as low morale, 3 to 4 as moderate morale, and 5 to 7 as high levels of morale. The results are presented in Table XXXIII.

TABLE XXXIII

AGING GROUP-CONSCIOUSNESS AND MORALE

Morale	Aging Group-Consciousness							
	Low		Moderate		High		Total	
	No.	%	No.	%	No.	%	No.	%
High	3	21.4	14	58.4	20	60.6	37	52.1
Moderate	2	14.3	5	20.8	8	24.3	15	21.1
Low	9	64.3	5	20.8	5	15.1	19	26.8
Total	14	100.0	24	100.0	33	100.0	71	100.0
$\chi^2 = 12.97090$ $df = 4$ $C = .23$								

The data indicate that aging group-consciousness and morale were positively associated. The χ^2 value of 12.90709, with 4 degrees of freedom, was significant at the .05 level. While it did not reach the .01 level, it was also significant at the level of .02. The Pearson's C coefficient was .23 which was considered strong for a 3 x 3 chi-square table. When Cramer's V, a less frequently used alternative to Pearson's C (Levin, 1973:234), was calculated, a correlation coefficient of .81 was obtained. That indicated the interpretation of the strength of the original contingency coefficient was accurate. On the basis of the data, the fourth hypothesis was accepted.

Aging Group-Consciousness and Alienation

In the present study an inverse relationship was hypothesized between aging group-consciousness and alienation. That is, the higher the degree of aging group-consciousness, the lower the degree of alienation. That hypothesis, on the basis of the data, was rejected. The following chi-square values were calculated for the five types of alienation examined; powerlessness, 1.68481 with 2 degrees of freedom; meaninglessness, 1.2736 with 2 degrees of freedom; normlessness, .33548 with 2 degrees of freedom; social estrangement, .54359 with 2 degrees of freedom; and cultural estrangement, 1.37078 with 2 degrees of freedom. None of the chi-square values were significant at a level higher than .70.

Respondents, irrespective of the degree of aging group-consciousness reported, generally agreed with some and disagreed with other alienation statements. As the data presented in Table XXIX of Chapter III reported, 64.2 per cent agreed with the statement relating to powerlessness, while 59.3 per cent agreed with the statement reflecting meaninglessness. On the other hand, 78.8 per cent disagreed with the normlessness measure, 65.4 per cent disagreed with cultural estrangement, and 58.0 per cent disagreed with the social estrangement statement. It was concluded that perhaps other factors, such as age, health, or contact with relatives, must be examined to explain the findings related to alienation.

Factors Limiting the Development of an Aging Subculture

Rose (1962b:124), stated continued contact with relatives and an "attitude of active resistance toward aging" were two important factors that tend to minimize the development of an aging subculture. Both factors were found to be significantly present in the social system of High Rise.

The data for contact with relatives clearly indicated a continued high rate of contact after the resident moved to High Rise. The data, presented on the following page in Table XXXIV, revealed that 70.8 per cent of the sample had regular contact, that is, some contact each month with a relative. That distribution had a χ^2 value of 8.89296, with 4 degrees of freedom, and was significant at the .06 level.

TABLE XXXIV
CONTACT WITH RELATIVES

Amount of Contact	Length of Residence				
	2 Yrs. or Less <u>No.</u>	2-4 Yrs. <u>No.</u>	4 Yrs. or Over <u>No.</u>	<u>Total</u>	
Once per week	8	7	18	33	45.8
At least once per month	4	6	8	18	25.0
A few times per year to never	4	-	17	21	29.2
Total	16	13	43	72	100.0
$\chi^2 = 8.89296$ $df = 4$ $C = .12$					

The Pearson's coefficient of .12 was considered weak. While the finding was not significant at the .05 level, the association was still strong and was considered important in the analysis.

Although age-identification was discussed in a previous section of the present chapter, for analysis here, it only seems appropriate to restate the finding that 29.6 per cent of the sample still identified themselves as "middle aged." That would indicate that the second factor, an active resistance toward aging, limiting the development of an aging subculture was also present.

The purpose of the present chapter was to focus on those variables identified in the research design and to examine them in relationship to the hypotheses. The data did not support the first or fifth hypotheses. However, the three hypotheses involving a special set of values, aging group-consciousness, and morale were accepted. The factors related to the acceptance or rejection of the hypotheses are discussed in the chapter containing the summary, conclusions, and recommendations.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Social gerontology is a relatively new area of specialization within the discipline of sociology. Largely because of the recent origin of the field, a number of theories concerned with the social aspects of aging have been proposed, but few have been subjected to rigorous empirical testing. The purpose of this study was to conduct such an empirical test of the subculture of the aging theory, proposed by Arnold M. Rose.

The subculture of the aging theory is based on the assumption that as older people increasingly interact with other older people, while decreasing their contacts with younger people, a distinctive aging subculture will form. The major components of the aging subculture are a special status system, a special set of attitudes and values, aging self-conception, and, most importantly, aging group-consciousness. Aging group-consciousness has been conceptualized as consisting of three phases in which older people move from a posture of viewing themselves as isolated, devalued individuals to a realization that they are a part of a distinct social group, with common problems that can be solved through cooperative action.

A housing complex, located in a rural Southeast Kansas community, was chosen as the site for the investigation. The multi-story structure was referred to as High Rise throughout the study. The managers of the building were contacted and a tentative agreement to permit the research project was secured. Following a meeting with the House Council, a group composed of residents who were elected as representatives for each floor of the building, final permission was granted.

A questionnaire was developed consisting of forty-four fixed-alternative questions. Four types of questions were developed for use in the instrument; questions to obtain demographic data, questions measuring indicators for testing the research hypotheses, the Kutner Morale Scale, and the Middleton Alienation Scale. A six-item aging group-consciousness index was developed from the questions testing the hypotheses.

The questionnaire was administered to every available resident. In order to minimize the rate of refusal, representatives from the House Council distributed the questionnaires. Each resident received a questionnaire in a large kraft envelope with their room number on it. Residents filled out the questionnaire, sealed it in the envelope, and returned it to their floor representative. The room numbers on the outside of the envelope were used to control the distribution and return of the instruments. After each envelope had been accounted for, the numbers were covered prior to opening the

envelopes, to ensure confidentiality. By using this procedure, a return rate of 85.4 per cent was achieved.

The total population of High Rise consisted of 104 persons at the time of the study. However, during the week the study was conducted only 96 persons were available as subjects. Of these 96, 81 residents returned questionnaires with enough data to be used. The final sample consisted of 12 men and 69 women who had lived in the building for periods of time ranging from a few months to over 4 years. The median age of the sample was 75.8 years. Data indicated that 88.9 per cent of the sample were very satisfied living in High Rise, that only 11.1 per cent felt they were in poor health, and that 92.6 per cent were active to some degree.

To support data collected through the questionnaires, twenty forty-minute interviews were conducted using an interview schedule composed of ten open-ended and five fixed-alternative questions. The final interview sample consisted of 18 widowed individuals, 2 of whom were men, and 2 married couples. All interviewees were also respondents to the questionnaire.

The data were coded, using a straight numerical code, on the original questionnaires. After coding, the data were transferred to standard, 80 column IBM cards using an IBM 29 Card Punch. The resulting 81 data cards, one card for each respondent, were then used to tabulate the data with the aid of a Fortran IV language tabulation program.

Following the tabulation, the data were analyzed using both computer and statistical techniques. The Fortran IV program permitted the cards to be sorted by one question and the responses to all questions were tabulated in relationship to the variables or questions being examined. This procedure was used to obtain a tabulation of all questions by age, sex, length of residence, morale level, and by the cumulative scores for the aging group-consciousness index.

The principal statistical test used to analyze the data from the questionnaires was the chi-square test. That non-parametric test was used to determine if two variables were significantly associated. The phi coefficient and Pearson's C were used to measure the strength of the significant associations. While .05 was accepted as the level of significance, arguments against a rigid adherence to this conventional level were presented.

The data obtained from the fixed-alternative questions on the interview schedule were tabulated and reported. The content of the responses to each open-ended question were analyzed, classified, tabulated, and reported. The interview data were generally reported in conjunction with data derived from the questionnaires. The interview data were not subjected to statistical analysis, but they were used to supplement the questionnaire data. All data were analyzed and reported, but only significant data were discussed in detail.

Conclusions

In the present study, five hypotheses were established. Three of the hypotheses were major hypotheses in that they were directly related to the empirical examination of the subculture of the aging theory, while the other two hypotheses attempted to examine the relationship between aging group-consciousness, a major component of the aging subculture, and morale and alienation. In each of the three major hypotheses, length of residence in High Rise was the independent variable.

The first research hypothesis examined the relationship between the independent variable and acknowledgement of aging:

1. The longer a person is a member of an age-concentrated community, the more likely he will be to acknowledge that the aged are delineated and devalued by society.

Based on the analysis of the data, the first hypothesis was rejected. No significant relationship was found between length of residence in High Rise and age-identification. Additionally, in contrast to the research reported in the literature indicating that most of society tends to devalue the aged in relation to other groups and to view them in terms of negative stereotypes, the respondents did not indicate any significant awareness of those findings.

The second hypothesis was developed to determine if one of the major components of the aging subculture, a special set of values, existed within High Rise. To measure this,

the following hypothesis was constructed:

2. The longer a person is a member of an age-concentrated community, the more likely he will be to adopt a special set of values.

The second hypothesis was accepted.

Residents placed a special value on social activity and how active a person was often was a general topic of conversation. While placing a special value on good health was not found to be a salient feature of the status system in High Rise, interview data indicated that good health was of great personal concern to the residents. In addition, activities such as crafts and playing pool were found to be regular forms of recreation for both men and women. The status system of the High Rise population was found to contain some components which were carried over from the general society, and some distinct norms and values centered around social activity, and to some extent health, as predicted by the subculture of the aging theory.

Aging group-consciousness was the dependent variable in the third major hypothesis. That complex phenomenon was measured by examining each of the major components outlined by Rose (1962b); organizational membership, social interaction, and political interest. The following hypothesis was developed:

3. The longer a person is a resident of an age-concentrated community, the higher the degree of aging group-consciousness.

The third hypothesis was also accepted. The data indicated

that there were a significant number of residents of High Rise who had come to view themselves not merely as members of a socio-demographic category but as members of an emerging social group.

A majority of the residents were members of the Senior Center, which was the focal point of activity in High Rise. The Center was, of course, designed specifically for older people. A significant number of residents stated that they enjoyed being with older people more than with younger people. Finally, there was a continued interest in voting and politics. Especially significant was the finding that interest in issues concerning the aged increased significantly with increased length of residence.

Two other hypotheses were examined using aging group-consciousness as the independent variable and morale and alienation as the dependent variables. Using an aging group-consciousness index to measure the independent variable, and the Kutner Morale Scale and the Middleton Alienation Scale to measure the dependent variables, the following hypotheses were developed:

1. The higher the degree of aging group-consciousness, the higher the level of morale.
2. The higher the degree of aging group-consciousness, the lower the degree of alienation.

The first hypothesis was accepted, whereas the second was rejected.

The data supporting the first hypothesis was significant at the .02 level. The general statement may now be made; the higher the degree of aging group-consciousness, the higher the level of morale. Morale may be viewed as a function of the degree to which older people feel that they are members of a social group and not simply a part of an over-age-65 category. The implications of those findings were numerous, and are further examined in the next section.

The final hypothesis was rejected because there was no relationship found between aging group-consciousness and alienation. That was true for both cumulative alienation scores and for individual types of alienation. The problem with regard to that association may have been in the scale used to measure alienation or possibly that alienation was highly influenced by other factors, such as health or age, but that shall have to await further study.

In summary, the data presented supported the subculture of the aging theory. Empirical evidence was found that a special status system, with a distinctive set of norms and values, existed and that the residents exhibited the characteristic behaviors that constitute what Rose called aging group-consciousness. The residents appeared to be moving in the direction of viewing themselves as a distinct social group and to identify more closely with other people in their own age cohort within the general society.

Recommendations

Based upon the data examined in the present study, three broad recommendations have been made relating to further research and to social policy. While a number of other recommendations could have been made, these were deemed to be the most important and the focus should be directed toward them.

1. The data point toward the need for empirical research to varify or refute theoretical perspectives and not simply to accept those perspectives, in total, on the basis of secondary research. While the data in the present study generally supported the subculture of the aging theory, not all of the postulates and assumptions were supported. There is a need to study groups of older persons in a variety of social settings in order to gain the data base necessary to modify and reformulate the subculture of the aging theory. The argument here is that social gerontologists should work toward the construction of what Robert Merton has referred to as middle range theories and not simply to develop emotionally charged activity theories in reaction to opposing points of view. Theory should offer both a guide to research and have predictive abilities which can be applied to concrete social policy issues.

2. As stated in Chapter I, the majority of the research in social gerontology has been conducted in urban areas. There is, therefore, a need to conduct empirical research

among populations of older people living in rural areas. For example, the research reported in the literature has indicated that older people are devalued by society and that most older people acknowledge their awareness of those types of attitudes. However, the residents of High Rise did not acknowledge any significant awareness of those attitudes. It therefore becomes an empirical question as to whether people living in rural areas have maintained the perspective of the previous generations (when older people were valued as members of society) in contrast to their urban cohorts, or if the residents of High Rise were somehow isolated from such attitudes by their aging subculture. In any case, urban-rural differences related to the aging process do appear to require further attention.

3. Many social gerontologists and practitioners working directly with older people have stressed activity as the most important variable in maintaining high morale among the aged. The implications of the subculture of the aging theory, and aging group-consciousness in particular, are that there is not a simple, direct casual relationship between activity and morale. Indeed, activity is only one component which might help to maintain a high morale level.

In the past, unfortunately, practitioners have avoided the use of the term old in favor of labels such as the elderly or senior citizens. The research in the present study clearly indicated that denial of chronological aging,

or failure to identify with persons within the age cohort, may lead to a decrease in the level of morale, not an increase in it. The implications for social policy are that there should be programs directed toward increasing the degree to which older people feel that they are a part of a distinct social group.

Social gerontology is a new field in which many important areas are still to be researched. With increasing numbers of older people in the population, persons concerned with social policy will be turning, in ever increasing numbers, to the field for assistance. Let us hope that social gerontologists will be prepared to meet the challenge.

APPENDIX A

EDUCATION AND AGING

In recent years there has been a phenomenal growth in the universities, community colleges, and local school districts offering special classes for older people. According to the results of the Administration on Aging survey of community colleges (Aging, 1973:14), 447 community and junior colleges were offering courses that had been designed for older people. In addition, 102 of those colleges offered a comprehensive array of outreach, guidance, and referral services. A number of colleges, including North Hennepin Community College, Minneapolis, Minnesota and Oscar Rose Junior College, Midwest City, Oklahoma, have been given national media coverage of their programs.

The special classes and programs those colleges offer cover a wide range of subjects. The typical class runs for only a short time, generally 4 to 12 sessions, and is free from competition and examinations. Popular subjects include arm-chair travel, state history, and foreign languages. Many of the courses have been designed to help older people cope with problems which occur in later life. For example, a short course in home maintenance for widows can be very important in aiding women to continue to live independently after the loss of their spouse. While older people are reluctant to attend regular college classes, they respond well to special programs. Many of the problems associated with aging can be solved through educational programs, but only

a few of them through the formal, traditional type of instruction found in most colleges (Hendrickson, 1973:136).

In the present study, four questions were included in the questionnaire to examine the residents' attitudes regarding special educational programs. It was assumed that most of the residents would not be familiar with the concept of special educational programs for older people. Therefore, the following question was constructed to briefly describe this type of program:

The local Community College is considering offering special classes for older people in this county. These classes would meet one day per week, from 4 to 12 weeks, and would not be given for college credit. If any of these classes were to be offered here in (High Rise) would you be interested in attending any of them?

Following the question above, residents were then asked, assuming that transportation could be provided, "if they would be interested in attending non-credit, short-term courses at the local community college." The responses to both questions are found, on the following page, in Table XXXV.

The data presented in Table XXV indicated some interest in attending classes in High Rise, and almost no interest in attending courses at the local community college. While 44.4 per cent indicated they would attend, or might attend courses offered in High Rise, 55.6 per cent were not interested. Only 7.4 per cent stated they would attend a course at the community college, while 92.6 per cent said they were not interested.

TABLE XXXV
INTEREST IN TAKING SPECIAL CLASSES

Location	Responses							
	Yes		Might		No or NR		Total	
	No.	%	No.	%	No.	%	No.	%
High Rise								
Men	1	8.3	5	41.7	6	50.0	12	100.0
Women	4	5.8	26	37.7	39	56.5	69	100.0
Total	5	6.1	31	38.3	45	55.6	81	100.0
Community college								
Men	1	8.3	-	-	11	91.7	12	100.0
Women	5	7.2	-	-	64	92.8	69	100.0
Total	6	7.4	-	-	75	92.6	81	100.0

The respondents were presented with a list of eighteen courses which, based on a review of a large number of community college programs, have been the most popular. The courses and the number of persons who indicated interest in attending were: The Bible as History, 11; Sewing, 10; Flower Arranging, 9; Knitting, 6; Typing for Senior Citizens, 6; Personal Grooming, 4; Conversational Spanish, 3; Kansas History, 3; Nutrition, 3; Writing for Pleasure and Profit, 3; American Literature, 2; Arm Chair Travel, 2; Bridge, 2; Car Care and Maintenance, 2; Lip Reading, 2; Genealogy, 1. Only Probate Law and Small Appliance Repair did not receive any "votes."

The final question offered respondents an opportunity to suggest subjects that might be of interest to the other residents. Only one suggestion, crocheting, was made.

The level of interest in taking a special class would seem to be reasonably high among the residents of High Rise for several reasons. First, this was a new idea for most of the respondents and they answered the questions on the basis of very little information. Second, they have a well-organized crafts program at the Senior Center. Finally, many of the residents have not been involved in formal education for over 50 years. Therefore, there may have been some reluctance on the part of residents, when 49.0 per cent did not complete high school, to take part in classes sponsored by a community college.

Based on the data, it is recommended that High Rise should be a site for special educational programs. Enrollment in classes need not be limited only to residents, but could serve the whole community, just as the Senior Center does now. America is a "learning society" which places a tremendous emphasis on education. There is no reason why some members of the society should be excluded, simply because of their age, from participation in continuing educational experiences.

APPENDIX B

QUESTIONNAIRE

To: The Residents of High Rise

This questionnaire is not a "test." There are no right or wrong answers. Just answer the questions in the way you, yourself, feel about them. Give YOUR OWN HONEST OPINIONS.

Most of the questions only require that you check the answer you feel best reflects your own opinion. It should take you only a few minutes to complete this questionnaire. If you need any assistance, I will be glad to help you in any way possible. I may be reached by contacting one of the representatives to the House Council or by contacting the managers. It is very important to this study that everyone in the building complete a form.

When the form is completed, place it in the large envelope and seal it. Do not write your name on the questionnaire or the envelope. Your room number is on the envelope. I will check your room number off my list when the envelope is turned in and place a sticker over your room number. This is the same type of procedure that is used in elections to keep track of the ballots, but also to keep them confidential.

All information will be kept strictly confidential. None of your friends will know how you answered these questions. If you do not understand one of the questions, I will be glad to assist you with additional instructions.

Thank you for your cooperation.

William Lane
Graduate Research Assistant
Department of Social Science
Kansas State College of Pittsburg

Confidential

1. Sex: Put a check in front of your answer like this ✓.
☐ Male
☐ Female
2. Check the one statement below that best describes your present marital status:
☐ Divorced
☐ Married (living with husband or wife)
☐ Single (never married)
☐ Separated (married but not living with husband or wife)
☐ Widowed
3. If you were employed outside the home write your occupation on the line below (if you never have been employed write housewife).

4. Write your husband's or wife's former occupation on the line below.

5. What was the highest grade level in school you completed?
☐ 8 years or less
☐ 9-11 years
☐ 12 years (finished high school)
☐ 1 to 3 years of college
☐ 4 years of college (finished college)
☐ Postgraduate work beyond 4 years of college
6. What was the highest grade level in school your husband or wife completed?
☐ 8 years or less
☐ 9-11 years
☐ 12 years (finished high school)
☐ 1 to 3 years of college
☐ 4 years of college (finished college)
☐ Postgraduate work beyond 4 years of college
7. How often do you visit in person with one of your relatives, either here in the building or somewhere else?
☐ Once a week or more
☐ Two or three times per month
☐ Once a month
☐ A few times a year
☐ Once a year or on holidays
☐ Less than once a year or never

Continue on to the next page

Confidential

8. How long have you lived here in High Rise?
____ Years and ____ Months
9. How do you feel about living in High Rise?
____ Very satisfied
____ Just satisfied
____ Not satisfied
10. How do you rate your health at the present time?
____ Excellent
____ Good
____ Fair
____ Poor
____ Very poor
11. Do you talk more about your health with your friends now than before you moved into High Rise?
____ Yes (I discuss my health more now.)
____ No (I discussed my health more before I moved.)
____ There is no change now from when I lived elsewhere.
12. Is health a regular topic of conversation among you and other residents here?
____ Yes
____ No
13. How active are you?
____ Very active
____ A little active
____ Not active at all
14. Do you attend any activities at the Senior Center?
____ Yes
____ No
15. Are people who are active more respected by the residents here than those who are in good health but are not very active?
____ Yes
____ No
16. Do you ever discuss how active a person is with any of your acquaintances here?
____ Often
____ Sometimes
____ Seldom
____ Never

Continue on to the next page

Confidential

17. Some people feel that American's tend to admire the young. Do you feel that most people in society "look down" upon older people?
- _____ Yes
_____ No
18. How do you think of yourself as far as age goes? Do you think of yourself as:
- _____ Middle aged
_____ Elderly
_____ Old
_____ Very old
_____ Or something else _____ (specify)
19. How would you say that you compare in age with your friends? Would you say that they are:
- _____ Much older than you
_____ About the same age
_____ Somewhat younger
_____ Much younger
20. Since you have moved into High Rise do you find that it is easier to talk with people about getting older?
- _____ Yes
_____ No
_____ It is about the same as before
21. Now, I would like to ask your opinion on some of the things that people sometimes say. Think carefully about whether you definitely agree or disagree.
- a. There is not much that I can do about most of the important problems that we face today.
_____ Agree _____ Disagree
- b. Things have become so complicated in the world today that I really don't understand what is going on.
_____ Agree _____ Disagree
- c. In order to get ahead in the world today, you are almost forced to do some things which are not right.
_____ Agree _____ Disagree
- d. I am not much interested in the TV programs, movies, or magazines that most people seem to like.
_____ Agree _____ Disagree

Continue on to the next page

Confidential

- e. I often feel lonely.
_____ Agree _____ Disagree
22. It is sometimes difficult to get to the polls to vote.
Were you able to vote in the last Presidential election?
____ Yes
____ No
23. How would you describe your interest in politics?
____ Not interested at all
____ Somewhat interested
____ Very interested
24. Have you become more interested in political issues that affect older people, such as Social Security and health insurance, since you moved to High Rise?
____ Yes
____ No
25. Please place a check mark by the names of any of the following groups that you have heard of:
____ American Association of Retired Persons (AARP)
____ Gray Panthers
____ Kansas Citizens Council on Aging
____ National Council of Senior Citizens (NCSC)
____ National Retired Teachers Association (NRTA)
____ Other groups _____
(specify)
26. Are you a member of any of the groups listed in question 25 above?
____ No
____ Yes
____ Which groups _____
27. When discussing High Rise with people who are not familiar with it:
____ I avoid telling them it is only for people over a certain age.
____ I mention that it is for people over a certain age if they ask.
____ I sometimes tell people it is only for people over a certain age.
____ I always tell people that only people over a certain age can live here.

Continue on to the next page

Confidential

28. In many cases, people treat the old as if they are inferior to the young?
___ Agree
___ Disagree
29. How often do you feel there is just no point in living?
___ Often
___ Sometimes
___ Hardly ever
30. Things just keep getting worse and worse for me as I grow older?
___ Agree
___ Disagree
31. How much do you regret the chances you missed during your life to do a better job of living?
___ Always
___ Sometimes
___ Not at all
32. All in all, how much unhappiness would you say you find in life today?
___ Great unhappiness
___ Some unhappiness
___ Almost none
33. On the whole, how satisfied would you say you are with your life today?
___ Very satisfied
___ Fairly satisfied
___ Not satisfied
34. How much do you plan ahead the things you will be doing next week or the week after -- would you say that you?
___ Make many plans
___ A few plans
___ Almost no plans
35. As you get older, would you say things seem to be better or worse than you thought they would be?
___ Better
___ Same
___ Worse
36. How many years have you lived in the Southeast Kansas area?
___ Number of years

Continue on to the next page

Confidential

37. When were you born?

_____ Month _____ Year

38. From which of the following sources do you receive support?

_____ Social Security

_____ Supplemental Social Security

_____ Railroad Retirement

_____ Other pension funds

_____ Aid from children

_____ Investments

_____ Savings

_____ Other (specify) _____

39. The local Community College is considering offering special classes for older people in this county. These classes would meet one day per week, from 4 to 12 weeks, and would not be given for college credit. If any of these classes were to be offered here in High Rise, would you be interested in attending any of them?

_____ Yes

_____ No

_____ I might, but I would want to know more information.

40. Some examples of courses that have been offered by other schools are listed below. Please check any that you feel you might like to attend:

_____ American Literature

_____ Arm-Chair Travel

_____ Bridge

_____ Car Care & Maintenance

_____ Conversational Spanish

_____ Flower Arranging

_____ Genealogy

_____ Kansas History

_____ Knitting

_____ Lip Reading

_____ Nutrition

_____ Personal Grooming

_____ Probate Law

_____ Sewing

_____ Small Appliance Repair

_____ The Bible as History

_____ Typing for Senior

_____ Citizens

_____ Writing for Pleasure
& Profit

41. What other subjects might be of interest to you or your friends?

Continue on to the next page

Confidential

42. If transportation could be arranged, would you be interested in attending non-credit, short term courses at the Community College?

☐ Yes

☐ No

43. Older people have problems that are much different from the problems of young people.

☐ Agree

☐ Disagree

44. Since I moved to High Rise, I enjoy being with people my own age more than being with younger people.

☐ Agree

☐ Disagree

Thank you for your cooperation

APPENDIX C

INTERVIEW SCHEDULE

Room Number _____ Date of Interview _____
Interview _____ Time Scheduled _____
Time Ended _____

INTRODUCTION: This interview is being conducted to gain some additional information that can not be gathered very well by filling out a form. This information will be kept strictly confidential and if I should use any statement you make to me, your name would not be used.

1. How long have you lived in High Rise?
_____ Years _____ Months
2. Have you ever been married?
_____ Yes
_____ No
 - a. If a widow, for how long?
_____ Years _____ Months
3. First, I would like to discuss your move to High Rise. When did you first consider moving to High Rise?
 - a. Had you ever considered this type of living arrangement before?
 - b. Who do you feel was most influential in helping you make the decision to move here?
4. One final question about your move to High Rise, what particular problems did you encounter in moving here?
 - a. What might be done to assist people in moving into residential settings, like this one, in other places in SEK?

5. Now, I would like to change the subject and ask you your opinion about the treatment of older people today. Do you feel that people, in general, showed more respect for older people when you were young than they do today?

_____ Yes

_____ No

_____ About the same today

- a. From your own experiences or observations, can you give me any examples of older people being treated with disrespect?

- b. How much different are older people from other groups in society?

6. One additional question, has your attitude changed about growing older since you moved into High Rise?

_____ Yes

_____ No

If Yes:

- a. In what way or ways has your attitude changed?

- b. Why do you think it has changed?

If No:

- a. Why do you think your attitude has not changed?

Thank you very much for your time.

APPENDIX D

CODEBOOK

<u>COLUMN NUMBER</u>	<u>QUESTION NUMBER</u>	<u>DESCRIPTION AND CODE</u>
1&2	None	Questionnaire number.
3	1.	Respondent's sex.
4	2.	Respondent's present marital status. 1. Divorced 2. Married 3. Single 4. Separated 5. Widowed 9. No response
5	3.	Respondent's occupation. 1. Housewife 2. Professional or Managerial 3. Sales or Clerical 4. Skilled workers (except farm and service) 5. Unskilled (except farm and service) 6. Service workers 7. Farm workers 8. Disabled 9. No response
6	4.	Spouse's occupation. (Same as question 3)
7	5.	Respondent's education. 1. 8 years or less 2. 9-11 years 3. 12 years 4. 1-3 years of college 5. 4 years of college 6. postgraduate work 9. no response
8	6.	Spouse's education. (Same as question 5)
9	7.	Contact with relatives. 1. Once a week 2. Two-three times per month 3. Once a month 4. A few times a year 5. Once a year 6. Less than once a year 9. No response
10	8.	Number of years in High Rise. 1. 0-11 months 2. 1 year-23 months 3. 2 years-35 months 4. 3 years-47 months 5. 4 years and over 9. No response
11	9.	Feelings about living in High Rise. 1. Very satisfied 2. Just satisfied 3. Not satisfied 9. No response

<u>COLUMN NUMBER</u>	<u>QUESTION NUMBER</u>	<u>DESCRIPTION AND CODE</u>
12	10.	Rating of health. 1. Excellent 2. Good 3. Fair 4. Poor 5. Very poor 9. No response
13	11.	Talking about health. 1. Yes 2. No 3. No change 9. No response
14	12.	Health as a topic of conversation. 1. Yes 2. No 9. No response
15	13.	How active are you. 1. Very active 2. A little active 3. Not active at all 9. No response
16	14.	Attending the Senior Center. 1. Yes 2. No 9. No response
17	15.	Respect for active residents. 1. Yes 2. No 9. No response
18	16.	Discussion of how active a person is. 1. Often 2. Sometimes 3. Seldom 4. Never 9. No response
19	17.	Respect by society for the aged. 1. Yes 2. No 9. No response
20	18.	Age identification. 1. Middle aged 2. Elderly 3. Old 4. Very old 5. Other 9. No response
21	19.	Respondent's age compared to friends. 1. Much older than you 2. About the same age 3. Somewhat younger 4. Much younger 9. No response
22	20.	Talking about growing older. 1. Yes 2. No 3. Same 9. No response
23	21a.	Powerlessness. 1. Agree 2. Disagree 9. No response
24	21b.	Meaninglessness. 1. Agree 2. Disagree 9. No response
25	21c.	Normlessness. 1. Agree 2. Disagree 9. No response

<u>COLUMN NUMBER</u>	<u>QUESTION NUMBER</u>	<u>DESCRIPTION AND CODE</u>
26	21d.	Cultural estrangement. 1. Agree 2. Disagree 9. No response
27	21e.	Social estrangement. 1. Agree 2. Disagree 9. No response
28	22.	Voting in last presidential election. 1. Yes 2. No 9. No response
29	23	Interest in politics. 1. Not interested at all 2. Somewhat interested 3. Very interested 9. No response
30	24.	Interest in political issues concerning older people. 1. Yes 2. No 9. No response
31	25.	Familiarity with groups. 1. 1 group 2. 2 groups 3. 3 groups 4. 4 groups 5. 5 groups 6. 6 or more groups 9. No response
32	26.	Membership in any group(s). 1. Yes 2. No 9. No response
33	27.	Identifying residence in High Rise. 1. Avoid telling people of age require- ment 2. Mention age requirement if they ask 3. Sometimes tell people of age requirement 4. Always tell people of age requirement 9. No response
34	28.	Old people are treated as inferior to the young. 1. Agree 2. Disagree 9. No response
35	29.	Feel there is no point in living. 1. Often 2. Sometimes 3. Hardly ever 9. No response
36	30.	Things just keep getting worse and worse 1. Agree 2. Disagree 9. No response
37	31.	Regret chances missed. 1. Always regret 2. Sometimes 3. Not at all 9. No response

<u>COLUMN NUMBER</u>	<u>QUESTION NUMBER</u>	<u>DESCRIPTION AND CODE</u>
38	32.	Unhappiness in life. 1. Great unhappiness 2. Some unhappiness 3. Almost none 9. No response
39	33.	Satisfaction with life. 1. Very satisfied 2. Fairly satisfied 3. Not satisfied 9. No response
40	34.	Make plans ahead. 1. Make many plans 2. A few plans 3. Almost no plans 9. No response
41	35.	Do things seem better or worse. 1. Better 2. Same 3. Worse 9. No response
42	35a.	Score for Kutner Morale Scale. 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7 8. 9 9. No response, not able to give overall score
43	36a.	Years in Southeast Kansas. 1. 0-10 2. 11-20 3. 21-30 4. 31-40 5. 41-50 6. 51-60 7. 61-70 8. 71 & over 9. No response
44	37.	Age. 1. 63-69 2. 70-74 3. 75-79 4. 80-84 5. 83-85 6. 90 & over 9. No response
45	38.	Source of income. 1. Social Security 2. Supplemental SS 3. Railroad retirement 4. Other pension funds 5. Aid from children 6. Investments 7. Savings 8. Other 9. No response
46	39.	Interest in taking courses in High Rise. 1. Yes 2. No 3. I might 9. No response
	40.	Examples of courses. (No code numbers assigned)
47	41.	Other courses. 1. Suggested courses 9. No response

<u>COLUMN NUMBER</u>	<u>QUESTION NUMBER</u>	<u>DESCRIPTION AND CODE</u>
48	42.	Taking courses at the community college. 1. Yes 2. No 9. No response
49	43.	The problems of older people are different. 1. Agree 2. Disagree 9. No response
50	44.	Enjoy being with people my own age. 1. Agree 2. Disagree 9. No response

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