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LIFE SATISFACTION AND SELF CONCEPT OF AN ELDERLY POPULATION
LIVING IN CONGREGATE AND NON-CONGREGATE HOUSING
IN KNOX COUNTY, TENNESSEE

A Dissertation
Presented for the
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Degree
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Teresa B. Griffin

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DEDICATION

This dissertation is dedicated to my parents,
Mr. and Mrs. Ivey Griffin, Jr. for their invaluable support
throughout my educational career.

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ABSTRACT

The purpose of this research was to determine life satisfaction, self concept, and perceived health status of congregate and non-congregate elderly dwellers. The sample consisted of 271 residents of Knox County, Tennessee, with an age range of 65 to 95 years old.

To collect the data, the Tennessee Self Concept Scale and the Life Satisfaction Z Index were employed. Statistical analyses of the data involved the use of the Mann-Whitney U for comparisons and the Kendall Tau for correlations.

A comparison of life satisfaction and self concept in congregate and non-congregate dwellers exhibited a high similarity in these two groups except for the Identity scale of the self concept. This difference revealed congregate dwellers seemed to have no concrete internalized idea of themselves (Identity) with the opposite being true for non-congregate dwellers. When observing the data of male and female differences in life satisfaction and self concept, the following results were obtained. Elderly males appeared to have a lower level of defensiveness (Self-Criticism) and a more positive concept of their physical appearance (Physical Self) and personal worth (Personal Self). Elderly females had a more positive sense of moral worth (Moral-Ethical Self) and greater feelings of worth as a family member (Family Self).

When correlating the elderly individual's life satisfaction (happiness) to the 10 self concept scales, all but the Self Criticism (level of defensiveness) revealed a highly significant positive correlation. A final correlation was analyzed between an aged person's perceived health status to life satisfaction and self concept. Results indicated positive correlations were evident between the perceived health status and overall level of self-esteem (Total Positive), perception of one's behavior (Behavior), moral worth (Moral-Ethical Self), worth as a family member (Family Self), and the sense of worth in the social milieu (Social Self). However, a positive correlation did not emerge between an aged person's perceived health status and their happiness (Life Satisfaction), defensiveness (Self-Criticism), how one feels about their perceived self (Self Satisfaction), views of the physical appearance (Physical Self), and sense of personal worth (Personal Self).

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CHAPTER I

INTRODUCTION

Beginning in the mid-1900's and up until the present time, American society's interest and concern about the problems of older people increased. The primary reason for this increased interest in America's aged population (age 65 and over) was the growth and projected increase in numbers for this group during the twentieth and into the twenty-first century. This growth rate of the elderly population was attributed to the high birth rate of the late nineteenth and twentieth centuries, high immigration prior to World War I, and a drastic increase in life expectancy rates (Brotman, 1973).

In 1900, there were just under three million elderly in the United States making up about 4 percent of the total population. Progressively their numbers grew from five million in 1920 and by 1970 the elderly constituted 10 percent of the total population amounting to just over 20 million. Future prediction for the year 2000 was 30.6 million elderly constituting 12 percent of the total population (Baum, 1980).

Along with the concern for elderly population increases, society established a goal to support a good quality of life for the aged. Programs were developed to help provide the elderly with adequate income, better

living environments, nutritional food services, and social support systems (Carp, 1976).

To make these programs successful and accessible to the aged, type and location of housing became a major focus of concern. Under various U.S. Department of Housing and Urban Development programs, the concept of congregate housing became widespread because of its potential for gathering people with common interests for residential purposes and program service planning (Huttman, 1977).

Once the various programs of Housing and Urban Development had relocated approximately 750,000 older people (Carp, 1976), research was initiated to determine the impact of living environments on ambulatory elderly. Sherman (1972) and Walkley (1966) studied the housing satisfaction of elderly in retirement communities. The data indicated a lack of satisfaction when services were inaccessible and the reverse was true when services were abundant. Furthermore, the elderly suggested when too much freedom and responsibility were given up, personal satisfaction was diminished. Lawton (1969) and Schooler (1969) questioned whether or not there existed a relationship of behavior to environment or was it merely an illusion whereby individual behavior in a dynamic environment is played out. To answer this unknown, attention was focused on the well-being of elderly in various environmental settings. Lawton and Cohen (1974) assessed the housing impact on the well-being

of older people by investigating elderly before and after a move in congregate retirement housing. The data indicated the elderly felt better after the move once they made a comparison of past living environments to the present one. Other researchers also found similar associations between indices of well-being, morale, and satisfaction after the aged moved to better housing and living environments (Lipman, 1968; Bultena and Wood, 1969).

All of these studies support the concept that past general policy making concerning housing and the well-being of the elderly has been successful. However, one must be concerned not only with the environmental impact but continuous survival and well-being of the elderly as they relate to themselves and each other. Attention should be directed more toward the endogenous well-being of an aged person with information and planning not merely restricted to the exogenous factors of one's livelihood. To accomplish this, a more indepth investigation should occur to examine psychological indices of well-being in the elderly. To determine these psychological indices of well-being, there is a need to study a variety of psychological constructs. Two such constructs this research dealt with were life satisfaction and self concept. These measurements of well-being were applied to elderly residing in congregate and non-congregate housing. Once these findings were identified, a more advertent direction could be applied toward

society's goal of achieving the "good quality of life" for the elderly population in America.

I. PURPOSE OF THE STUDY

The purpose of this study was to determine the life satisfaction and self concept of the aged living in congregate and non-congregate housing.

II. STATEMENT OF THE PROBLEM

In this study, the researcher examined two psychological well-being constructs, life satisfaction and self concept of aged individuals residing in two different environments, congregate and non-congregate housing. More specifically, this study sought to answer the following questions:

1. Do elderly individuals, those living in congregate and non-congregate housing, indicate a difference in their life satisfaction?

2. Do elderly individuals living in congregate and non-congregate housing have differing self concepts?

3. Is there a positive correlation or relationship between life satisfaction and self concept in elderly individuals?

4. Do male and female aged individuals differ in their life satisfaction and self concept?

5. Does a positive correlation exist between an

aged person's perceived health status and their life satisfaction and self concept?

III. RESEARCH HYPOTHESES

1. There is a difference in the life satisfaction of the elderly residing in congregate and non-congregate housing.

2. There is a difference in the self concept of the elderly residing in congregate and non-congregate housing.

3. There is a positive correlation of life satisfaction to self concept for the aged person.

4. There is a difference in the life satisfaction of elderly individuals according to their sex.

5. There is a difference in the self concept of male and female elderly individuals.

6. A positive correlation exists between an elderly individual's perceived health status and life satisfaction.

7. A positive correlation exists between an elderly person's perceived health status and their self concept.

IV. NEED FOR THE STUDY

It becomes a difficult task when one begins to define the health status of a person. As a guideline for worldwide reporting, the World Health Organization (1947:3) has adopted this definition, "Health is a state of complete physical, mental and social well-being and not merely the

absence of disease or infirmity." It takes very little awareness about one's state of health to determine this definition entails many problems. For example, what is the balance between the variables of physical, mental, and social well-being for one to be considered healthy? If the question is in reference to the health of older people, the answer takes on additional complexities and meanings. The course of disease or an unhealthy state in young adults usually falls in the category of short-term illness such as infectious diseases or exogenous factors. But in the later years of life, the causes of sickness take on a different perspective. Aged individuals usually experience endogenous and non-specific illness which are chronic in nature developing slowly and lingering for extended periods of time. Another difference between young and old aged illnesses are the pathological conditions in elderly which usually lead to increased vulnerability of one's social and environmental conditions (Hendricks and Hendricks, 1977). This raises the question of how personal vulnerability to one's environment affects the psychological conditions of this group. The environment can be defined as immediate surroundings and is often referred to as one's place of dwelling. The psychological state may encompass one's happiness or life satisfaction and the self concept or how a person perceives oneself completely.

To develop an understanding of the environmental

vulnerability and psychological constructs of the elderly, there is a need to direct research which will compare elderly in different environmental circumstances. This comparative research would be useful in providing information toward 1) improving the social service programs, 2) building more adaptive environmental surroundings, 3) understanding endogenous variables of the healthy personality, and 4) help to improve the psychological and social acceptance of oneself and significant others. Furthermore, an analysis of the data may provide more conclusive information on how the physical, mental, and social complexities of an elderly individual interact to maintain a life-state of healthy existence.

V. LIMITATIONS OF THE STUDY

1. The study was limited to analysis of data which were elicited from elderly subjects willing to participate in the study.

VI. DELIMITATIONS OF THE STUDY

1. This investigation encompassed only those residents in the geographical boundaries of Knox County, Tennessee, who were 65 years of age or older.

2. This study was delimited to those persons age 65 or older residing in congregate and non-congregate housing.

3. Data collections were conducted during the winter quarter of 1982.

VII. BASIC ASSUMPTIONS

The following assumptions were made in this study:

1. The interview technique and the data collection procedures were sufficient to obtain objective opinions of the elderly.

2. Subjects would respond accurately and truthfully to the questionnaires.

3. Subjects were capable of understanding the content of each question asked by the interviewer.

4. The Tennessee Self Concept Scale was a valid and reliable instrument for determining the self concept of an elderly individual.

5. The Life Satisfaction Z Index was valid and reliable for determining life satisfaction, morale, adjustment, and happiness of an elderly individual.

6. An elderly individual's life satisfaction and self concept can best be expressed by that person.

VIII. DEFINITIONS

Aged, elderly, older person--an individual whose chronological age is 65 or older.

Life satisfaction--an individual's perceived view of their psychological well-being. Encompassing term

meaning an individual's morale, adjustments to life, and psychological well-being (Neugarten, Havighurst, and Tobin, 1961).

Self concept--a central construct which facilitates the understanding and predictive behavior of an individual (Fitts, 1971).

Congregate housing--a residential facility with multiple living units for individuals. "An assisted independent group living environment that offers the elderly who are functionally impaired or socially deprived, but otherwise in good health, the residential accommodations and supporting services they need to maintain or return to a semi-independent life-style and prevent premature or unnecessary institutionalization as they grow older" (Carp, 1977:7).

Non-congregate housing--a facility built for a single family or individual occupancy. Examples of this type of structure are: private home, mobile home, apartment, condominium, or room in hotel, boarding house, or home of another person.

Gerontology--the study of the aging process.

Gerontologist--a person who studies the aging processes.

CHAPTER II

REVIEW OF THE LITERATURE

In this chapter, there will be a presentation of reviewed literature on life satisfaction and self concept of elderly individuals.

I. LIFE SATISFACTION

Since the 1940's, many research studies concerning the elderly have been conducted using instruments measuring life satisfaction, morale, and adjustment. Researchers have attempted to distinguish these constructs as having separate measurements but according to Lohmann (1980), the three constructs are too similar to be separated in their nominal definition. Therefore, the following review of literature will be presented using life satisfaction, morale, and adjustment interchangeably.

With most life satisfaction studies there have been over 100 independent variables used in correlation to life satisfaction measurements. This review will not be presented by study of separate independent variables but will be grouped in categories as proposed by Adams (1971). The categories discussed will be: personal characteristics, health-related factors, environmental factors, and social activities.

Personal Characteristics

One very dominant variable related to life satisfaction and morale is economics. This strong characteristic is related to its known ability to provide comforts in one's life or even alter a person's lifestyle (Mancini, 1977).

Edwards and Klemnack (1973) examined 22 variables and their relationship to life satisfaction. When controlling the variables of age, marital status, and family size, results indicated income had a positive correlation of .33 to life satisfaction using a .05 probability. A positive correlation was also found between income and life satisfaction by Bild and Havighurst (1976) and Palmore and Luikart (1972) with significance of .22 and .14 ($p < .05$), respectively.

Since income has been found to relate to status, education, and occupation, it is not surprising to find in current research the intercorrelations of socioeconomics to be positively related to life satisfaction. Cameron (1975) conducted five separate studies involving 670 subjects who were divided into various social classes. Using the chi-square statistic, results were significant at the .001 level showing high social status positively related to life satisfaction. Other research studies drawing similar conclusions are prominent in the literature (Wilson, 1967; Bultena, 1969; Watson and Kwett, 1976). Overall, past research studies have indicated the socioeconomic variables of income, occupation, status, and education as being significantly related to life

satisfaction and could be responsible for misinterpretation of the data concerning measurements of life satisfaction.

Another personal variable often used in research studies regarding the elderly and life satisfaction is the chronological age of the subjects. Martin (1973) studied 411 subjects in a southern California retirement community whose ages ranged from 52 to 74. Using the Life Satisfaction Scale B, no correlation between age and life satisfaction was revealed. Furthermore, Spreitzer and Snyder (1974) analyzed data from the National Data Program for the Social Sciences; a social indicator project conducted each spring at the University of Chicago by the National Opinion Research Center. Sample representation included a cross-sectional study of non-institutionalized individuals, 18 years of age and older. Using a product moment correlation coefficient significant at the .05 level, chronological age had no correlation to life satisfaction of those persons under the age of 65. However, it was interesting to note that a higher degree of life satisfaction occurred in women from age 18 through age 65 than in men but, after the age of 65, men's satisfaction increased while women's decreased. Contributing to these findings of chronological age and life satisfaction, Palmore and Luikart (1972) and Cameron (1975) failed to find any correlation between these two variables.

Another approach in analyzing life satisfaction of the elderly and chronological age has been to make

comparisons of age groups (five year intervals) above the birthdate of 65. Kutner, Funshel, Togo, and Langner (1956) sampled 500 residents in the Kips Bay-Yorkville Health District of New York City. In this stratified sample, the subjects ranged in age from 60 to 90 with the average around 70 years of age. Slightly more than 60 percent of the sample represented were women. A measurement of morale was employed showing a statistically significant difference in morale between groups under 65 and those over 75. This significance appeared to be due to the number of females being proportionally greater in the over 75 age group who were widowed, having poor living and health standards, and showing loss of important life functions.

Obviously, past research concerning personal factors has been abundant with these independent variables displaying a range from no correlation to negative and positive correlations to life satisfaction. In order for this data to be of value, researchers must take precautions in controlling the analysis of their data so statistical interpretations will be correct.

Health-Related Factors

In younger populations, good health is often taken for granted, but this is not the case with the elderly where incidences of chronic disease and hospitalization are more frequent (Baum, 1980). Since good health or lack of it is often a major concern in the lives of the elderly,

health attitudes and their relationship to life satisfaction and morale have been examined in various research studies. Basically two types of health scales are utilized, the objective index of performance status and the subjective self-appraisal of health (Goodrow, Bohnenblust, and Staynings, 1975). A majority of the time, a significant relationship between good health and positive life satisfaction has been evident using these two scales in testing and data collection.

Sauer (1977) employed the use of census tracts in areas of Philadelphia to obtain a representative sample of 1,022 subjects. Using a lengthy two hour interview technique, data were obtained on morale and physical functional ability of the respondents as a measurement of health status. A zero-order correlation offered a .41 correlation between good health and positive morale at the .05 level of significance. Cavan, Burgess, Havighurst, and Goldhamer (1949); Maddox and Eisdorfer (1962); Messer (1967); Sprietzer and Synder (1979); Medley (1976); and Palmore and Kivett (1977) have also found correlational significance in this variable as it relates to life satisfaction. In addition, those elderly having the greatest medical assistance or treatment over a 12 month period with poor functional health related to lower life satisfaction (Eteng and Marshall, 1970) and the fewer health problems by an elderly individual was found to be associated with a higher life satisfaction in a longitudinal study by Butlena and Powers (1976).

Environmental Factors

Anthropologists for many decades have proclaimed that a person's survival is 95 percent environmentally and 5 percent genetically controlled (Underwood, 1979). With this noteworthy statement and the emphasis on environmental studies of the 1960's and 1970's, gerontologists sought to determine the significant predictors of life satisfaction using environmental variables as controlling factors in elderly populations.

Wolk and Tellem (1976) investigated two types of environmental settings, high and low constraint, where elderly individuals resided. A low constraint setting was defined as one in which individuals were autonomous and self-governing with high constraint being the reverse. Both groups were given the Life Satisfaction Index A to assess any differences in life satisfaction. In regard to the prediction that a greater life satisfaction would be manifested by subjects living in low constrained settings, a significant difference ($p \leq .01$) in life satisfaction scores were obtained. Similar studies and results were evident by other researchers. Smith and Lipman (1972) sampled 14 housing projects operated by the Miami Housing Authority. A total of 259 elderly residents were chosen as subjects to measure the level of constraint (physical limitations) and its relationship to life satisfaction. Results indicated those individuals with fewer constraints were significantly

more likely to be satisfied with life than those who were more constrained. This is further supported by researchers Lawton and Cohen (1974) who maintain that the environment with its variations in constraint has a potential influence on the life satisfaction of elderly, who, more so than the general population, are influenced by environmental factors.

A few studies examining the physical environment and life satisfaction have been concerned with age segregation. Teaff, Lawton, Nahemow, and Carlson (1978) studied by means of interviews, the association of age mix and well-being of tenants in a national area probability sample of 1,875 elderly in 153 public housing sites. Controlling statistically environmental, personal, and social characteristics, age segregation showed a reliable correlation ($p < .01$) in the predicted direction to morale and life satisfaction. Roscow (1967) also suggested that age-homogeneous environments increased life satisfaction of community residents by promoting more personal interaction and well-being. On the contrary, Gubrium (1970) and Poorkaj (1967) found significant evidence that an age-segregated environment did not necessarily result in higher morale. Thus age segregation and its effects on morale have shown no clearcut pattern in sample survey testing.

When focusing on the elderly population who live in their own private dwellings or homes, several investigations have developed. Schooler (1969, 1970) determined the effects

of this physical environment in two separate studies. The first research study was a pilot study of 400 older people living in four Massachusetts communities with the second study involving 4,000 elderly individuals 65 years of age and older who were non-institutionalized private dwellers living in the United States. The researcher hypothesized the effects of the physical environment on morale were mediated through the effects on social relationships. However, findings revealed environmental effects had greater and more direct power over morale than social relationships and the hypothesis was rejected. In support of these findings, Woodard (1969) discovered a higher morale was maintained in private homes than in retired communities by elderly people.

Social Activities and Relationships

In a great number of life satisfaction studies, social activities have been given prime importance. The fundamental focus of these studies have been related to the gerontologist's theory on "activity" which predicts, an increase of activity in later years relates to a more positive adjustment (Atchley, 1972).

Markides and Martin (1979) collected interview data from 141 elderly persons residing in four low-income areas of south San Antonio, Texas. All respondents were Anglos and were drawn from a larger sample of individuals interviewed in 1976. The major focus of the study was to

investigate social activity as an intervening variable between health and socioeconomic status and its correlation to life satisfaction. The researchers believed health and socioeconomics were critical factors which enable individuals to be socially active. Controlling these two variables, social activity was shown to be a strong positive indicator of life satisfaction.

Tobin and Neugarten (1961) studied 187 subjects who were divided into two age groups, 50 to 69 and those age 70 and over. The Life Satisfaction Ratings (LSR) were used as the measurement of psychological well-being. Their hypothesis stated that a decrease in activity would be accompanied by higher life satisfaction scores. However, findings indicated that social activity was positively associated with life satisfaction for all age groups (.73, $p < .01$) and that, with advanced age, this association increased rather than decreased (.81, $p < .01$).

Additional support concerning social activity and positive life satisfaction was provided by Wylie (1970). This researcher's study involved 131 subjects who engaged in a social activity program for two years. Prior to the beginning of the program, the correlation between activity and life satisfaction was .27 with the post program correlation revealing an increase to .38 at the .01 level of significance. This difference in correlation gave evidence that social activity was positively related to life satisfaction. Studies by Cavan, Burgess, Havighurst, and

Goldhamer (1949) and Roscow (1967) also support the position of social activity and its positive relation to happiness.

One dominant social activity in the aged, association and organizational memberships, has been reported to have a high correlation to life satisfaction (Havighurst and Albrecht, 1953; Riley and Foner, 1968; Wilensky, 1961).

In a replication study, Bull and Auconi (1975) surveyed a randomly selected sample of 97 non-institutionalized respondents aged 65 and older. A three part index of participation was derived from information which included: number of associational involvements, number of association memberships, and attendance record of association meetings. Employing an F-test at the .05 level of significance, the replication study found the same results as the original study by Cutler (1973) concerning participation and its positive correlation to life satisfaction. Graney (1975) selected from the roster of a Housing and Redevelopment Authority 60 elderly women, aged 62 to 69 years, and Pihlblad and Adams (1972) interviewed 1,551 subjects who had been randomly chosen from a large metropolitan area. In both of these studies, percentage results indicated the largest effect on life satisfaction occurred in those elderly participating in formal organizations.

Along with social activities and organizational involvement, gerontologists have concerned themselves with research in the area of social relationships and their effects on life satisfaction. These relationships usually

have been measured in accordance with family and friend interactions with findings indicating more varied correlations than in the area of social activity.

Bell (1976) found that 38.6 percent of the elderly subjects in his research who experienced an increase in family interaction showed a decline in life satisfaction and overall family contact was negatively associated with life satisfaction at the .001 level of significance. Kerchoff (1966) chose subjects from a retirement roster and found morale in both men and women was negatively related to social interaction with the subjects' offspring. Also, Martin (1973) found similar results.

Although family interaction has revealed in research studies a negative or no correlation to life satisfaction, the opposite has shown to be true when elderly subjects interact with friends and neighbors. Bell (1976) reported a positive correlation between life satisfaction and the amount of interaction between elderly subjects and their friends and neighbors ($\tau .54, p < .02$). Additional support of this evidence has been found in the results of the researchers, Davis (1962) and Graney (1975).

In summary, social activities and relationships to life satisfaction generally concern overall social activity, organizational participation, and interactions with relatives, friends, and neighbors. These factors have indicated in past research a tendency to be positively related to life

satisfaction except when elderly must interact with their close relatives, particularly their own children or offspring.

In summary, life satisfaction has been a topic of concern among gerontologists studying elderly populations for many years. However, the most effective variables on an elderly individual's happiness have not been conclusive. More investigations are needed in this area with concrete research findings utilized in making future plans and policy-making decisions for this special population, the aged of America.

II. SELF CONCEPT

When examining the self and self concept of individuals it is appropriate to briefly explore the perspectives of educators, theologians, psychologists, philosophers, psychiatrists, and anthropologists. These behavioral scientists have accumulatively viewed the self concept as a cardinal construct for understanding people and their behavior (Fitts, 1971).

As early as 1890, William James focused on defining the self as "the sum total of all that a person can call his" (James, 1890:6). Wenkart described the self as being at various times both changeable and constant; with further elaborations he described the self as including the:

. . . constant nature of an individual plus all that is changeable. It provides a nucleus on which, and in which, and around which experiences are integrated into the uniqueness of the individual. In the process

of experience, the healthy self adds, assimilates, and integrates within its own system that which is essential and authentic, while renouncing what is unessential, strange, and harmful" (Wenkart, 1950:91).

According to Jersild (1952), the self is an accumulation of a person's thoughts and feelings which contribute to awareness and individual existence, a conception of who and what he is. In addition, the self has been thought to include systematic ideas, commitments, attitudes, and values (Jersild, 1951), a distinctive inner world that is known by the individual (Murphy, 1947), and the self as a knower, being able to take a panoramic view of the total personality, whereby being described as the nucleus of personality (Lecky, 1945).

Hall and Lindsey (1957) indicated the self had more than one definition. On the one hand, self is defined as a person's attitudes and feelings about himself which is called self-as-object and the second meaning may be called the self-as-process whereby containing an active group of processes such as perceiving, thinking, and remembering.

Maslow and his postulated theory on hierarchy of needs in the human being, directly related self-actualization with one's self concept. He stated, "self-actualization could be defined in various ways but all definitions imply or accept that it is the acceptance and expression of the inner core of self" (Maslow, 1965:308). Maslow also encouraged the recognition of this inner nature, rather than to suppress or repress it.

These constructs of self received notable attention in psychological thinking and writings during the second, third, and fourth decades of the twentieth century; however, very few empirical investigations were conducted. When investigations began in the early 1950's, numerous testing instruments were devised to measure the self concept of an individual or the components of self concept. Examples of these instruments included: Index of Adjustment and Values, Adult Form (IAV) (Bills, Vance, and McLean, 1951); Interpersonal Checklist (ICL) (LaForge and Suczek, 1955); Self Activity Inventory (SAI) (Worehel and McCormick, 1963); The Adjective Checklist (ACL) (Gough and Heilburn, 1965); The Tennessee Self Concept Scale (TSCS) (Fitts, 1965); and the Social Self-Esteem Scale (Long and Henderson, 1971). The testing instruments most commonly used have been those which attempt to measure a global self-regard or self concept.

Another basic factor regarding these self concept instruments in the mid-twentieth century was their use on young populations. This happened primarily because self concept was believed to be established in the younger years of life with little or no change expected in adulthood. Similarly, the understanding of an adult is facilitated by knowing how that person's personality was formed (Janis, Mahl, Kagan, and Holt, 1969). However, today newer ideas are evolving about a person's self concept and these thoughts are promoting an upsurge in recent times of empirical

investigations of the aged individual and how they view themselves and their world. These research studies concerning the elderly and their self concept follow basically two situations. These include: 1) investigating an elderly's self concept in relation to one or more independent variables such as age, health, or others; and 2) using a self concept instrument in before and after experimental designed studies. Therefore, the following review of literature has been divided into the two categories, the relationship to and the effects on self concept.

Relationship to Self Concept

Bloom (1961) studying the relationship of self concept to chronological age compared a younger group (39 years of age and under) and an older group (50 years and older), using an Adjective Checklist (ACL). The checklist consisted of 63 positive items and 32 negative ones. Split half reliabilities for positive and negative scores were .93 and .98, respectively, indicating an adequate degree of internal consistency. Findings revealed a decline in self concept in the older group at the .05 level of significance using the chi-square statistic.

Monge (1975) extended his earlier work of investigating the self concept of adolescence to include subjects with ages ranging from the twenties to the eighties. A factor analyzed semantic differential ratings scale was utilized and findings indicated a significance at the .05 level showing

self concept changes were related to chronological age over the life span. Recommendations from this researcher encouraged future research concerning the self concept and chronological age with an emphasis to be placed on the aged individual.

Dodge (1961) hypothesized self concept changes might be expected to occur with behavioral changes that accompany the process of aging. To test this hypothesis, 93 subjects working as professional nurses, practical nurses, and nurses' aides were analyzed with ages ranging from 20 to 69. An analysis of variance statistic yielded an F of 7.28 at the .001 level showing a significant change in self concept with age.

Puglisi and Jackson (1978) investigated age identification and self concept in whose mean age was 77.7 years. Forty-six of these subjects resided in retirement communities with autonomous living while the other 25 lived in a nursing care facilities. Each volunteer completed the Tennessee Self Concept Scale and a one-item self-assessed age identification question. Treating the age identification as the independent variable and self concept as the dependent variable yielded a significant effect. Respondents who identified themselves as young to middle aged had a significantly higher mean self concept score at the .009 level of significance. According to the researchers, these findings may lend itself to two different interpretations. First, it is possible the

chronologically older individual may use "denial" of one's age to protect themselves from societal devaluations and second, many elderly individuals do not conform to the "old" stereotype because they are active, independent healthy persons who do not fit this role expectation.

Trimakas and Nicolay (1974) tested the relationships of age, altruistic behavior, and social influence to self concept in a sample of 162 female tenants from a low-income senior housing project. To assess the self concept of the subjects, the Tennessee Self Concept Scale was used. To evaluate altruistic behavior and social influence, an experimental situation was utilized. Supportive data revealed altruistic behavior and social influence had a positive correlation to a higher self concept at the .01 level of significance.

Recently a debate has emerged about the possible effects of a subculture in elderly groups becoming aware of not merely being old but of certain deprivations because they are old, this being more commonly known as aging group consciousness. To investigate this theoretical debate, Ward (1977) focused empirically on 323 community elderly and administered three instruments to measure attitudes toward older people, age identification, and self concept. With the use of the chi-square statistical procedure at the .05 level of significance, the summary of findings indicated aging group consciousness resulted in higher self concept in those

who identified themselves as "elderly."

Anderson (1976) explored the relationship between personal factors and the self concept of a selected urban geriatric population in Dade and Broward counties, Florida. The subjects studied were 159 men and women volunteers over the age of 60. These individuals were participants of either senior centers, a community school, or college services for the elderly. The researcher obtained personal factors from a questionnaire she developed and self concept assessments were measured by the Tennessee Self Concept Scale. At the .05 level of significance, results indicated 6 of the 11 personal factors investigated bore some significant relationship to the self concept scores. These factors were sex, birthplace, education, ethnic group, religious preference, and senior center.

Nehrke, Hulicka, and Morganti (1980) examined the self concept of 99 male veterans residing in a Veterans Administration Domiciliary. These residents were randomly selected from three age groups (50-59, 60-69, and 70+) with 33 men in each group. Using Pearson's correlations, education and age were significantly related to self concept with $r = .178$, $p < .05$ and $r = .230$, $p < .02$, respectively. As hypothesized, the older group had a more positive self concept in which the researchers related this correlation to the possibility as one ages, the process of coming to terms with oneself crystallizes and psychosocial crisis and

pressure from concerns with death diminishes. Equally as important was the observation that the older residents who had apparently resolved more of their ego psychosocial conflicts had done so in spite of lower levels of education.

Angleitner (1977-78) studied 134 men and women in a longitudinal study of aging conducted in Bonn, West Germany. The subjects in the sample, from 62 to 81 years of age, were tested and retested a year later using an Adjective Checklist to determine the relationship of health and socioeconomic status to self-perception. Results indicated the health of an elderly individual was a primary variable in influencing the self-perception.

Another important aspect concerning self concept in an elderly individual is its relationship to locus of control. Reid, Haas, and Hawkings (1977) used the concept of locus of control in trying to gain an understanding of the psychological impact of adjustment to old age. These researchers defined locus of control as "the extent to which a person sees his outcomes in life as being contingent upon his efforts and abilities or being determined by chance, fate, or powerful external forces" (Reid, Haas, and Hawkings, 1977:411). To study this relationship, the researchers sampled 60 residents in a home for the aged whose ages ranged from 65 to 103. As a structured method of indexing the respondent's self concept, a 5 point semantic differential was adapted along with an instrument

to measure internal-external locus of control. Results suggested a prominent difference existed among the subjects when divided by sex between locus of control and self concept ($p < .002$). To establish further reliability and validity on the locus of control and self concept research instruments, a second empirical study was conducted. This time 147 subjects over the age of 65 participated; 78 whom were residents in homes for the elderly with the remaining 65 living independently in their own homes or apartments. The test instruments were administered in an approximate two hour open-ended interview. Final conclusions were once again established that locus of control did have a positive correlation on the effect of one's self concept and psychological adjustments in life.

In the writings of Carl Rogers (1951) he expressed that a person who is accepting of himself will for that very reason have better interpersonal relationships with others. He also observed as a person begins this acceptance process of himself he becomes capable of experiencing this attitude toward others. To study this idea, Omwake (1954) administered three personality inventories, the Scale for Self-Acceptance and Acceptance of Others, a questionnaire on Attitudes Toward the Self and Others, and the Index of Adjustment and Values for Self and for Others, to 113 subjects. Results indicated there was a constant tendency for those subjects who accepted themselves to be acceptant of

others and to view others as being self acceptant and on the opposite side, those having a low opinion of themselves to reject others and to see others as rejecting themselves. These findings were significant at the .01 level of significance with correlations of .37, .39, and .41, respectively.

Effects on Self Concept

A continuous recognized thought in gerontology has been that growing old means the loss of significant life supports such as occupational identity, death of loved ones, and decline in physical abilities. Some elderly adjust effectively to these changes by disengaging from society (Cummings and Henry, 1961) or by a continuous pursuit of new interests (Havighurst, 1953). However, many aged individuals do not readily adjust to life changes and unless a means for coping with these life's circumstances exists, many may experience a lowering of self concept. To uphold this idea, Lewis (1971) hypothesized and sought to obtain evidence that life changes did affect self concept but if an elderly individual was a reminiscer, they would be more likely to adjust to these changes without a lowering of self regard or concept. To test his hypothesis, a random sample of 24 subjects over age 65 were selected who were divided into two groups, reminiscers and non-reminiscers. The subjects were given two Q sorts during an interview which examined both past and present self concept.

Initial results designated no significant difference of self concept between the reminiscers and the non-reminiscers. However, when threats were imposed as part of the study, the reminiscers showed significantly a more positive self concept ($t = 2.16$, $p < .025$). An interpretation of these results when employing stress in the experiment suggests reminiscing enables the aged person to avoid the full impact of present ego stresses that inevitably accompany old age.

In a study conducted by Schild (1979), differences between self concept of older adult participants and non-participants in post-secondary education programs were measured using the Tennessee Self Concept Scale. The study was conducted in an attempt to uphold the new educational philosophy "lifelong learning" and legislative interests as evidenced by the Older Americans Comprehensive Amendment of 1973. Data analysis revealed a statistical significance at the .05 level between the control (non-participants) and the experimental (participants) groups on the Total Positive, Physical Self, and Social Self scores of the Tennessee Self Concept Scale.

Harless (1976) designed a study to determine if self concept of hearing impaired elderly individuals who had successful adjustment to auditory rehabilitation were significantly different from a similar group who had not gone through the rehabilitation program. Eighty-six adults, 60

years of age or older, were selected from an audiological clinical population and were administered the Tennessee Self Concept Scale. The 43 subjects who received the rehabilitation process demonstrated a higher mean total positive (Total P) self concept score with a statistical significance less than .05.

Altman (1977) investigated the effect of a music participation program on extraversion and self concept of a group of senior citizens. The subjects who participated in the study were members of four senior day house in San Diego, California. Sixty subjects were evenly divided into two groups, treatment and control. Both groups completed the Eysenck Personality Inventory and the Tennessee Self Concept Scale before and after the 12 week music program. Analysis of Variance revealed no significant differences between the control and treatment groups with respect to changes in extraversion and measured variables of the self concept.

Elder-Jucker (1979) attempted to show a change in self concept of a female population living in a home for the aged by employing a focused group therapy experience. Subjects chosen for the investigation ranged in ages of 77 to 88 who were ambulatory and not suffering from physical disabilities. Subjects were pretested and posttested using the Tennessee Self Concept Scale. There appeared to be no change in self concept; however, therapist team observations did indicate noticeable differences in those subjects participating in the experimental therapy compared to the non-participants.

Conclusion

As concluding remarks, the researcher has discovered that due to previous beliefs and theories on the development of personality and the psychological well-being of an individual, very little subject content exists about an elderly's self concept. However, as American society approaches the twenty-first century and the aged population increases, more avenues are being explored to reveal how one's self concept may be altered.

CHAPTER III

METHODOLOGY AND DESIGN

The related methodology, sampling methods, and research design are presented in this chapter. The methodologies used to solve the stated problem are classified as: 1) sample selection, 2) instrumentation, 3) interview procedures, and 4) statistical treatment and data analysis.

I. RELATED METHODOLOGY

The methodology for this research study has been utilized in previous empirical investigations by other researchers. The following review will examine some of these research studies.

Goodrow (1974) studied 268 elderly subjects in Knox County, Tennessee, to determine their perceived learning needs and interests. To acquire the sample of elderly respondents for the study, a proportional sampling design and census tract data were used. This procedure involved selecting by chance 30 percent of the numbered blocks and streets within each of the 65 census tracts of Knox County. From these selected blocks, the residential units were randomly identified with the researcher going to each to obtain an interview for the research study. This sampling design was also successfully used by Wilson (1978).

Youmans (1971) investigated the differences in perceptions of old age between two generations, aged 20 to 29 years old and those aged 60 and over, in urban and rural environments. A total sample of 850 subjects was drawn from an urban metropolitan population of 150,000 and a rural county population of only 6,500. To obtain the sample, city blocks were randomly selected from the urban area and small designated land areas were randomly chosen from the rural setting. Also, a lengthy 15 page interview schedule was used to obtain the information required for this empirical investigation.

Hayslip, Ritter, Oltman, and McDonald (1980) surveyed the perceived home care needs of 299 elderly subjects ranging in ages of 60 to 93 in a rural county of northwest Maryland. Through the use of census tracts and county election data, a randomly selected representative sample was obtained. To secure all information needed for the research study, interviews varying from 1 hour to 1-1/2 hours were conducted by the researchers.

Cicirelli (1980) examined the relationship of family background variables to locus of control in an elderly population residing in Lafayette, Indiana. Included in the sample was 200 men and women with ages ranging from 60 to 90. To obtain the sample, city blocks were consecutively numbered and randomly selected. All persons within the required age limit living in the selected city blocks were canvassed as

possible subjects for the study. Those who consented were interviewed for approximately two hours using the Rotter's I-E Scale to measure locus of control and a questionnaire to gather data about the subject's family background.

II. SAMPLE SELECTION

One of the problems facing the researcher was obtaining a representative sample of the elderly residents in Knox County, Tennessee. This presented a problem because there was not in existence any type of directory identifying the location of all subjects. As a frame of reference, a similar sample selection technique was used that had been previously employed by Goodrow (1974) and Wilson (1978). To determine the number of elderly subjects needed for an actual representation of the elderly population of Knox County, the National Education Association's Small Sample Technique was applied (Hausken, 1963). A .10 level of significance was selected because of time and financial considerations. Using the following formula, computations were completed to arrive at the actual number of research subjects needed for the study (Hausken, 1963:4).

$$n = \frac{\chi^2 N \emptyset (1-\emptyset)}{\chi^2 (N-1) + \chi^2 \emptyset (1-\emptyset)}$$

n = sample size requirement for a representative sample

χ^2 = the chi-square for 1 degree of freedom at the .90 confidence interval

N = total elderly population in Knox County

Ø = population proportion (.50 maximum sample size)

(Mendenhall, Ott, and Scheaffer, 1971:46-47)

d = the degree of accuracy expressed as a proportion

$$n = \frac{2.71 \times 35,755 \times .5 \times .5}{(.05)^2 \times 35,754 + (2.71 \times .5 \times .5)}$$

Two hundred and sixty-nine (269) elderly subjects was the determined sample size according to the above formula.

Calculations of this figure were determined by the following:

1. 2.71 = chi-square value at the .90 confidence level.

2. 35,755 = a total population of elderly residents in Knox County, Tennessee (Metropolitan Planning Commission, 1980).

3. .5 = the estimated population proportion.

4. .05 = the expressed proportion of the degree of accuracy.

After the sample size was determined, a method was selected to provide a proportional geographical representation of this sample size. This representation was achieved by securing census tract data from the Census of the Population and Housing (1980). Maps of these census tracts are presented in Appendix A. The boundaries of the 65 census tracts were plotted on a Knox County map. This

served to identify the blocks and streets in each census tract.

To determine the number of elderly residents in each plotted census tract, population figures were supplied by the Metropolitan Planning Commission of Knox County (1980). Table 1 provides these data. These figures were then computed to ensure proportional sampling according to the known geographical distribution of elderly residents in Knox County. These figures were expressed as proportions and an example of this procedure is given below.

1. 35,755 = total elderly resident population of Knox County, Tennessee.

2. 260 = total number of elderly residents in Census Tract One.

3.
$$\frac{\text{Elderly residents in Census Tract One}}{\text{Total elderly population in Knox County}} =$$

$$\frac{260}{35,755} = .0073 = \text{proportion of elderly residents in Tract One of the total elderly population of Knox County,}$$

Tennessee. Each of the 65 census tracts were examined with this proportional procedure. Table 2 provides this data.

The next step involved taking the computed proportions for each census tract and determining how many elderly respondents were needed to maintain the geographical stratification of the sampling procedure. This method is illustrated below.

1. .0073 = the proportion of the total elderly persons residing in Census Tract One in relation to the

TABLE 1
NUMBER OF RESIDENTS AGE 65 AND ABOVE WITHIN EACH
KNOX COUNTY CENSUS TRACT*

Census Tract Number	Number of Residents Over 65	Census Tract Number	Number of Residents Over 65
1	260	34	685
2	343	35	508
3	633	36	218
4	170	37	788
5	729	38	357
6	633	39	568
7	283	40	345
8	385	41	622
9	37	42	738
10	295	43	416
11	120	44	1,239
12	295	45	836
13	390	46	852
14	435	47	243
15	950	48	464
16	1,095	49	258
17	550	50	526
18	415	51	326
19	391	52	1,020
20	687	53	663
21	340	54	775
22	638	55	546
23	578	56	831
24	613	57	869
25	907	58	568
26	346	59	676
27	438	60	499
28	454	61	724
29	520	62	1,048
30	627	63	426
31	312	64	533
32	647	65	619
33	454		

*1980 Census Data from the Metropolitan Planning Commission of Knox County, Tennessee.

TABLE 2
PROPORTION OF RESIDENTS AGED 65
AND OVER PER CENSUS TRACT

Census Tract Number	Proportion of Total Elderly Population in Each Tract	Census Tract Number	Proportion of Total Elderly Population in Each Tract
1	.0073	34	.0192
2	.0096	35	.0142
3	.0177	36	.0061
4	.0048	37	.0220
5	.0204	38	.0100
6	.0177	39	.0159
7	.0079	40	.0096
8	.0108	41	.0074
9	.0010	42	.0206
10	.0083	43	.0116
11	.0034	44	.0347
12	.0083	45	.0234
13	.0109	46	.0238
14	.0122	47	.0068
15	.0266	48	.0130
16	.0306	49	.0072
17	.0154	50	.0147
18	.0116	51	.0091
19	.0109	52	.0285
20	.0192	53	.0185
21	.0095	54	.0217
22	.0178	55	.0153
23	.0162	56	.0232
24	.0171	57	.0243
25	.0254	58	.0159
26	.0097	59	.0189
27	.0123	60	.0140
28	.0127	61	.0202
29	.0145	62	.0293
30	.0175	63	.0119
31	.0087	64	.0149
32	.0181	65	.0173
33	.0127		

total population.

2. $269 =$ the total sample size needed for this research study.

3. $269 \times .0073 = 1.96$

4. 1.96 rounded to 2 = number of elderly respondents needed for the research study from Census Tract One.

5. All numbers were rounded to the nearest whole number when the percentage computed .5 or above.

6. Table 3 gives the actual number of elderly respondents needed for each census tract for this research study.

Next, the researcher had to utilize a procedure to randomly select the elderly residents to be included in the interview and data collection. This procedure will be explained according to those residing in congregate and non-congregate housing.

Congregate Housing for the Aged

To determine the sample size of this population it was necessary to establish the number of congregate housing facilities for the aged in Knox County, Tennessee, and the number of residents in these facilities. This information was available from a survey conducted in November of 1981 by the Housing Committee members of the Knoxville-Knox County Community Action Committee, Office on Aging, which identified 13 congregate housing facilities with a total of 3,459 elderly residents. Table 4 provides these data.

TABLE 3
NUMBER OF SUBJECTS NEEDED PER CENSUS TRACT

Census Tract Number	Number of Subjects Needed	Census Tract Number	Number of Subjects Needed
1	2	34	5
2	3	35	4
3	5	36	2
4	1	37	6
5	5	38	3
6	5	39	4
7	2	40	3
8	3	41	5
9	1	42	6
10	2	43	3
11	1	44	9
12	2	45	6
13	3	46	6
14	3	47	2
15	7	48	3
16	8	49	2
17	4	50	4
18	3	51	2
19	3	52	8
20	5	53	5
21	3	54	6
22	5	55	4
23	4	56	6
24	5	57	7
25	7	58	4
26	3	59	5
27	3	60	4
28	3	61	5
29	4	62	8
30	5	63	3
31	2	64	4
32	5	65	5
33	3		

TABLE 4
CONGREGATE HOUSING FOR THE AGED IN
KNOX COUNTY, TENNESSEE*

Name of Facility	Number of Elderly Residents
Broadway Towers	236
Cagle Terrace	373
Guy B. Love Towers	340
Hillcrest Manor	55
Isabella Towers	315
Morningside Gardens	295
Northgate Terrace	380
Summit Towers	291
Sunnybrook	170
Taylor Homes	400
Townview Towers	316
Westview Towers	250
Virginia Walker Apartments	38
TOTAL	3,459

*Survey conducted by Housing Committee of the Knoxville-Knox County, Community Action Committee, Office on Aging, November, 1981.

Once the congregate housing facilities for the aged with their total number of elderly residents were identified, the researcher determined the proportional sample size needed according to the total sample in the study. This procedure was done in the following manner.

1. 3,459 = the total number of elderly residents in congregate housing for the aged.

2. 35,755 = the total elderly population in Knox County.

3.
$$\frac{\text{Total number of elderly residents in congregate housing for the aged}}{\text{Total elderly population in Knox County}} = \frac{3,459}{35,755} = 9.7 \text{ percent.}$$

4. 269 = the total sample size needed for this research study.

5. $269 \times .097 = 26.09.$

6. 26.09 rounded to 26 = the total number of elderly residents needed from congregate housing for the aged as a proportional sample of the total sample size of this research study.

To continue the proportional sampling technique, the next step involved computing the number of elderly subjects needed from each of the 13 congregate housing facilities. This procedure was accomplished according to the following example.

1. 236 = total number of elderly residents in Broadway Towers, a congregate housing facility for the aged.

2. 3,459 = the total number of elderly residents in all congregate housing for the aged in Knox County.

3.
$$\frac{\text{Total number of elderly residents in Broadway Towers}}{\text{Total number of elderly residents in congregate housing for the aged in Knox County, Tennessee}} =$$

$$\frac{236}{3,459} = .0682.$$

4. .0682 = proportion of elderly residents in Broadway Towers of the total elderly population residing in congregate housing for the aged in Knox County, Tennessee.

Each of the 13 congregate housing facilities for the aged were examined with this percentage procedure. Table 5 provides these data.

The next step involved taking this computed proportion for each congregate housing facility for the aged to determine how many elderly respondents were required. This method is illustrated below.

1. .0682 = the proportion of the total elderly persons residing in Broadway Towers to the total population in all 13 congregate housing facilities for the aged.

2. 26 = the total number of elderly subjects needed from the 13 congregate housing facilities for the aged for this research study.

3. $.0682 \times 26 = 1.77.$

4. 1.77 rounded to 2 = the number of elderly respondents required from Broadway Towers, one of the congregate housing facilities for the aged.

5. All numbers were rounded to the nearest whole

TABLE 5
PROPORTION OF ELDERLY RESIDENTS IN EACH CONGREGATE
HOUSING FACILITY FOR THE AGED

Name of Facility	Elderly Residential Proportions
Broadway Towers	.0682
Cagle Terrace	.1078
Guy B. Love Towers	.0983
Hillcrest Manor	.0159
Isabella Towers	.0911
Morningside Gardens	.0853
Northgate Terrace	.1099
Summit Towers	.0841
Sunnybrook	.0492
Taylor Homes	.1156
Townview Towers	.0914
Westview Towers	.0723
Virginia Walker Apartments	<u>.0109</u>
TOTAL	1.0000

number when the percentage computed .5 or above.

6. Table 6 gives the actual number of elderly respondents needed from each congregate housing facility for the aged.

Upon identifying the required sample size from each congregate housing facility for the aged, the researcher's next task was to randomly select the subjects. This was accomplished by an on-site observation of the 13 congregate housing facilities for the aged and number the residential units in uniform order. After the residential units were given a number, the researcher used a table of random numbers to pick by chance those subjects needed for the study. Once the residential unit was identified, the researcher proceeded to obtain an interview from this subject. If the subject did not fall within the required age limit for the study or refused to respond to the interview, the researcher proceeded to the next randomly selected residential unit. This procedure was repeated until the required number of interviews were obtained from each congregate housing facility for the aged.

Upon completing the interviews needed in a congregate housing facility for the aged, one more step was necessary to comply with the proportional geographical representation of the sample size. This was accomplished by identifying the census tract the congregate housing facility for the aged was in and subtracting the number of

TABLE 6
NUMBER OF SUBJECTS NEEDED FROM EACH CONGREGATE
HOUSING FACILITY FOR THE AGED

Name of Facility	Number of Subjects
Broadway Towers	2
Cagle Terrace	3
Guy B. Love Towers	3
Hillcrest Manor	0
Isabella Towers	2
Morningside Gardens	2
Northgate Terrace	3
Summit Towers	2
Sunnybrook	1
Taylor Homes	3
Townview Towers	3
Westview Towers	2
Virginia Walker Apartments	0
TOTAL	26

To obtain samples from all identified congregate housing for the aged, the researcher obtained one interview from Hillcrest Manor and Virginia Walker Apartments which make this sample size a total number of 28.

interviews obtained from the total number needed within that census tract. An example of this is given below.

1. 5 = the total number of respondents necessary from Census Tract 30.

2. 3 = the total number of respondents necessary from Northgate Terrace, a congregate housing facility for the aged, which is in Census Tract 30.

3. $5 - 3 = 2$.

4. 2 = the remaining number of respondents needed from non-congregate housing within Census Tract 30.

Selection of Non-Congregate House Dwellers

To acquire this sample, a 30 percent sampling percentage was chosen that had been previously tested and successfully used by Goodrow (1974).

With the use of a Knox County street map, all blocks were consecutively numbered starting from a common point in each census tract. After this was accomplished, 30 percent of the blocks were randomly selected by the use of a table of random numbers. For example, if Census Tract One had 12 blocks, then four blocks would be randomly selected using the 30 percent sample requirement. Once these blocks were identified, the researcher made an on-site observation to number all housing units. After these housing units were numbered in a clockwise fashion, beginning with the first house on the right, the table of random numbers and the 30 percent guideline were again utilized to pick by chance

the residential units to be sampled per block.

After these residential units were chosen, the next procedure was to ascertain if an elderly individual was living in the first non-congregate housing selected. If an elderly person did not reside in this dwelling, then the interviewer proceeded to the next identified residential unit. This procedure was followed until an interview was completed within that sample block. Interviews were limited to one per sample block to stay within the guidelines of the geographic stratified sampling technique. After an interview was obtained, the interviewer proceeded to the next randomly selected block within that census tract and the procedure was repeated.

According to the National Education Association sample formula (Hausken, 1963), it was required that the necessary number of interviews be completed within each census tract. Therefore, the interview procedure explained above was repeated within each census tract until the interviewer acquired the needed number of interviews. Also, the researcher took into account the number of interviews obtained from a congregate housing facility for the aged, if any; and before starting the sample selection technique in that census tract, subtracted those interviews already obtained.

Overall, taking into account the 26 interviews needed from congregate housing facilities for the aged and

the total sample size of 269, it was necessary to acquire a total of 243 interviews of those elderly residing in non-congregate housing.

III. INSTRUMENTATION

The testing instruments used to gather data for this research study included the Tennessee Self Concept Scale, the Life Satisfaction Z Index, and a Demographic Data Sheet. These instruments are presented in Appendix B.

The Tennessee Self Concept Scale was a copyrighted test whereby permission for use was granted upon buying the testing packets. To use the Life Satisfaction Z Index, the researcher was given verbal permission by Robert Havighurst (author) while attending a conference on "Abuse of Older People" at The University of Tennessee in the fall of 1980. Letters consenting this permission are presented in Appendix C.

The Tennessee Self Concept Scale (TSCS)

William H. Fitts began the developmental work on the Tennessee Self Concept Scale with the Tennessee Department of Mental Health in 1955. The standardization sample consisted of 626 persons from various parts of the United States with an age range from 12 to 68. The norms for the Scale were based on approximately equal number of both sexes, Black and White subjects, and representatives of all economic and social classes with educational levels ranging

from sixth grade to the Ph.D. degree (Fitts, 1965).

The Tennessee Self Concept Scale is a self report instrument consisting of 100 descriptive statements of which the individual responds to a Likert-type 5 point scale. Two forms of the Scale are available, a Counseling Form and a Clinical and Research Form. Both forms use the same test booklet and testing items but the difference exists in the scoring and profiling of the two forms.

The Tennessee Self Concept Scale has previously been shown to be a valid and reliable research instrument with test-retest coefficients ranging from .60 to .92 (Fitts, 1971). All forms of validity have been supported by past research and, if the standardized procedure is followed in administering the test, results can be interpreted with confidence (Rentz, 1968; Vacchiano and Strauss, 1968; Vincent, 1968).

The form used for this research was the Clinical and Research with the following scales utilized.

1. Total Positive (P)--this score reflects the overall level of self-esteem. Persons scoring high tend to like themselves, feel confident, and have a sense of value and self-worth. People scoring low have doubts about their self-worth, often express anxiety, depression and unhappiness, and have little confidence in themselves.

2. Self Criticism (SC)--this scale is composed of ten items taken from the Minnesota Multiphasic Personality Inventory. Defensive individuals deny most of these statements and make a deliberate attempt to present a favorable picture of themselves. A normal healthy capacity for self-criticism in an individual is indicated by a high score.

3. Identity--this describes what a person is as seen by himself.

4. Self-Satisfaction--this score reflects the level of self-acceptance or how one feels about the perceived self.

5. Behavior--this score measures the person's perception of his own behavior. This is the way I act or what I do.

6. Physical Self--here the person is presenting his state of health, perception of his body, the physical appearance, sexuality and skills.

7. Moral-Ethical Self--this score describes the way the subject views himself in relation to moral-ethical worth, satisfaction with one's religion or the absence of it, and one's relationship to God.

8. Personal Self--this score reflects the subject's sense of personal worth and the evaluation of personality apart from the body or relationship to others.

9. Family Self--this score reflects the subject's feelings of adequacy, worth and value in the family unit. It refers to the person's perception of self in regards to his closest and most immediate associates.

10. Social Self--this is the "self perception in relation to others." It reflects the person's sense of adequacy and worth in his socialization with other people (Fitts, 1965).

Life Satisfaction Z Index

The Life Satisfaction Z Index is a refined instrument constructed from the Life Satisfaction Rating Scale (LSR).

In 1956, the Life Satisfaction Rating (LSR) was tested with a sample group of older individuals ranging in age from 70 to 90. The group consisted of middle and working class persons, none of them bedridden or senile.

The data in the LSR consisted of interviews covering aspects of the respondent's life patterns, attitudes, and values. Included was information on daily activity; relations, friends and neighbors interaction; religion; amount of social interaction at the present as compared with the

amount of age 45; attitudes toward old age, death, illness, and immortality; and self-image (Havighurst, 1961).

Five psychological well-being components were measured: zest versus apathy, resolution and fortitude, congruence between desired and achieved goals, positive self concept, and mood tone. Each of the five components was rated on a 5 point scale (5 being highest) with total points ranging from 0 to 18.

After the 177 subjects were interviewed four times, each over a 2-1/2 year span, ratings were made on every case by 14 judges working independently. To establish the validity of the instrument, the investigator employed an experienced clinical psychologist to interview the respondents and make his own ratings of Life Satisfaction. Using the average of the judges' ratings on the LSR score and the clinical psychologist's LSR score, the correlation was .64 (Havighurst, 1961).

While the LSR may prove useful in smaller studies, it was found to be too lengthy for wide scale use. Therefore, two instruments were developed from the LSR, the Life Satisfaction Index A (LSIA) and the Life Satisfaction Index B (LSIB), to be used separately or together. The Life Satisfaction Index A is an instrument containing 25 attitudinal items with a forced choice response whereas the Life Satisfaction B consists of 17 open-ended questions and checklist items. These instruments were given to 92 of the

original 177 subjects interviewed from the original study. The Life Satisfaction Index A and the Life Satisfaction Index B correlated .52 and .54 with the Life Satisfaction Rating Scale. After this study, the Life Satisfaction Index A was further analyzed and refined to the Life Satisfaction Z Index which includes 18 attitudinal items of the original 25.

Since the advent of these life satisfaction indices, other researchers have developed life satisfaction measurements. However, it is interesting to note that recently Lohmann (1980) investigated a random sample of elderly residents of Knox County, Tennessee. The purpose of this study was to study the reliability and validity of six life satisfaction measurements. Results indicated the Havighurst Life Satisfaction Z Index was a more reliable and valid instrument than all other life satisfaction measurements.

IV. INTERVIEW PROCEDURES

In order to eliminate as much as possible the interview biases, the researcher conducted all interviews with the elderly subjects chosen for the research study.

The interview consisted of contacting in person the elderly subjects. Once contact was established, the researcher explained the importance of this study and how the findings would be utilized when possible for development and planning of elderly resident programs in Knox

County, Tennessee. Upon approval by the selected respondent, the researcher explained the questionnaires and how important it was for each item to be completed.

At this time the questionnaires were filled-in by the subject while the researcher was present to answer any questions. After the subject had completed all study instruments, the researcher collected the materials and with a kind thank you ended the interview.

Upon completing the data collection, the researcher prepared the data for computer scoring and analysis.

V. STATISTICAL TREATMENT AND DATA ANALYSIS

Statistical analyses were divided into three categories according to the research questions. These categories were: 1) demographic and socioeconomic data, 2) differences in life satisfaction and self concept of congregate and non-congregate dwellers and according to sex with the correlation of life satisfaction to self concept of the aged individual, and 3) the perceived health status and its correlation to life satisfaction and self concept. The following discussion will consider each of these three categories as separate entities.

Demographic and Socioeconomic Characteristics

The following factors were included in the data collection of demographic and socioeconomic characteristics: 1) race, 2) sex, 3) age, 4) marital status, 5) education,

6) former occupation, 7) number of years retired, 8) present income, and 9) living arrangements.

These data were of nominal measurement which was best handled by non-parametric statistics. Each item was accumulated and tabulated into frequency tables. The percentage of each characteristic was determined from the frequency tables in an effort to investigate trends and associations of the demographic and socioeconomic characteristics.

Life Satisfaction and Self Concept Data Analysis

Both the life satisfaction and self concept questionnaires used in this research study were treated as ordinal level measurements. Hypotheses one and two stated there was a difference in life satisfaction and self concept of elderly respondents living in congregate and non-congregate housing. Also, hypotheses four and five stated there was a difference in life satisfaction and self concept of an aged person according to their sex. To test the statistical significance of these hypotheses, the Mann-Whitney U test was used. The Mann-Whitney U is presented in Appendix D.

Hypothesis three stated there was a positive correlation of life satisfaction to self concept for the aged person. To test this hypothesis, Kendall's Tau (γ) was used as the statistical treatment procedure. This statistical test measures the degree of association between

two groups of ranked data and was chosen over Spearman's rho because of its ability to handle tied scores more effectively. This formula is presented in Appendix D.

Perceived Health Status to Life Satisfaction and Self
Concept Data Analysis

Hypotheses six and seven stated a positive correlation existed between an elderly individual's perceived health status and their life satisfaction and self concept. To test these hypotheses, the Kendall's Tau (γ) was employed for its ability to handle ties in ranked data. This formula is presented in Appendix D.

CHAPTER IV

ANALYSIS OF THE DATA

I. INTRODUCTION

The content of this chapter is the analysis of data. The following sections will describe the sample characteristics, comparisons of life satisfaction to self concept in congregate and non-congregate dwellers, according to sex and to perceived health status and the correlation of life satisfaction to self concept.

II. SAMPLE CHARACTERISTICS

Race

In the total sample of 271 participants, two categories of race were present, White and Black. White constituted 92 percent or 250 subjects while Black respondents were 8 percent or 21 subjects (Table 7).

Sex

Females outnumbered male respondents over two to one or in percentages 68 to 32, respectively (Table 8).

Age

Fifty-five percent or 149 participants were from 65 to 74 years of age while 45 percent were age 75 to 90 years plus (Table 9).

TABLE 7

RACE

	Frequency	Percent
White	250	92.25
Black	<u>21</u>	<u>7.75</u>
Total	271	100.00

TABLE 8

SEX

	Frequency	Percent
Male	87	32.10
Female	<u>184</u>	<u>67.90</u>
Total	271	100.00

Marital Status

Almost 50 percent of the participants were married with 44 percent being widowed. Those subjects single or divorced were 2 and 4 percent, respectively.

Education

A cumulative percentage indicated over two-fifths (44 percent) of the elderly subjects had a sixth grade education or less with 37 percent receiving some secondary

TABLE 9
AGE OF THE POPULATION

Age Range	Males		Females		Both Sexes	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
65-69	28	32.2	44	23.9	72	26.6
70-74	25	28.8	52	28.3	77	28.4
75-79	20	23.0	46	25.0	66	24.3
80-84	9	10.3	30	16.3	39	14.4
85-89	2	2.3	11	6.0	13	4.8
90+	3	3.4	1	0.5	4	1.5
Total	87	100.0	184	100.0	271	100.0

education from grade nine to a high school diploma. The lowest percentage (17 percent) were those who had from one year of college through a graduate degree. The median level of education for all of the elderly respondents in this study was a ninth grade education.

A further investigation of the data indicated the median educational level for male subjects was sixth grade while females' median educational level was ninth grade. Analyzing the educational level of congregate and non-congregate dwellers indicated a median education of ninth grade (Table 10).

Former Occupation

Of the six former occupational categories used in this survey: professional, managerial, labor, clerical, domestic, and other, the occupations of laborer and domestic status were the most prominent with a total of 70 percent. A representation of former occupations by sex can be observed in Table 11.

Number of Years You Have Been Retired

The median number of years these elderly subjects had been retired from public employment was from 10 to 14 years. However, it was interesting to note that 29.5 percent of the sample had never been employed outside of the home.

TABLE 10
COMPLETED EDUCATIONAL LEVEL OF THE ELDERLY SUBJECTS

Educational Level	Total Sample		Male		Female		Congregate		Non-Congregate	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Less than Grade 6	48	17.71	18	20.69	30	16.30	43	17.50	5	17.86
Grade 6	71	26.20	27	31.03	44	23.91	61	25.10	10	35.71
Grade 9	40	14.76	13	14.94	27	14.67	32	13.17	8	28.57
Grade 11	15	5.54	2	2.30	13	7.07	15	6.17	0	.00
High School Graduate	47	17.34	14	16.09	33	17.94	44	18.11	3	10.72
College--1-3 Years	31	11.43	7	8.05	24	13.04	29	11.93	2	7.14
College degree	15	5.54	5	5.75	10	5.44	15	6.17	0	.00
Graduate degree	4	1.48	1	1.15	3	1.63	4	1.65	0	.00
Total	271	100.00	87	100.00	184	100.00	243	100.00	28	100.00
Median =	9th Grade		6th Grade*		9th Grade		9th Grade		9th Grade	

*Refer to Demographic Socioeconomic Data sheet in Appendix B.

TABLE 11
TYPE OF FORMER EMPLOYMENT

	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Professional	18	20.69	18	9.78
Management	13	14.94	5	2.72
Labor	49	56.32	59	32.07
Clerical	2	2.30	12	6.52
Domestic	0	.00	80	43.48
Other	<u>5</u>	<u>5.75</u>	<u>10</u>	<u>5.43</u>
Total	87	100.00	184	100.00

Income

Overall, 51 percent of the respondents reported an average annual income of less than \$5,000. Dividing average annual income according to sex and where one dwelled (congregate and non-congregate housing) revealed the following:

1. Males' median income occurred in the bracket of \$5,000 to \$9,999 while females' median annual income did not exceed \$5,000.

2. Elderly individuals residing in congregate housing have a lower median annual income than those who are dwelling in non-congregate housing (Table 12).

TABLE 12
AVERAGE ANNUAL INCOME

Income	Total Sample		Male		Female		Congregate Dwellers		Non-Congregate Dwellers	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
\$1,000-4,999	138	50.92	31	35.63	107	58.15	23	82.14	115	47.32
\$5,000-9,999	69	25.46	27	31.03	42	22.83	5	17.86	64	26.34
\$10,000-14,999	30	11.07	15	17.24	15	8.15	0	.00	30	12.35
\$15,000-19,999	9	3.32	5	5.75	4	2.17	0	.00	9	3.70
\$20,000 and over	25	9.23	9	10.35	16	8.70	0	.00	25	10.29
Total	271	100.00	87	100.00	184	100.00	28	100.00	243	100.00
Median *	\$1,000-4,999		\$5,000-9,999		\$1,000-4,999		\$1,000-4,999		\$5,000-9,999	

Type of Housing Occupied by the Elderly Subjects

The basic type of non-congregate dwelling occupied by the elderly subjects for this research was a single-family house, comprising 76 percent of the total. Other housing structures in this category were mobile homes (2 percent), apartments (8.5 percent), condominiums (1.5 percent), and rooming in boarding house or in home of friend, relative, or non-related persons (.8 percent). Congregate dwellers accounted for 10.3 percent of the sample.

Who Lives with the Elderly

Corresponding to the marital status of these elderly subjects, the cumulative frequency indicated 49 percent lived with a spouse. A high percentage of the respondents were widowed and lived alone (33 percent). The other living arrangements of living with a relative or non-related person(s) was 17 and 1 percent, respectively.

Perceived Health Status

The question, "How is your health?" was used to determine the perceived health status of this elderly population. Overall, the most common answer was "fair" with 41 percent while one's perceived health as "good" ranked second with a percentage of 31.

A further analysis was to view a comparison of sex, race, and marital status to an elderly's perceived health

status. The results indicated:

1. Males perceived their health as being excellent more often than females but the differences were not great. Females ranked highest in perceiving their health status as being only "fair."

2. The Whites' and Blacks' response of perceived health status presented very similar results. The major difference occurred where 10.8 percent of the Whites and 0 percent of the Blacks perceived their health as excellent.

3. The correlation of perceived health and marital status revealed the majority of single persons felt their health to be "good" (57.1 percent). Married and widowed subjects were very similar in their responses except for one's perceived health as being "poor"; whereby, widowed subjects responded more frequently to this health status.

A synopsis of these conclusions can be observed in Table 13.

III. LIFE SATISFACTION AND SELF CONCEPT OF CONGREGATE AND NON-CONGREGATE DWELLERS

Comparison of Life Satisfaction

Hypothesis one: There is a difference in the life satisfaction of elderly residing in congregate and non-congregate housing.

To analyze these data the Mann-Whitney U statistical test was employed at a .10 level of confidence with a Z

TABLE 13
PERCEIVED HEALTH STATUS

	Sex		Race		Married		Widowed		Divorced		Single	
	Male		White		Black		Number		Percentage		Number	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Excellent	10	11.50	17	9.24	0	.00	15	11.20	12	10.08	0	.00
Good	31	55.63	55	29.89	8	38.10	46	34.33	34	28.57	2	18.18
Fair	31	55.63	82	44.57	8	38.10	55	41.04	49	41.18	8	72.73
Poor	15	17.24	30	16.30	5	23.80	18	13.43	24	20.17	1	9.09
Total	87	100.00	184	100.00	21	100.00	134	100.00	119	100.00	11	100.00

equal to or larger than 1.64. The results indicated a Z value of -1.5749; therefore, the null hypothesis was not rejected indicating there was no difference in the life satisfaction of elderly residing in congregate and non-congregate housing (Table 14).

Comparison of Self Concept

Hypothesis two: There was a difference in the self concept of elderly individuals residing in congregate and non-congregate housing.

To test this hypothesis the Mann-Whitney U statistical test was utilized with the following 10 self concept scales: Total Positive, Self Criticism, Identity, Self Satisfaction, Behavior, Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self.

The Mann-Whitney U analysis for Total Positive computed an overall Z value of -.6722. The criterion for Z at the .10 level of confidence is 1.64. Since the computed Z value was less than the criterion for Z, the null hypothesis was not rejected concluding there is no difference in the Total Positive scale of the self concept in those elderly residing in congregate and non-congregate housing (Table 14).

In analyzing the Self Criticism scale, the computed Mann-Whitney U value for Z was .6137. Since this was not equal to or greater than the Z criterion of 1.64 at the .10 level of confidence, the null hypothesis was not rejected.

TABLE 14
COMPARISON OF CONGREGATE AND NON-CONGREGATE DWELLERS ACCORDING TO LIFE SATISFACTION AND SELF CONCEPT

	Number	Life Satisfaction	Total Positive	Self Criticism	Identity	Self Satisfaction	Behavior	Physical Self	Moral-Ethical Self	Personal Self	Family Self	Social Self
Congregate	28	113.89	126.55	144.63	106.70	152.00	138.15	114.27	125.43	148.11	123.04	124.80
Non-Congregate	243	138.55	137.09	155.01	139.38	136.46	135.72	138.50	137.22	134.60	137.49	137.29
		-1.5749	-67.22	.6137	-2.0880	-2859	.1732	-1.3482	-.7525	.8620	-.0231	-.7970
	2											
Probability > 2		.1153	.5014	.5394	.0368	.7765	.8625	.1216	.1518	.3887	.3560	.1251

$\alpha = .10$

$Z = 1.64$

Therefore, it was concluded there is no difference in the self concept scale Self Criticism between congregate and non-congregate dwellers (Table 14).

In the analysis of the Identity scale, the mean scores for congregate and non-congregate dwellers were 106.70 and 139.38 using the Mann-Whitney U. The criterion for Z at the .10 level of confidence is 1.64. Comparing the computed Z score of -2.088 to the established Z value, the decision was made to reject the null hypothesis concluding there was a difference in the Identity scale of congregate and non-congregate dwellers. Congregate dwellers' Identity score revealed they had no concrete internalized idea of themselves; whereas, non-congregate residents were capable of a self-perception of what kind of person they seemed to be (Table 14).

In the Mann-Whitney U analysis of the self concept scale Self Satisfaction a computed Z was -.2839. This computational statistic of Z was far less than the standard two-tailed Z (1.64) at a .10 level of confidence. With this analyzed data, the decision was made not to reject the null hypothesis stating there is no difference in the Self Satisfaction of elderly living in congregate and non-congregate housing (Table 14).

In the analysis of the Behavior scale, the mean scores for congregate and non-congregate dwellers were 138.45 and 135.72 using the Mann-Whitney U. The criterion

for Z at the .10 level of confidence is 1.64. Comparing the computed Z score of .1732 to the established Z value, the decision was made not to reject the null hypothesis concluding there was no difference in the Behavior scale of the self concept in elderly individuals residing in congregate and non-congregate housing (Table 14).

In the Mann-Whitney U analysis of the Physical Self, a computed Z of -1.5482 was observed. The criterion for a Z score at the .10 level of confidence is 1.64. Comparing the computed and criterion Z values, it was apparent a significant difference did not exist. In light of these Z scores, the null hypothesis was not rejected concluding there was no difference in the Physical Self scale of the self concept in those elderly residing in congregate and non-congregate housing (Table 14).

Analyzing the Moral-Ethical Self of congregate and non-congregate dwellers, the computed mean scores were 125.43 and 137.22 using the Mann-Whitney U. These mean scores yielded a Z value of -.7525. The Z value at the .10 level of confidence is 1.64; hence, the null hypothesis was not rejected stating there was no difference in the Moral-Ethical Self among elderly residents in congregate and non-congregate housing (Table 14).

The Mann-Whitney U computed a Z score of .8620 for the self concept scale Personal Self. The criterion Z score for a two-tailed test at the .10 level of confidence

is 1.64. Therefore, the null hypothesis was not rejected concluding no difference existed between elderly residents in congregate and non-congregate housing concerning this self concept scale (Table 14).

In the Mann-Whitney U analysis of the Family Self, a computed Z of $-.9231$ was observed. The criterion for a Z score at the .10 level of confidence is 1.64. Comparing the computed and criterion Z values, the decision was made not to reject the null hypothesis concluding there was no difference in the Family Self scale of the self concept in residents of congregate and non-congregate housing (Table 14).

The Mann-Whitney U computed an overall Z score of $-.7970$ for the self concept scale Social Self. The criterion Z score for a .10 level of confidence is 1.64. Observing the two Z scores, the decision was made not to reject the null hypothesis concluding no difference existed in the Social Self between elderly residents in congregate and non-congregate housing (Table 14).

Correlation of Life Satisfaction to Self Concept

Hypothesis three: There was a positive correlation of life satisfaction to self concept for the aged person.

To test this hypothesis the Kendall Tau was applied at the .10 level of confidence. However, it should be pointed out the level of confidence exceeded beyond .10 to .0001 for many of the correlations.

The Kendall Tau correlation of life satisfaction to Total Positive was .33682 with a significant probability of .00005. This significant probability indicated a positive correlation at the .0001 level of confidence which is far more significant than the proposed .10 level of confidence. Therefore, the null hypothesis was rejected which stated there did not exist a positive correlation between an aged individual's life satisfaction and their Total Positive score of the self concept (Table 15).

The Kendall Tau correlation coefficient of life satisfaction to Self Criticism was -.13125 with a significant probability of -.00115. The criterion for a positive correlation was the .10 level of confidence. Comparing the computed and criterion level of confidence indicated the null hypothesis was not rejected concluding a positive correlation did not exist between life satisfaction and self criticism. The Self Criticism scale of the self concept measures defensiveness or a deliberate attempt of an individual to present a favorable impression of oneself (Table 15).

Correlating the life satisfaction and Identity scale of the self concept by using the Kendall Tau produced a correlation coefficient of .33888 with a significant probability of .00005. The criterion for a positive correlation was the .10 level of confidence. The significant probability was significant not only at the .10 level of

TABLE 15
CORRELATION OF LIFE SATISFACTION TO SELF CONCEPT

Mann-Whitney U		
	Correlation Coefficients	Significant Probability
Total Positive	.33682	.00005 **
Self Criticism	-.13125	-.00115
Identity	.33888	.00005 **
Self Satisfaction	.219986	.0000 **
Behavior	.30502	.00005 **
Physical Self	.32792	.00005 **
Moral-Ethical Self	.20968	.0000 **
Personal Self	.23649	.0000 **
Family Self	.16063	.0002 *
Social Self	.21086	.0000 **

* .001 level of confidence

** .0001 level of confidence

$\alpha > .10$

N = 273

confidence but also at .0001. Therefore, the null hypothesis was rejected which stated a positive correlation did not exist between life satisfaction and Identity in the aged individual (Table 15).

The life satisfaction and Self Satisfaction correlation coefficient was .21986 with a significant probability of .0000 using the Kendall Tau statistical test. This indicated the significant probability was less than .0001 because of insufficient rounding techniques in the SAS computer analysis. The criterion of .10 level of confidence was the measurement used to indicate a positive correlation. The computed probability of the correlation coefficient indicated a positive correlation at the .0001 level of confidence. Concluding, a decision was made to reject the null hypothesis stating no positive correlation exists between life satisfaction and the self concept scale Self Satisfaction in the aged individual (Table 15).

The Kendall Tau association of life satisfaction and the self concept scale Behavior yielded a correlation coefficient of .30502 with a significant probability of .00005. The criterion measurement was a .10 level of confidence. The significant probability of .00005 revealed a positive correlation at the .0001 level of confidence. Hence, the null hypothesis was rejected stating there is not a positive correlation between life satisfaction and Behavior in the aged person (Table 15).

The Kendall Tau correlation of life satisfaction to Physical Self of an aged individual produced a correlation coefficient of .32792 with a significant probability of .00005. The criterion was a .10 level of confidence. The significant probability of .00005 was significant at the .0001 level of confidence. In light of this analysis, the decision was made to reject the null hypothesis that a positive correlation was non-existent between life satisfaction and the Physical Self of the aged individual (Table 15).

The Kendall Tau analysis of life satisfaction and Moral-Ethical Self provided a correlation coefficient of .20968 with a significant probability of .0000. It should be noted that a significant probability of .0000 gives indication of a significant correlation beyond the .0001 level of confidence. The computer analysis recorded these figures so small that the rounding procedure of numbers beyond .0000 is not incorporated in the SAS statistical package. At the criterion of .10 level of confidence the null hypothesis was rejected. Therefore, it was concluded a positive correlation exists between life satisfaction and Moral-Ethical Self in the aged individual (Table 15).

The Kendall Tau analysis of life satisfaction and the self concept scale Personal Self produced a correlation coefficient of .23649 with a significant probability of .0000. This significant probability indicated at least a .0001 level of confidence because the numerical significance

is beyond four places of the decimal point and the computer analysis of the SAS program is incapable of rounding at these figures. Therefore, the null hypothesis was rejected which stated there was no positive correlation of life satisfaction to Personal Self in the aged individual (Table 15).

The Kendall Tau analysis of life satisfaction and Family Self revealed a correlation coefficient of .16063 with a significant probability of .0002. The criterion for a positive correlation was a .10 level of confidence. A significant probability of .0002 reveals a positive correlation at the .001 level of confidence. Therefore, a decision was made to reject the null hypothesis concluding a positive correlation does exist between life satisfaction and Family Self in an aged individual (Table 15).

The life satisfaction and Social Self analysis by the Kendall Tau statistical test produced a correlation coefficient of .21086 with a significant probability of .0000. The criterion for a positive correlation was at the .10 level of confidence. The significant probability of .000 indicated a level of confidence at .0001; therefore, the null hypothesis was rejected stating no positive correlation exists between life satisfaction and Social Self (Table 15).

IV. LIFE SATISFACTION AND SELF CONCEPT OF MALES AND FEMALES

Comparison of Life Satisfaction

Hypothesis four: There is a difference in the life satisfaction of elderly individuals according to their sex.

The Mann-Whitney U analysis for the Life Satisfaction of elderly males and females yielded a Z score of $-.1486$. The criterion for a Z score at the .10 level of confidence is 1.64. Since the computed Z score was less than the standard Z score, the null hypothesis was not rejected. Therefore, it was concluded there is no difference in the Life Satisfaction of elderly individuals according to their sex (Table 16).

Comparison of Self Concept

Hypothesis five: There is a difference in the self concept of male and female elderly individuals.

The Mann-Whitney U analysis of the Total Positive yielded a Z value of $.2747$. This value was considerably less than the standard Z score (1.64) at a .10 level of confidence. Taking this into account, the null hypothesis was not rejected. Therefore, it was concluded no difference exists between elderly males and females according to their Total Positive scale of the self concept (Table 16).

The Mann-Whitney U analysis of the Self Criticism yielded mean scores of 129.98 for females and 148.72 for

TABLE 16
LIFE SATISFACTION TO SELF CONCEPT BETWEEN MALES AND FEMALS

Mann-Whitney U												
Number		Life Satisfaction	Total Positive	Self Criticism	Identity	Self Satisfaction	Behavior	Physical Self	Moral-Ethical Self	Personal Self	Family Self	Social Self
Male	87	Mean	137.91	148.72	142.94	138.93	133.64	159.79	107.16	149.38	111.34	135.83
Female	184	Scores	135.10	129.98	132.72	134.61	137.11	124.75	149.64	129.67	147.66	136.08
		Z	.2747	1.8369	1.0019	.4225	-.3395	3.4348	-4.1644	1.9315	-3.5601	-.0241
		Probability > Z	.7835	.0662	.3164	.6727	.7342	.0006	.0000	.0534	.0004	.9808

$\alpha = .10$

males with a Z score of 1.8369. The criterion Z for a two-tailed test at the .10 level of confidence is 1.64.

Observing the computed and criterion Z the decision was made to reject the null hypothesis concluding there was a difference between male and female elderly individuals in regard to their Self Criticism with males having a more healthy openness for self-criticism than females (Table 16).

When analyzing the self concept scale Identity with the Mann-Whitney U, a Z value of 1.0019 was acknowledged. The criterion Z for a .10 level of confidence is 1.64. Since the computed Z value was not equal to or greater than the criterion Z, the null hypothesis was not rejected stating no difference exists between male and female elderly individuals concerning their Identity of the self concept (Table 16).

The Mann-Whitney U analysis of Self Satisfaction yielded a Z value of .4225. This value was considerably less than the standard Z score (1.64) at a .10 level of confidence. Taking this into account, the null hypothesis was not rejected. Therefore, it was concluded no difference exists between elderly males and females according to their Self Satisfaction (Table 16).

When analyzing the scale Behavior with the Mann-Whitney U, a Z score of -.3375 was observed. This Z computation was not equal to or greater than the standard Z score (1.64) at the .10 level of confidence. In light of

these observations, the null hypothesis was not rejected which stated no difference existed among male and female elderly individuals according to their Behavior scale of the self concept (Table 16).

The Mann-Whitney U test compared the mean scores of 159.79 for males and 124.75 for females with the Physical Self scale of the self concept. These mean scores yielded a Z score of 3.4348 which was greater than the standard Z score (1.64) for a two-tailed test at the .10 level of confidence. Hence, a decision was made to reject the null hypothesis concluding a difference does exist between elderly males and females according to their Physical Self where males had a better self concept about their physical appearance than the females (Table 16).

To analyze the Moral-Ethical Self, the Mann-Whitney U was employed producing mean scores of 149.64 for females and 107.16 for males with a Z value of -4.1644. This value was greater than the standard Z value (1.64) at a .10 level of confidence thus a decision was made to reject the null hypothesis. Therefore, it was determined a difference does exist with the Moral-Ethical Self among male and female elderly persons in which females have a more positive sense of moral worth than males (Table 16).

The Mann-Whitney U analysis of the Personal Self yielded mean scores of 149.38 and 129.67 for males and females, respectively. A Z score of the mean scores

computed a 1.9315. The criterion for Z at the .10 level of confidence is 1.64. A comparison of computed and criterion Z scores indicated the null hypothesis was to be rejected. Therefore, it was concluded a difference does exist in elderly males and females according to this self concept scale, Personal Self, in which males reveal a more adequate feeling of personal worth and evaluation of personality than the females (Table 16).

Analysis of the Family Self using the Mann-Whitney U statistical procedure produced mean scores of 147.66 for females and 111.34 for males with a Z score of -3.5601. The standard Z score for a two-tailed test at the .10 level of confidence is 1.64. Observing the criterion and computed Z scores, the decision was made to reject the null hypothesis which concluded there was a difference in the Family Self of male and female elderly persons whereby females reflect a more adequate feeling of value as a family member than the males (Table 16).

In the Mann-Whitney U analysis of the self concept scale Social Self, a Z score of -.0241 was acknowledged. Comparing a standard Z score of 1.64 for a two-tailed test at the .10 level of confidence, it was determined the null hypothesis should not be rejected which stated no difference exists in the Social Self between male and female elderly individuals (Table 16).

V. PERCEIVED HEALTH STATUS TO LIFE SATISFACTION AND SELF CONCEPT

Correlation of Perceived Health Status to Life Satisfaction

Hypothesis six: A positive correlation exists between an elderly person's perceived health status and life satisfaction.

The Kendall Tau correlation coefficient of perceived health status to Life Satisfaction was $-.38469$ with a significant probability of $-.00005$. The criterion for a positive correlation was the $.10$ level of confidence. A comparison of the computed and criterion levels of confidence acknowledged the null hypothesis should not be rejected which stated no positive correlation existed between perceived health status and the Life Satisfaction of an elderly individual (Table 17).

Correlation of Perceived Health Status to Self Concept

Hypothesis seven: A positive correlation exists between an elderly person's perceived health status and their self concept.

The Kendall Tau correlation coefficient of perceived health status to the Total Positive scale of the self concept was $.16513$ with a significant probability of $.00175$. The criterion for a positive correlation was the $.10$ level of confidence. The significant probability of $.00175$ indicated a positive correlation at the $.01$ level of

TABLE 17
CORRELATION OF PERCEIVED HEALTH STATUS TO LIFE
SATISFACTION AND SELF CONCEPT SCALES

Kendall Tau (γ)		
	Correlation Coefficient	Significant Probability
Life Satisfaction	-.38469	-.00005
Total Positive	.16513	.00175***
Self Criticism	.04175	.22995
Identity	.02095	.35540
Self Satisfaction	.06534	.12370
Behavior	.08054	.07700*
Physical Self	-.43016	-.00005
Moral-Ethical Self	.10406	.03275**
Personal Self	.05841	.15055
Family Self	.17126	.01200**
Social Self	.11371	.03300**

* .10 level of confidence

** .05 level of confidence

*** .01 level of confidence

α = .10

N = 271

confidence. Therefore, a decision was made to reject the null hypothesis which stated no positive correlation existed between perceived health status and the Total Positive scale of the self concept in an elderly person (Table 17).

The perceived health status and Self Criticism correlation coefficient was .04175 with a significant probability of .22995 using the Kendall Tau test. The criterion for a positive correlation was the .10 level of confidence. A comparison of the criterion and computed levels of confidence indicated the null hypothesis should not be rejected stating no positive correlation existed between an aged individual's perceived health status and their Self Criticism (Table 17).

The Kendall Tau analysis of perceived health status to Identity revealed a correlation coefficient of .02095 with a significant probability of .35540. The .10 level of confidence was the criterion to determine a positive correlation. Taking into account the computed and criterion levels of confidence, a decision was made not to reject the null hypothesis. Concluding, a positive correlation of perceived health status to Identity did not exist in an elderly person (Table 17).

The Kendall Tau association of perceived health status and Self Satisfaction yielded a correlation coefficient of .06534 with a significant probability of .12370. The .10 level of confidence was the criterion for

determining a positive correlation. Analyzing the computed and criterion levels of confidence established the certainty not to reject the null hypothesis. Therefore, it was concluded an elderly individual's perceived health status is not positively correlated with one's Self Satisfaction (Table 17).

Analysis of the perceived health status to Behavior using the Kendall Tau statistical test resulted in a correlation coefficient of .08054 with a significant probability of .07700. The criterion for a positive correlation was the .10 level of confidence. Paralleling the computed and criterion levels of confidence, it was apparent the null hypothesis should be rejected. Therefore, it is concluded there is a positive correlation of an aged person's perceived health status to their Behavior scale of the self concept (Table 17).

The Kendall Tau computation of perceived health status to Physical Self resulted in a correlation coefficient of -.43016 with a significant probability of -.00005. The criterion of .10 level of confidence was employed to determine a positive correlation. A comparison of the .10 level of confidence with the computed significant probability gave reason to not reject the null hypothesis. Therefore, it was concluded that a positive correlation did not exist between perceived health status and Physical Self in an elderly person (Table 17).

The Kendall Tau correlation coefficient of perceived health status to Moral-Ethical Self was .10406 with a significant probability of .03275. The criterion used for a positive correlation was the .10 level of confidence. Taking into consideration the computed significant probability and the criterion level of confidence, it was determined to reject the null hypothesis. Hence, it was resolved there exists a positive correlation between perceived health status and Moral-Ethical Self in an elderly individual (Table 17).

The Kendall Tau correlation coefficient of perceived health status to Personal Self was .05841 with a significant probability of .15055. The criterion for a positive correlation was the .10 level of confidence. The significant probability of .15055 did not indicate a positive correlation at the .10 level of confidence. In light of this information, a decision was made not to reject the null hypothesis. Therefore, it was concluded no positive correlation exists between perceived health status and Personal Self in an elderly individual (Table 17).

Analysis using the Kendall Tau produced a correlation coefficient of .17126 with a significant probability of .01200 between perceived health status and Family Self. The criterion of .10 level of confidence was employed to determine a positive correlation. The .01200 probability was significant not only at the .10 but also at the .05

level of confidence. Application of this knowledge supported the decision to reject the null hypothesis. Therefore, it was determined a positive correlation exists between perceived health status and Family Self in the elderly individual (Table 17).

The Kendall Tau correlation coefficient of perceived health status to Social Self was .11371 with a significant probability of .02200. To determine a positive correlation, the criterion of a .10 level of confidence was employed. The .02200 probability was significant beyond the .10 level of confidence ($\alpha = .05$). Therefore, the null hypothesis was rejected which concluded a positive correlation existed between perceived health status and Social Self of an aged individual (Table 17).

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The primary purpose of this study was to determine the life satisfaction and self concept of elderly residing in congregate and non-congregate housing. Other analyses included male-female differences in life satisfaction to their self concept and correlations of perceived health status to life satisfaction and self concept.

In conducting this study, 271 subjects were chosen with 243 residing in non-congregate housing and 28 as congregate dwellers. Female subjects totaled 184 with only 87 male subjects being represented.

To determine the life satisfaction and self concept differences in congregate and non-congregate dwellers and according to one's sex, the Mann-Whitney U was employed. Perceived health status correlation to life satisfaction and self concept and the correlation of life satisfaction and self concept in the aged person was achieved with the use of the Kendall Tau test. The instruments to measure life satisfaction and self concept were the Life Satisfaction Z Index and the Tennessee Self Concept Scale, respectively. The .10 level of confidence was employed for the requirement of rejecting the null hypotheses.

II. FINDINGS

The findings of this research are as follows:

A. Demographic and Socioeconomic Data

1. Knox County elderly residents are predominantly White (92 percent).
2. A large percentage (46 percent) of the respondents were married and living with a spouse.
3. Males had a lower median educational level (grade 6) than females (grade 9) but the educational levels of congregate and non-congregate residents were the same (grade 9).
4. Over 50 percent of all respondents reported an average annual income of less than \$5,000.
5. The majority of the subjects (72 percent) perceived their health as being from fair to good.

B. Comparison of congregate and non-congregate dwellers of their life satisfaction and self concept.

1. Life satisfaction (happiness) differences did not occur between congregate and non-congregate dwellers.
2. Congregate and non-congregate dwellers did not differ in their Total Positive scale (overall level of self-esteem).
3. Self Criticism (measurement of defensiveness) did not differ between residents in congregate and non-congregate dwellings.

4. A difference was evident in the Identity (what I am) of congregate and non-congregate respondents.

5. Self Satisfaction (how one feels about their perceived self) did not differ in those elderly residing in congregate and non-congregate housing.

6. Behavior (the way I act) did not differ in residents of congregate and non-congregate housing.

7. Congregate and non-congregate dwellers' views on their Physical Self (physical appearance and health) revealed no difference.

8. Moral-Ethical Self (relationship to God) did not differ in congregate and non-congregate dwellers.

9. Congregate and non-congregate dwellers did not differ in view of their Personal Self (sense of personal worth).

10. Congregate and non-congregate dwellers did not differ in their Family Self (one's feelings of worth as a family member) scale of the self concept.

11. A difference did not exist in congregate and non-congregate dwellers concerning the self concept scale, Social Self (self perception in relationship to others).

C. Correlation of life satisfaction to self concept in elderly individuals.

1. A positive correlation at the .0001 level of confidence between the life satisfaction (happiness) and the Total Positive (overall level of self-esteem) scale of the self concept in an aged person was present.

2. No positive correlation existed in the elderly subjects between their life satisfaction (happiness) and Self Criticism (measurement of defensiveness).

3. At the .0001 level of confidence, a positive correlation existed between the life satisfaction (happiness) and Identity (what I am) for the aged subjects in this study.

4. The life satisfaction (happiness) and Behavior (the way I act) of the aged subjects revealed a positive correlation at the .0001 level of confidence.

5. A positive correlation existed in an aged person between their life satisfaction (happiness) and Physical Self (physical appearance and health) at the .001 level of confidence.

6. Moral-Ethical Self (relationship to God) and life satisfaction (happiness) of an aged individual was positively correlated at the .0001 level of confidence.

7. There was a positive correlation at the .0001 level of confidence between Personal Self (sense of personal worth) and life satisfaction (happiness) in the aged subject for this study.

8. At the .001 level of confidence, a positive correlation existed between Family Self (one's feelings of worth as a family member) and life satisfaction (happiness) of an elderly person.

9. The Social Self (self perception in relationship to others) and life satisfaction (happiness) of an aged individual revealed a positive correlation at the .0001 level of confidence.

D. Male and female comparison of life satisfaction and self concept.

1. Life satisfaction (happiness) differences did not occur between males and females at the .10 level of confidence.

2. The Total Positive (overall level of self-esteem) scale of the self concept did not differ at the .10 level of confidence in elderly males and females.

3. Self Criticism (measurement of defensiveness) by elderly males and females did not differ at the .10 level of confidence.

4. There is no difference in Identity (what I am) of aged males and females.

5. Self Satisfaction (how one feels about their perceived self) differences did not occur between elderly males and females.

6. Elderly males and females displayed no difference in the Behavior (the way I act) scale of the self concept.

7. The Physical Self (physical appearance and health) revealed a significant difference in elderly males and females at the .10 level of confidence.

8. A significant difference (.10 level of confidence) occurred in elderly males and females concerning their Moral-Ethical Self (relationship to God).

9. A difference was observed in the Personal Self (sense of personal worth) of elderly males and females at the .10 level of confidence.

10. A substantial difference occurred in the Family Self (one's feelings of worth as a family member) ($Z = -3.5601$) in elderly males and females according to a .10 level of confidence with a criterion Z of 1.64.

11. There was no difference in the Social Self (self perception in relationship to others) of aged males and females at the .10 level of confidence.

E. Correlation of perceived health status to life satisfaction and self concept.

1. No positive correlation existed at the .10 level of confidence between the perceived health status and the life satisfaction (happiness) of an elderly individual.

2. The Kendall Tau correlation of perceived health status to the Total Positive (overall level of self-esteem) scale of the self concept indicated a positive correlation did exist at the .10 level of confidence.

3. A positive correlation at the .10 level of confidence did not exist between perceived health status and Self Criticism (measurement of defensiveness) in an aged individual.

4. Identity (what I am) and perceived health status was not positively correlated at the .10 level of confidence in an aged person.

5. Perceived health status and Self Satisfaction (how one feels about their perceived self) was not positively correlated in an elderly person.

6. A positive correlation at the .10 level of confidence existed in an elderly individual between their perceived health status and the Behavior (the way I act) scale of the self concept.

7. Physical Self (physical appearance) and perceived health status was not positively correlated at the .10 level of confidence in an aged individual.

8. The Kendall Tau correlation of perceived health status to Moral-Ethical Self (relationship to God) was positively correlated in an aged person at the .05 level of confidence.

9. The Personal Self (sense of personal worth) scale of the self concept was not positively correlated (.10 level of confidence) to the perceived health status in an elderly individual.

10. Perceived health status and Family Self (one's feelings of worth as a family member) was positively correlated at the .05 level of confidence in an aged person.

11. A positive correlation (.05 level of confidence) existed between Social Self and the perceived health status in an elderly individual.

III. CONCLUSIONS

The following conclusions are based on findings related to the research problem statement.

1. Neither congregate nor non-congregate housing is superior in enhancing the overall life satisfaction of the elderly.

2. Aged residents of congregate and non-congregate housing appeared to have self concept which were similar. The exception was the Identity of the self concept; whereby, congregate dwellers seemed to have no concrete internalized idea of themselves with the opposite being true for non-congregate residents.

3. Aged persons' psychological constructs, life satisfaction and self concept, appeared to be related. The exception was the construct, Self-Criticism, which measures defensiveness or a deliberate attempt of an individual to present a favorable impression of oneself.

4. Elderly males appeared to have a more healthy openness for self-criticism, a better self concept about their physical appearance, and have more adequate feelings of personal worth and evaluation of personality than elderly females.

5. Elderly females seemed to have a more positive sense in their relationship to God or moral worth and a more adequate feeling of value as a family member than elderly males.

6. Elderly males and females appeared to be similar in their life satisfaction or happiness, level of self-esteem, personal view of what one is as seen by oneself, self acceptance, perception of own behavior or ways of functioning, and sense of worth in the social milieu.

7. An aged person's perceived health status seemed to have a positive correlation with overall level of self-esteem, perception of one's way of functioning behaviorally, moral worth, worth as a family member, and the sense of worth in the social milieu.

8. An aged person's life satisfaction or happiness, defense of self, personal view of what one is as seen by oneself, how one feels about their perceived self, views of their physical appearance, and sense of personal worth did not appear to relate to their perceived health status.

IV. RECOMMENDATIONS

Based on the conclusions, the following recommendations are suggested.

1. A revised Life Satisfaction Z Index should be developed to provide a more exclusive forced choice answer to each question.

2. The Tennessee Self Concept Scale should be further analyzed as a tool for measuring the self concept of an aged population.

3. A study to determine the self concepts of aged

males and females living in various environments (nursing homes, congregate housing, retirement villages, senior citizen centers) should be conducted.

4. A comparative study should be conducted to determine life satisfaction, self concept, and perceived health status of aged residing in urban and rural areas.

5. Perceived health status of the elderly should be examined more thoroughly with intervening variables taken into account such as: a) date of person's last illness, b) last medical check-up, and c) one's perceived health status as compared to the diagnosed health status by a physician.

6. Further study is needed in the area of psychological constructs (morale, self-esteem) and their relationship to the health attitudes of the elderly.

CHAPTER VI

MEANING OF THE STUDY

The self concept was first analyzed in the 1890's by William James who believed it was an everchanging phenomenon of the personality, an attitude about oneself which could change because of extrinsic and intrinsic forces. Shortly after these thoughts were introduced, Freudian psychology made a mark on the world about human behavior and along with other psychological claims asserted the idea that the self concept was formed no later than adolescence and was a constant state-of-being throughout one's life.

Since those earlier times, progress has been made to determine that the self concept can change due to certain stimuli. For example, the Tennessee Self Concept Scale has an annotated bibliography of more than 1,000 references with many research studies involving a before-after treatment. These studies have evaluated special groups such as adult alcoholics or drug addicts whose self concepts were very low prior to specific treatments and afterwards a change occurred in their level of self-esteem.

One now asks, "How does this relate to the aged individual today who lives in this everchanging world?" This question is one of much concern because it encompasses not only the present day situation of the elderly but also their past.

If we look at the past, evidence lends itself to suggest society has advanced technologically and industrially to a point where environmental change can be very minimal. A person obtains a job or seeks a career and for 40-odd years falls into a routine of specific job-related peers and environment. The only major life changes are usually those self-imposed except for the golden dawning of retirement.

In the mid-1930's, the Social Security Act was passed entitling all those who lived to the aged of 62 to 65 an opportunity to retire from the workforce with a guaranteed income. Society viewed this gift as a time for relaxation and freedom from worries. However, along with this opportunity to retire, attitudes developed where many felt they were being let out to pasture. Also, around mid-century, social and economic structures underwent different developments. Social norms underwent change as did the ideas of the nuclear family leaving many elderly lonely and desolate, and because of inflationary factors the elderly were thrust into an economic level of poverty. These ill-fated circumstances once again led society into policy making and planning which fostered new ideas and programs for supportive social services and environments. Programs were implemented such as Medicare, Meals on Wheels, congregate meal plans, supplement rental income, and others to support the external social factors of an aged person's

life. Researchers studied these external factors and most analyses did agree institutional programs provided a better quality of life and happiness for the elderly individual. However, one meaningful approach toward satisfying and providing for the elderly was omitted. This entailed the internal self satisfaction and self concept of an individual and how these overall psychological indices affected the healthy personality and well-being.

To approach the above stated problem, it was necessary to analyze the happiness and self concept of elderly individuals living in separate environments to help determine the environmental impact and its relationship to these psychological constructs. In this study, environmental impact on the elderly was taken into account by selecting congregate (facilities with social, economical, and protected environmental support systems) and non-congregate residents. Data analyses indicated life satisfaction and self concept (psychological constructs) were not significantly different in the congregate and non-congregate occupants but a high positive correlation appeared to exist in an aged individual.

Conclusively, this might suggest society's planning and implementation of programs to provide elderly with supportive social services and protective environments may have been beneficial but were not exclusively the answer for maintaining an optimal state of well-being in these

individuals. Also, with life satisfaction being positively correlated to an elderly's self concept, this suggested happiness is a state-of-being which is closely paralleled with one's perception of self. Summarizing the statements above, it is necessary to go one step further and discuss the close relationship of psychological indices of the personality and a healthy state of well-being.

In current literature, it is widely accepted that optimal health can be achieved only when the social, psychological, physiological, and environmental states of existence are in continuous equilibrium. To achieve this state of well-being or balance, an individual must adapt continuously and make frequent adjustments. Often times, the aging process with its threats of chronic disease creates a state of imbalance in an aged person. The physiological state of the body may become threatened; therefore, promoting more vulnerability to environmental and social conditions. When this happens, the human organism tries to adjust but often times is unable to reinstate the healthy well-being. In turn, the psychological state and healthy personality is also threatened. Upon this occurrence, the happiness for living dies and one's personal worth and worth to others also known as the self concept begins to falter. Once happiness and a positive self concept are gone, other consequences arise. For example, high rates of suicide are prevalent in the elderly

population along with alcoholism, drug addiction and abuse. All of these problems relate to or are believed to be the consequences of an unhealthy personality.

When these problems in the elderly surmount to immense numbers will society's goals of providing for the elderly change? Will society continue to see housing and living environments as the main thrust for positive future planning for this special population? The answer to these questions presently remain unknown. However, modern researchers today can lay the foundation for decisions made by society tomorrow. This can be accomplished by pertinaciously investigating the elderly population concerning their well-being and to understand more completely how the physical, mental, social, and environmental variables of life interplay to produce quality living.

Health education can play a vital role in this research on the aged population. Unlike other disciplines of education, health does not look on the well-being of an elderly individual as being just one or two indices of the personality which interact but recognizes a multitude of variables. These variables of the personality and character of an individual include the physical, social, psychological, emotional, physiological, and environmental complexities of an individual. By understanding the relationship which exists between these variables of the personality, a health educator can use this knowledge to

open the doors for research in the field of gerontology, create more positive attitudes toward the aged population, and educate the populace about the aging process. In essence, the health educator can help furnish information for comprehending whether or not the self concept of an aged person can change according to the consequences in life and if this change has an influence over an aged person's state of well-being.

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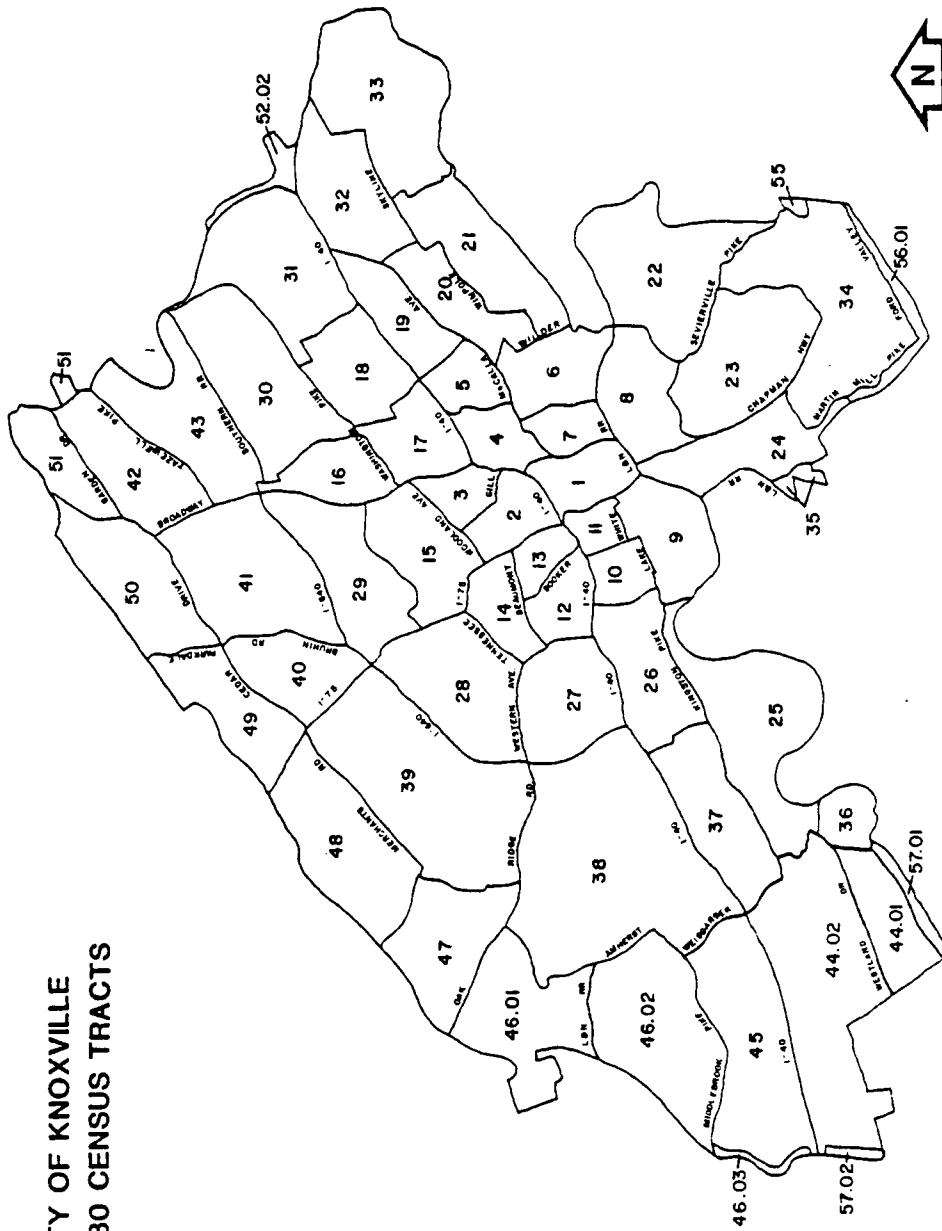
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APPENDICES

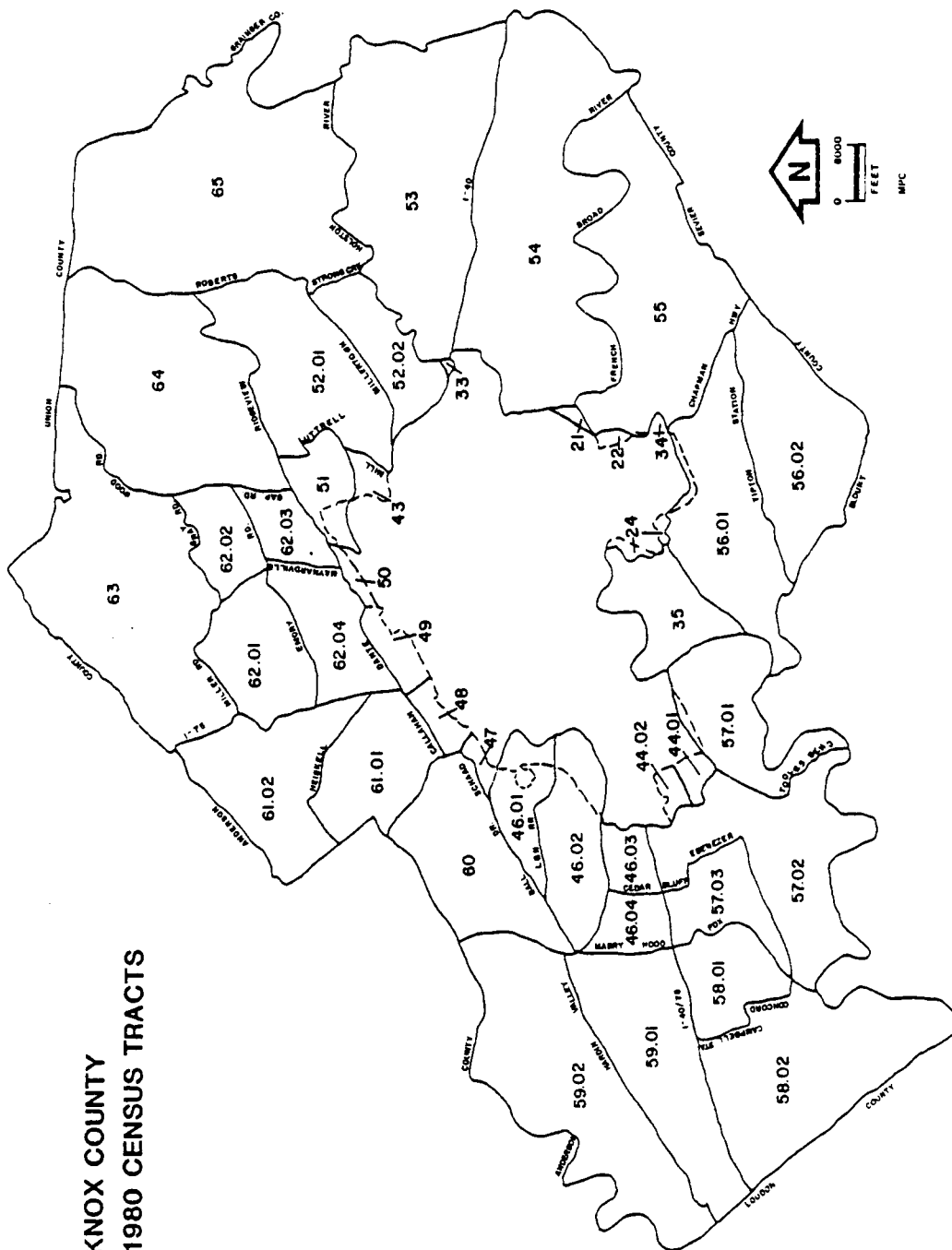
APPENDIX A

CENSUS TRACTS

**CITY OF KNOXVILLE
1980 CENSUS TRACTS**



KNOX COUNTY 1980 CENSUS TRACTS



APPENDIX B

INSTRUMENTS

DEMOGRAPHIC AND SOCIOECONOMIC DATA

1. RACE: ☐ White
☐ Black
☐ Mexican-American
☐ Other
2. SEX: ☐ Male
☐ Female
3. AGE AT LAST BIRTHDAY: ☐ 65-69
☐ 70-74
☐ 75-79
☐ 80-84
☐ 85-89
☐ 90+
4. MARITAL STATUS: ☐ Single
☐ Married
☐ Divorced
☐ Widowed
5. EDUCATION (check highest level completed):
☐ Less than 6th grade
☐ Grade 6
☐ Grade 9
☐ Grade 11
☐ High school graduate
☐ College 1 to 3 years
☐ College degree
☐ Graduate school
6. FORMER OCCUPATION: ☐ Professional
☐ Management
☐ Labor
☐ Clerical
☐ Domestic
☐ Other

7. NUMBER OF YEARS YOU HAVE BEEN RETIRED:

- ☐ 0-4 years
☐ 5-9 years
☐ 10-14 years
☐ 15-19 years
☐ 20 years and over
☐ Never employed

8. PRESENT ANNUAL INCOME: ☐ \$1,000-4,999
☐ \$5,000-9,999
☐ \$10,000-14,999
☐ \$15,000-19,999
☐ \$20,000 and over

9. DO YOU LIVE IN:

- ☐ House
☐ Apartment
☐ Congregate housing for the aged
☐ Mobile Home
☐ Room in hotel, rooming house, or boarding house
☐ Room in home of friend, relative, or non-relative
☐ Condominium
☐ Other

10. WHO LIVES WITH YOU: ☐ No one
☐ Spouse
☐ Relative
☐ Non-related person(s)

11. HOW IS YOUR HEALTH: ☐ Excellent
☐ Good
☐ Fair
☐ Poor

LIFE SATISFACTION INDEX Z (Attitude Inventory)

Here are some statements about life in general that people feel different ways about. Would you read each statement on the list and if you agree with it, put a check mark in the space under "Agree." If you do not agree with a statement, put a check mark in the space under "DISAGREE." If you are not sure one way or the other, put a check mark in the space under "?." PLEASE BE SURE TO ANSWER EVERY QUESTION ON THE LIST.

	AGREE	DISAGREE	?
1. As I grow older, things seem better than I though they would be.	1. ☐	☐	☐
2. I have gotten more of the breaks in life than most of the people I know.	2. ☐	☐	☐
3. This is the dreariest time of my life	3. ☐	☐	☐
4. I am just as happy as when I was younger.	4. ☐	☐	☐
5. My life could be happier than it is now.	5. ☐	☐	☐
6. These are the best years of my life.	6. ☐	☐	☐
7. Most of the things I do are boring or monotonous.	7. ☐	☐	☐
8. I expect some interesting and pleasant things to happen to me in the future.	8. ☐	☐	☐
9. The things I do are as interesting to me as they ever were.	9. ☐	☐	☐
10. I feel old and somewhat tired.	10. ☐	☐	☐
11. As I look back on my life, I am fairly well satisfied.	11. ☐	☐	☐
12. I would not change my past life even if I could.	12. ☐	☐	☐

	AGREE	DISAGREE	?
13. Compared to other people my age, I make a good appearance.	13. ____	____	____
14. I have made plans for things I'll be doing a month or a year from now.	14. ____	____	____
15. When I think back over my life, I didn't get most of the important things I wanted.	15. ____	____	____
16. Compared to other people, I get down in the dumps too often.	16. ____	____	____
17. I've gotten pretty much what I expected out of life.	17. ____	____	____
18. In spite of what some people say, the lot of the average man is getting worse, not better. .	18. ____	____	____

TENNESSEE SELF CONCEPT SCALE

by

William H. Fitts, Ph.D.

Published by

Counselor Recordings and Tests

Box 6184 - Acklen Station

Nashville, Tennessee 37212

INSTRUCTIONS

On the top line of the separate answer sheet, fill in your name and the other information except for the time information in the last three boxes. You will fill these boxes in later. Write only on the answer sheet. Do not put any marks in this booklet.

The statements in this booklet are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item! Read each statement carefully, then select one of the five responses listed below. On your answer sheet, put a circle around the response you chose. If you want to change an answer after you have circled it, do not erase it but put an X mark through the response and then circle the response you want.

When you are ready to start, find the box on your answer sheet marked time started and record the time. When you are finished, record the time finished in the box on your answer sheet marked time finished.

As you start, be sure that your answer sheet and this booklet are lined up evenly so that the item numbers match each other.

Remember, put a circle around the response number you have chosen for each statement.

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

You will find these response numbers repeated at the bottom of each page to help you remember them.

Item No.

1.	I have a healthy body	1
3.	I am an attractive person	3
5.	I consider myself a sloppy person	5
19.	I am a decent sort of person	19
21.	I am an honest person	21
23.	I am a bad person	23
37.	I am a cheerful person	37
39.	I am a calm and easy going person	39
41.	I am a nobody	41
55.	I have a family that would always help me in any kind of trouble	55
57.	I am a member of a happy family	57
59.	My friends have no confidence in me	59
73.	I am a friendly person	73
75.	I am popular with men	75
77.	I am not interested in what other people do	77
91.	I do not always tell the truth	91
93.	I get angry sometimes	93

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

Item No.

2.	I like to look nice and neat all the time	2
4.	I am full of aches and pains	4
6.	I am a sick person	6
20.	I am a religious person	20
22.	I am a moral failure	22
24.	I am a morally weak person	24
38.	I have a lot of self-control	38
40.	I am a hateful person	40
42.	I am losing my mind	42
56.	I am an important person to my friends and family .	56
58.	I am not loved by my family	58
60.	I feel that my family doesn't trust my	60
74.	I am popular with women	74
76.	I am mad at the whole world	76
78.	I am hard to be friendly with	78
92.	Once in a while I think of things too bad to talk about	92
94.	Sometimes, when I am not feeling well, I am cross .	94

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

Item No.

7.	I am neither too fat nor too thin	7
9.	I like my looks just the way they are	9
11.	I would like to change some parts of my body . . .	11
25.	I am satisfied with my moral behavior	25
27.	I am satisfied with my relationship to God	27
29.	I ought to go to church more	29
43.	I am satisfied to be just what I am	43
45.	I am just as nice as I should be	45
47.	I despise myself	47
61.	I am satisfied with my family relationships	61
63.	I understand my family as well as I should	63
65.	I should trust my family more	65
79.	I am as sociable as I want to be	79
81.	I try to please others, but I don't overdo it . . .	81
83.	I am no good at all from a social standpoint . . .	83
95.	I do not like everyone I know	95
97.	Once in a while, I laugh at a dirty joke	97

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

Item No.

8.	I am neither too tall nor too short	8
10.	I don't feel as well as I should	10
12.	I should have more sex appeal	12
26.	I am as religious as I want to be	26
28.	I wish I could be more trustworthy	28
30.	I shouldn't tell so many lies	30
44.	I am as smart as I want to be	44
46.	I am not the person I would like to be	46
48.	I wish I didn't give up as easily as I do	48
62.	I treat my parents as well as I should (use past tense if parents are not living)	62
64.	I am too sensitive to things my family say	64
66.	I should love my family more	66
80.	I am satisfied with the way I treat other people .	80
82.	I should be more polite to others	82
84.	I ought to get along better with other people . . .	84
96.	I gossip a little at times	96
98.	At times I feel like swearing	98

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

Item No.

13.	I take good care of myself physically	13
15.	I try to be careful about my appearance	15
17.	I often act like I am "all thumbs"	17
31.	I am true to my religion in my everyday life . . .	31
33.	I try to change when I know I'm doing things that are wrong	33
35.	I sometimes do very bad things	35
49.	I can always take care of myself in any situation .	49
51.	I take the blame for things without getting mad . .	51
53.	I do things without thinking about them first . . .	53
67.	I try to play fair with my friends and family . . .	67
69.	I take a real interest in my family	69
71.	I give in to my parents (use past tense if parents are not living)	71
85.	I try to understand the other fellow's point of view	85
87.	I get along well with other people	87
89.	I do not forgive others easily	89
99.	I would rather win than lose in a game	99

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

Item No.

14.	I feel good most of the time	14
16.	I do poorly in sports and games	16
18.	I am a poor sleeper	18
32.	I do what is right most of the time	32
34.	I sometimes use unfair means to get ahead	34
36.	I have trouble doing the things that are right	36
50.	I solve my problems quite easily	50
52.	I change my mind a lot	52
54.	I try to run away from my problems	54
68.	I do my share of work at home	68
70.	I quarrel with my family	70
72.	I do not act like my family thinks I should	72
86.	I see good points in all the people I meet	86
88.	I do not feel at ease with other people	88
90.	I find it hard to talk with strangers	90
100.	Once in a while I put off until tomorrow what I ought to do today	100

Responses:

Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
1	2	3	4	5

APPENDIX C

PERMISSION LETTERS

November, 1980

Dear Mr. Havighurst:

I, as a graduate student of The University of Tennessee at Knoxville, have extreme pride in knowing you will be one of the guest speakers at "The Abuse of Older Person's Conference" on December 3 and 4.

I have felt fortunate in the respect of being able to meet you on this occasion because I am interested in using your Life Satisfaction Index with my dissertation work.

I would like to ask if there is time that I can meet with you for a short period to discuss this Index and if possible, you could bring a copy of this instrument? I know these requests may be impossible due to a rather rigorous schedule you may have while in this area but I would be extremely honored to have a few moments time with you.

Thank you for your time and consideration and if necessary or possible I would like to speak with you over the phone before the conference to outline a more specific time I could arrange with you while at the University.

Thank you very much.

Sincerely,

Teresa B. Griffin

December 8, 1980

Dear Dr. Robert Havighurst:

I was greatly honored to have met you at "The Abuse of Older Persons' Workshop" at The University of Tennessee.

Furthermore, when you remembered my letter where I showed great interest in using your Life Satisfaction Index in my dissertation research and you hand-delivered this instrument to me, I was overwhelmed with joy.

Your thoughtfulness will long be remembered. Hope your holiday season is a merry one and the new year is bright.

Sincerely,

Teresa B. Griffin
1604 Hillwood Drive
Knoxville, TN 37920

CONSENT FORM

I, _____, agree to take part in this research study being conducted by Teresa B. Griffin, a doctoral candidate in the Health and Safety Department at The University of Tennessee, Knoxville. The meaning of this study is to determine the life satisfaction and self concept of an elderly population living in congregate and non-congregate housing in Knox County, Tennessee. I am aware my completion of the questionnaires will be the basis of information for this survey.

I have been given the opportunity to have any of my questions answered; and furthermore, understand the purpose of this study. I understand there will be no utilization of code numbers, names, or other types of identifying information on the questionnaire answer forms. Also, I understand this consent form will remain separated from the research study results when published.

I have been advised of my rights to refuse participation in this study and to refuse to answer any or all questions. Also, I understand I have the right to withdraw from this study at any time.

(signature)

(date)

Teresa B. Griffin
Division of Health and Safety
The University of Tennessee
Office Phone: 974-5041

APPENDIX D

STATISTICAL TESTS

MANN-WHITNEY U TEST

$$U = N_1 N_2 + \frac{N_1 (N_1 + 1)}{2} - \Sigma R_1 \quad \alpha = .10$$

$$U = N_1 N_2 + \frac{N_2 (N_2 + 1)}{2} - \Sigma R_2$$

where:

1. U = total sample group one
2. U_1 = total sample group two
3. N_1 = number of raw scores in group one (congregate housing for the aged)
4. N_2 = number of raw scores in group two (non-congregate housing for the aged)
5. ΣR_1 = sum of rank order of group one
6. ΣR_2 = sum of rank order of group two

A modification of the Z test for large sample size
(Champion, 1970:176-181):

$$Z = \frac{U - \frac{N_1 N_2}{2}}{\frac{(N_1 N_2) (N_1 + N_2 + 1)}{12}} \quad \alpha = .10$$

KENDALL'S TAU γ

$$\gamma = \frac{S}{1/2 (N) (N-1)} \quad \alpha = .10$$

S = where all larger ranks in a column are counted and from these are subtracted all smaller ranks. This computation is done for all ranks in a column and each of the sums are summed

N = the number of subjects in a sample

Correction for Tied Ranks:

$$\gamma = \frac{S}{\sqrt{1/2 N (N-1) - T_x}} \frac{S}{\sqrt{1/2 N (N-1) - T_y}}$$

where:

$$T_x = 1/2 t_x (t_x - 1) \quad (t_x \text{ being the number of tied ranks on the X variable})$$

$$T_y = 1/2 t_y (t_y - 1) \quad (t_y \text{ being the number of tied ranks on the Y variable})$$

Significance of when N > 10 formula:

$$Z = \frac{S-0}{\sqrt{\sigma_s^2}}$$

where:

$$\sigma_s^2 = 1/18 (N) (N-1) (2N + 5) = \text{the variance of}$$

Then apply the Z formula:

$$Z = \frac{S-0}{\sqrt{\sigma_s^2}} \quad \alpha = .10$$

(Champion, 1970:216-217)

VITA

Teresa Beverly Griffin was born in Rutherford College, North Carolina, on the seventh of March in 1951. She graduated from high school in 1969 and enrolled at East Carolina University in Greenville, North Carolina, in the summer of 1969. In 1973, she graduated from East Carolina University with a Bachelor of Science in Health and Physical Education. In the fall of 1973, she attended the University of Northern Colorado, Greeley, Colorado. In 1974, she graduated from the University of Northern Colorado with a Master of Arts in Health Education.

In 1974, she was an Evaluation Coordinator for the Lee County Public School System in Jonesville, Virginia, and was a lecturer in physical education at Mountain Empire Community College in Big Stone Gap, Virginia. In 1975, she accepted employment with Scott County School System and taught elementary physical education for four years.

In 1979, she enrolled at The University of Tennessee in Knoxville, Tennessee, to begin work on the Doctor of Philosophy degree. While pursuing this degree, she was a teaching assistant in the Division of Health and Safety. She received the Doctor of Philosophy degree with a major in Health Education and collateral area Planning in August of 1982.