

RESIDENTIAL MOBILITY AND LIVING ARRANGEMENTS OF A GROUP
OF AGED PERSONS PRIOR TO INSTITUTIONALIZATION

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CHAPTER I

INTRODUCTION

The purpose of this investigation, conceived in its broadest sense, was to study the living arrangements of older persons over a specific period of time in an attempt to arrive at some generalizations about the nature and changes of these arrangements as they relate to certain sociological variables. The study concentrated upon a special segment of the aged population and upon a special phase of their lives. More specifically, observation was restricted to the living arrangements of a group of residents of homes for the aged covering a fifteen-year period prior to the time of their institutionalization.¹

The study was oriented around several general questions. What characterizes the living arrangements of aged persons? What types of living arrangements do they maintain and with whom do they live during the

¹This study was part of a larger research project on "The Decision-Making Process Leading to Institutionalization of the Aged" under the general direction of Dr. Hiram J. Friedsam of the Department of Economics and Sociology, North Texas State University. It was supported by a grant from the Social Security Administration under its Cooperative Research and Demonstration Grant Program. Additional support was received from North Texas State University.

pre-institutionalization period? How frequently do they change living arrangements? How often do they change residence, with or without an attendant change in type of living arrangement? Are any longitudinal patterns of mobility evident? What types of living conditions precipitate the move to a home for the aged? And, how do answers to these questions vary, if at all, with respect to several basic social traits such as sex, age at time of institutionalization, religious background, and other variables relating to family structure?

Background of the Problem

One of the most significant demographic changes in this century has been the increase in the number and proportion of older people in the world, particularly in the industrial societies of North America and Western Europe. One general measure of this increase is the estimate that of all persons who have reached age sixty-five since the emergence of mankind, one fourth are living today.² In the United States the proportion of the population aged sixty-five and over has increased from 3.4 per cent in 1880 to 8.2 in 1950 and 9.2 in 1960. In 1960 the number of people over age sixty-five in the United States was

²Maurice E. Linden, M. D., "Cultural and Sociopsychological Considerations in Work with the Aged," Social Casework, XL (November, 1959), 479.

16,559,580, an increase of 25.8 per cent over 1950. Census figures show that in the period 1950-1956 the rate of growth of the aged population exceeded that of the total population by 9.9 per cent.³

Similar increases can be noted in the state of Texas, where this study was conducted. Here this age group comprised 6.6 per cent of the population in 1950 and 7.8 per cent in 1960, an increase even greater than that for the nation. In 1960 there were 745,391 persons sixty-five years of age and over in Texas, and it is estimated that by 1975 this number will have grown to 1,131,905 or 9.4 per cent of the population.⁴

These developments represent a social condition that is new to man. At no time in history has man faced a similar challenge of integrating such a large group of aged persons into the social structure. And while this problem has numerous facets involving all of the institutional patterns, surely one of the most significant is that of caring for those persons who are in some stage of dependency. Dependency would seem to be inevitable in all

³U. S. Bureau of the Census, U. S. Census of Population: 1960, General Population Characteristics, United States Summary, Final Report PC(1)-1B (Washington, D. C., 1961), Tables 46, 47, pp. 152-153.

⁴U. S. Bureau of the Census, U. S. Census of Population: 1960, General Population Characteristics, Texas, Final Report PC(1)-45B (Washington, D. C., 1961), Table 15, p. 64.

societies as people's ordinary role functions are reduced or impaired in the course of the aging process⁵ and as the structures of individual family units change. But the challenge to modern society in this regard appears to be unprecedented, not alone with respect to sheer numbers of persons who can be expected to develop dependency problems, but also as a result of complex social changes which have disturbed institutional patterns generally.

Historically the aged have been the responsibility of their families in Western society. Drake presents evidence that this pattern is a residue left from an agrarian society where ownership of the land was maintained by the parents until their death, thus assuring the aged person of economic importance in the family.⁶ A further legacy from the past is the family responsibility law based on the Elizabethan Poor Law and designed to encourage children to contribute to the support of their aged parents.

To what extent is family responsibility for the aged felt today? Dinkel found in a study in 1944 that the

⁵See Leo W. Simmons, "Aging in Preindustrial Societies," Handbook of Social Gerontology, edited by Clark Tibbitts (Chicago, 1960), pp. 62-88, for a discussion of food dependency, lighter economic tasks, and general dependency upon others for the fulfillment of their interests by the aged in preindustrial societies.

⁶Joseph T. Drake, The Aged in American Society (New York, 1954), pp. 26-28.

feeling of obligation to support aged parents differed with religious affiliation and in rural and urban settings. According to his findings, 49 per cent of urban and 53 per cent of rural Protestants, and 74 per cent of rural and 71 per cent of urban Catholics expressed agreement with the statement that children are responsible for their aged parents. His sample included only twenty-four persons of the Jewish faith (all urban), but in it he discovered that they occupied an intermediate position, expressing less feeling of responsibility than the Catholics, more than the Protestants.⁷

However, in a more recent study Shanas has reported that only 33.2 per cent of a national cross section felt that the care of the aged is the responsibility of children or relatives. Among the older people themselves, the figure was even lower--26.2 per cent. Even in a crisis only 28.0 per cent of the aged persons said they would turn to their children or relatives. Among individuals who are responsible for care of some aged person, 40.1 per cent said children should support their parents. Similarly, in a hypothetical case of need in which a widower has children in modest circumstances with families of

⁷Robert M. Dinkel, "Attitudes of Children toward Supporting Aged Parents," American Sociological Review, IX (August, 1944), 370-379.

their own, 31.4 per cent of the aged group said the children should help while 60.8 per cent said the government or a welfare agency should. In the same situation, 34.9 per cent of the national public said the widower should look to his children for help, and the responses of the responsible individuals showed that 42.4 per cent placed responsibility on the children. In every case the responsible individuals and the public cross section had larger percentages who felt responsibility belonged to the family than did the group of aged persons themselves.⁸

A note of caution regarding studies of filial responsibility is sounded by Schorr, however. He says:

But responses may be manipulated almost at will by framing questions that introduce the responsibility of the adult child to his wife and children, his responsibility for his own advancement, choice between the adult child and other sources of assistance, choice between money and other things children can give, and the sense that one speaks of one's self rather than in general. Many surveys introduce one or more of these considerations, with the result that a majority oppose and a fairly large minority (a third or more) affirm the responsibility of children to support.⁹

⁸Ethel Shanas, "Older People and Their Families: The Responsibilities of Children for Aged Parents," unpublished paper presented at the annual meeting of the American Sociological Association, St. Louis, 1961.

⁹Alvin L. Schorr, Filial Responsibility in the Modern American Family, U. S. Department of Health, Education, and Welfare (Washington, 1960), p. 6.

But what of those aged--roughly one out of four--who do not have living children?¹⁰ The "unattached" aged person in a position of dependency traditionally has been the responsibility of fraternal or religious institutions or such governmental facilities as county poor houses. This haphazard provision for the care of the indigent aged resulted from the ideology that

there should be no indigent aged because everyone was supposed to be able to prepare for his own old age while he was still in the productive years of life. This idea has been one of the strongest social myths built up regarding our economic order. Any exception to the idea that adults could provide their own economic security could be explained in terms of lack of diligence, lack of will power to work or save, or just plain improvidence or laziness.¹¹

In any event, facilities for their care have not been very prevalent.

Reassessment of traditional ways of caring for the aged is also necessary in light of changing patterns of family housing. It is commonly thought that houses are smaller; and although families, too, are smaller, living facilities frequently cannot be expanded to take in an aged parent without real sacrifice on the part of younger members of the family. Schorr says, ". . . people reporting strain have been asked to define the chief problem in

¹⁰Ibid., p. 4.

¹¹Drake, op. cit., p. 4.

living together, and they frequently speak of privacy, space, . . ."¹² The proportion of the population affected by the problems which arise from three-generation households has increased. "There are more aged people living with children today than were alive as recently as 1920."¹³

Streib and Thompson point out that inter-generational changes in social status tend to reduce family continuity.¹⁴ The lowered family solidarity which results has the effect of lessening the feelings of responsibility on the part of children for their parents. Moreover, as the nuclear family replaces the extended family in social organization, married persons' responsibility to their aged parents increasingly is replaced by feelings of responsibility to their own children.¹⁵ In fact, the extended financial dependency of youth often makes it an impossible burden for the mature adult to support both child and parent.

¹²Schorr, op. cit., p. 13.

¹³Ibid., p. 3.

¹⁴Gordon F. Streib and Wayne E. Thompson, "The Older Person in a Family Context," Handbook of Social Gerontology, edited by Clark Tibbitts (Chicago, 1960), p. 469.

¹⁵See testimony of Wilma Donahue, Hearings before the Subcommittee on Problems of the Aged and Aging of the Committee on Labor and Public Welfare, United States Senate, Eighty-Sixth Congress, First Session, June 16, 17, and 18, 1959, (Washington, D. C., 1959), p. 270.

There is danger, however, in placing too much emphasis on inter-generational changes and loss of family continuity. Certainly Townsend¹⁶ did not find it to be true in England. Shanas¹⁷ and Sussman¹⁸ in their studies have found close ties and help patterns between parents and their married children. There is also evidence that "parents take pleasure from the success of adult children, and find in it a means of continued expansion of their own lives, even if its visible result is to reduce physical contact. . . ."19

The increasing age of the aged, with the group over age seventy-five increasing with disproportionate rapidity, further adds to the problem of dependency. Between 1900 and 1950 there was a 100 per cent increase in the seventy-five to seventy-nine age group, a 133.3 per cent increase in the eighty to eighty-four age group, and a 100 per cent increase in the eighty-five and over group.²⁰

¹⁶Peter Townsend, The Family Life of Old People (Glencoe, Illinois, 1957).

¹⁷Ethel Shanas, "Some Sociological Research Findings about Older People Pertinent to Social Work," Toward Better Understanding of the Aged (New York, 1958), p. 52.

¹⁸Marvin B. Sussman, "The Help Pattern in the Middle Class Family," American Sociological Review, XVIII (February, 1953), 23, 25.

¹⁹Schorr, op. cit., p. 16.

²⁰H. D. Sheldon, The Older Population of the United States, Appendix Table A-2, as cited in Handbook of Social Gerontology, edited by Clark Tibbitts, p. 33.

Concomitantly, the number of surviving females becomes proportionately greater as age advances. The sex ratio of males to females age sixty-five and over was 90:100 in 1950, and it is estimated that by the year 2000 it will be 76:100.²¹ Since dependency of aged women is known to be greater, the problem becomes manifest. Physical disability increases with age; for both sexes there is a substantial increase in disabling illness after age seventy-five.²² It would seem safe to assume that dependency increases markedly after age seventy-five.

Thus with dependency increasing with age, and a growing number of aged in our population, the problem is compounded. The amount of information available in this area is limited because of the recent emergence of the problem and the small amount of empirical evidence thus far collected. This study is intended to add to the existing knowledge concerning the aged by studying living arrangements and mobility patterns of a segment of the past sixty-five population.

²¹Henry D. Sheldon, "The Changing Demographic Profile," Handbook of Social Gerontology, Tibbitts, p. 49.

²²Eugene A. Confrey and Marcus S. Goldstein, "The Health Status of Aging People," Handbook of Social Gerontology, Tibbitts, p. 170.

Review of the Literature

This study of necessity was of an exploratory nature. Lack of relevant research made such an approach inevitable. There is a considerable body of data on the conditions and problems of housing for the aged. There is a limited amount of information concerning the mobility of the aged, when defined rather narrowly. Some data are also available concerning the living arrangements of old persons with reference to fixed points in time. No similar study was found, however, which concerned itself with both the nature and the frequency of changes in living arrangements viewed over an extended period of time. This retrospective-longitudinal approach appears to be unique to this study.²³

Much of the literature in the field of housing as related to the aged is directed to physical facilities per se, and as such is not related to the present study. In this connection, Rosow has commented that the "problem of

²³In discussing principles of research on aging, Birren states that the longitudinal study is ideal, but that since it has many practical disadvantages, cross-sectional research is usually done. J. E. Birren, "Principles of Research on Aging," Handbook of Aging and the Individual, edited by J. E. Birren (Chicago, 1959), p. 21. Retrospective longitudinal design is a compromise and introduces the problem of recall discussed later in Chapter II. It was regarded, however, as the only practical method by which patterns of mobility and living arrangements might be determined.

housing old people . . . [is] typically seen in a narrow architectural perspective"24

Studies of living arrangements of the aged fall roughly into five categories. First there are those dealing with facilities in which the aged are currently living. Griffin²⁵ and Silk²⁶ have written of this aspect.

The second category deals with architectural standards in housing for the aged. This literature points out modifications of housing which are adapted to people with failing physical faculties.²⁷

A third interest has centered around community settings for older people. There is general lack of consensus among the writers as to whether segregated or integrated community settings are preferable. Representing the first point of view, Rosow has written convincingly of the benefits which accrue in congregate housing of the elderly, especially those he terms

²⁴Irving Rosow, "Retirement Housing and Social Integration," The Gerontologist, I (June, 1961), 85.

²⁵John J. Griffin, "The Sheltering of the Aged: A Thorough Analysis of the Living Arrangements of 1900 Old Age Assistance Recipients," Journal of Gerontology, V (January, 1950), 30-43.

²⁶Leonard S. Silk, "The Housing Circumstances of the Aged in the United States, 1950," Journal of Gerontology, VII (January, 1952), 87-91.

²⁷Clinton H. Cowgill, "Facilities for the Aging and Infirm," Journal of the American Institute of Architects, Pt. 1 (May, 1960), Pt. 2 (July, 1960), reprint BTRG.

"alienated aged"²⁸ and whom Rose has described as "unattached."²⁹ Mumford, on the other hand, presents the point of view of those who support an integrated community.³⁰

The "wishes" of older people for housing have been investigated as a fourth point of interest, and in this area there is even less consensus. Generally, the ". . . most salient fact emerging from these studies . . . is the almost universal desire for continued independence in living arrangements."³¹ However, some studies of the very old or those in poor health seem to indicate a stronger preference for communal and sheltered care facilities or for becoming a member of the household of a son or daughter.³²

Finally, living arrangements have been studied in relation to "family substitutes" and favorable attitudes

²⁸Rosow, op. cit., pp. 85-89.

²⁹A. M. Rose, "Living Arrangements of Unattached Persons," American Sociological Review, XII (August, 1947), 429-435.

³⁰Lewis Mumford, "For Older People--Not Segregation but Integration," Architectural Record, CXIX (May, 1956), 191-194.

³¹Wilma Donahue, editor, Housing the Aged (Ann Arbor, 1954), p. 27.

³²Ibid., p. 31.

toward life. Cavan³³ has reported a cross-sectional study in which the living arrangements of 498 males and 755 females aged sixty to one hundred are related to such sociological variables as marital status, children, health, economic status, employment, source of support, personal contacts, favorable attitudes toward life, and amount of leisure time. Her classification of living arrangements in terms of relative amounts of dependency was of some significance for this study and will be referred to later.

Mobility has been less frequently written about. While the Census Bureau lists persons, by age, who have changed residence in the last year and whether the change was intercounty, intracounty, interstate, or intrastate, these figures are in no way related to type of living arrangement. A second kind of study of mobility is one which studies the extent of migration of older people.³⁴

³³Ruth Cavan, "Family Life and Family Substitutes in Old Age," American Sociological Review, XIV (February, 1949), 71-83.

³⁴As examples of studies of gross migration of the aged, see T. Lynn Smith, "The Migration of the Aged," in T. Lynn Smith, editor, Problems of America's Aging Population (Gainesville, Florida, 1951), pp. 15-28; Homer L. Hitt, "The Role of Migration in Population Change among the Aged," American Sociological Review, XIX (April, 1954), 194-200; H. J. Friedsam, "Inter-Regional Migration of the Aged in the United States," Journal of Gerontology, VI (July, 1951), 237-242; Charles R. Manley, Jr., "The Migration of Older People," American Journal of Sociology, LIX (January, 1954), 324-331.

Again, in the context of this study such material was not of use.

Significance of the Study

The usefulness of this study is not to be found in the testing of any specific hypotheses nor in a direct contribution to sociological theory; the descriptive nature of the study, dictated by the lack of relevant previous research, precludes such objectives. Instead, its value is to be found in the achievement of other, more modest objectives. First, this study attempts the development and application of a new approach--the longitudinal technique--to the analysis of residential mobility. Second, it is designed to contribute some information to the general problem of mobility of the aged population, a topic which has not received adequate attention from researchers to date. Finally, by relating mobility and living arrangement patterns to a series of sociological variables it is hoped that some theoretically significant hypotheses may be developed which may be tested by other investigators or which may serve them as points of departure for further research.³⁵

³⁵In the larger study of which this one is a part, the significance of living arrangements and mobility to the institutionalization process is being analyzed.

CHAPTER II

METHODS AND PROCEDURES

The methods and procedures employed in this study will be considered from the standpoint of (1) definition of the populations, (2) collection of data, (3) definition of variables, and (4) statistical procedures.

Definition of the Populations

The subjects for this study consisted of residents from The C. C. Young Memorial Home and Golden Acres, two homes for the aged in Dallas, Texas. Basically these residents were conceived of as comprising three separate populations as defined below. While for some purposes the data were observed and analyzed for all subjects taken together, for the large part comparisons were made among these three populations in a manner that provided some degree of control of the variables of sex and religious background.

One population included all persons residing in The C. C. Young Memorial Home between September 1 and October 15, 1961, who were interviewable or for whom there was sufficient information in the records of the institution to establish a residence pattern for the fifteen years

prior to institutionalization. Fifty-three women were in residence during this period. Of these, forty-two were interviewed. Eight were non-interviewable because of illness or senility but sufficient information was found in their records for purposes of this study. Three others were not interviewable and, since information concerning their residence pattern was incomplete, they were excluded from the study.

C. C. Young is a Methodist institution which admits only females who are ambulatory and whose behavior is not "disturbed." The home will care for residents who become senile and infirm while in residence, but discharges any who become disturbed. Methodist affiliation is not a requirement for admission, and several Protestant denominations are represented in the group. The minimum age for admission is sixty-five.

The other two populations consisted of the males and females, taken separately, who were residents of Golden Acres from the date of its founding in 1953 to October 15, 1961, and for whom the necessary information was available. The female group included thirty-four who were interviewable and sixty-four who were not, but for whom adequate histories were available. The male group included twenty-one interviewed and forty-two for whom

case records were relied upon. In twelve instances the records were inadequate for the Jewish group.

Golden Acres is a Jewish institution which admits not only the well (ambulatory) aged person, but the senile, disturbed, and infirm as well. There is no minimum age for admission, but in practice only three residents have been admitted before age sixty-five.

The following table shows the range and median age at admission for the three groups.

TABLE I
AGE AT ADMISSION

Group	Youngest	Median Age	Oldest
Protestant female	67	77.7	88
Jewish female	64	75.9	93
Jewish male	63	78.8	92

In summary, then, the subjects for this study consisted of fifty Protestant women (largely Methodist), ninety-eight Jewish women, and sixty-three Jewish men. This permitted comparisons to be made between two groups of women, one Protestant and the other Jewish, and between Jewish males and females.

Collection of Data

The nature and sources of data differed somewhat for the residents of the two homes. In the case of The C. C. Young Home, major reliance was placed on resident interviews and the data were supplemented by records when necessary. In the Golden Acres population, most of the information was taken from the case records, supplemented and corroborated in a limited number of cases by interviews.

This variation in source of data was a result of differences in the types of records available and differences in the interviewability of residents. The C. C. Young records consisted largely of application forms; no social histories were included. However, a substantial proportion (79.3 per cent) of the residents were interviewable.

Different circumstances prevailed at the Jewish home. Here a smaller percentage of residents were interviewable (67.1 per cent), but case records were more extensive. Case histories compiled by a social worker with the Jewish Family Service in Dallas as a part of the admission procedure were available for virtually all residents. Information was drawn primarily from this source, and the interviews served mainly to corroborate the records. In fact, these case histories were sufficiently complete to

permit inclusion of not only those persons who were resident during the interview period, but all residents who had been in the home from the date of its inception in 1953. As already mentioned, in twelve cases (out of 173) both interview data and adequate institutional records were lacking.

Since this was part of a larger study, questions involving residence patterns were incorporated into the interview schedule designed for the latter.¹ The questionnaire was of a flexible nature, consisting largely of open-ended questions. Information for this study was derived on the basis of the following portion of the questionnaire:

Part III

In this section the important thing is to secure a record of all moves, changes in living arrangements, reasons for moves, etc., during the latter part of the resident's life. This will usually mean from time of or shortly before husband's death and/or from stable living arrangement which resident had during or following middle age. Although many residents may have only a single move, others will have had several, and it will be necessary to probe to make certain that all moves are recorded in proper sequence.

1. Now, you were living in _____ before you came here. With whom were you living?

¹The writer was one of a team of two persons who conducted the interviews. This first-hand experience was generally useful and proved to be of especial value in the construction of the "later life chronologies" (referred to below) in those cases in which certain moves had to be arbitrarily allocated on the basis of clues found in the protocols.

2. How long had you lived there with _____?
3. And just before that, with whom were you living? _____ Where? _____
(Etc., see comment above.)

Limitations of the Data

All data utilized in this investigation, whether obtained in the interviews or from the case histories compiled by the social worker, depended upon recall. Incompleteness and uncertainty of recall are widely recognized as sources of possible error in studies of this kind. In most cases there was a high degree of reliability established by a corroboration of records with interviews. But in nineteen cases (out of 211) mobility was so extensive during all or part of this period that not every individual move could be identified. These cases included instances where residents could only indicate that they had moved "many times," or had lived in "several rooms," and so on. Of these nineteen cases, ten involved repeated moves from one furnished room to another. Three were persons who made their living as a "live-in" companion or nurse and could not remember the exact number of such cases they had had during the period. Three cases involved a number of moves between children. One person had lived in an undetermined number of apartments, another had moved between

various health resorts, and one was a contractor whose work involved much mobility.

Elimination of these cases would have had the disadvantage of ignoring what appeared to be the most mobile elements in the populations; inclusion of them posed the problem of how to deal with the ambiguity. The decision was made to include these residents by arbitrarily attributing three moves to each (in addition to such other moves as could be definitely established). Ordinarily it was possible to allocate these moves among three five-year periods (within the fifteen-year period) on the basis of other known moves and living arrangements.² It seems quite certain that this procedure had the effect of underestimating the mobility of a small number of residents, but the bias thus introduced appeared to be much less serious than would have been the case if these subjects had been withheld from the study.

Definition of the Variables

This study was concerned with ³two dependent variables--living arrangement and residential mobility.

Independent variables included sex, religious background, age at time of admission, presence of children at

²The trichotomization of the period studied was one of the basic devices used for comparisons of mobility and the manner of allocation is explained more fully below (see p. 29).

admission, marital status during the fifteen-year period prior to admission, and health status at admission.

Living Arrangement

Definition of the variable "living arrangement" was one of the crucial points of the research design. It was desirable to organize the diverse living arrangements in terms of criteria relevant to the decision-making process in institutionalization. A classification scheme was needed which would point up the degree of dependent or independent living of the resident, and which would also describe (in terms of family structure) the person depended upon. In short, interest was centered upon (1) where the aged person was living (house, apartment, etc.) and (2) with whom.

The dichotomy "group housing" versus "independent housing" has frequently been used by researchers in the field of housing for the aged,³ but it clearly did not provide enough differentiation. Nor was the economic variable of "ownership" of particular relevance for this study.

The literature afforded one suggestion of a classification scheme that seemed to have possibilities. Cavan,

³Walter K. Vivrett, "Housing and Community Settings for Older People," Handbook of Social Gerontology, edited by Clark Tibbitts (Chicago, 1960), pp. 561-562.

in a study already referred to, had also been interested in the dependency aspect. She delineated (1) own home, (2) rooming or boarding house or hotel, (3) home of someone else (friend, child, relative, etc.), and (4) homes for the aged.⁴ However, her third category made no attempt to isolate the person depended upon in terms of family relationship.

In the absence of a suitable classification scheme in the literature a special one was devised. It was designed to provide categories that were as nearly mutually exclusive as possible, and which were descriptively meaningful in the context of the study. This classification included the following:

1. With spouse, with or without other relative
2. Alone, in house or apartment
3. With daughter
4. With son
5. With sister
6. With brother
7. With other relative, female (including daughter-in-law)
8. With other relative, male (including son-in-law)
9. Alone, adjacent to relative (same or adjacent building)

⁴Cavan, op. cit.

10. With friend, nurse or other nonrelative
(including living-in domestic and foster home)
11. Alone, adjacent to nonrelative (hotel, boarding house, rooming house, institutional setting if resident was employed therein)
12. Home for the aged (including hotel for aged persons)
13. Nursing home
14. General hospital
15. Mental hospital
16. Other institution.

It was possible to classify every type of living arrangement encountered using this scheme. Some sharpness of differentiation was lost, it is recognized, in item 10, where in some instances the relationship may denote independence (as when a living-in domestic is still in the labor force) rather than dependence. Also in item 9 a dependency relationship may be obscured in instances where a relative is only a few houses away.

While all living arrangements were classified according to this scheme, for some phases of the analysis it was expedient to combine several of these categories. To deal with all sixteen categories throughout the study would have been cumbersome. Moreover, when the populations were

broken down into subclasses, cell frequencies resulted that often were too small to be meaningful. Hence, for much of the analysis these sixteen categories were rearranged into a system of five major categories with several subcategories as follows:

1. With spouse
2. Alone, in house or apartment
3. With or adjacent to relative
 - With daughter
 - With son
 - With sister
 - With brother
 - With other relative, female
 - With other relative, male
 - Alone, adjacent to relative
4. With or adjacent to nonrelative
 - With friend, other nonrelative
 - Alone, adjacent to nonrelative
5. Institutional
 - Home for aged
 - Nursing home
 - General hospital
 - Mental hospital
 - Other institution.

For the large part, then, analysis was based upon these five dominant types of living arrangement. It will be noted that this sacrificed degree of relationship with relative, as well as degree of separateness (whether with or adjacent to). While loss of refinement contained in the more elaborate scheme was recognized, this eliminated the disadvantage of attempting to make statistical comparisons between categories when frequencies were too small to be meaningful or reliable.

Residential Mobility

The definition of "move" was essentially a common-sense one involving any change of residence (or address), whether or not a change of living arrangement was involved. Thus it was possible to have several moves without a change in living arrangement. Conversely, it was also possible to have a change in living arrangement without a change in address as, for instance, a change from living "with spouse" to living "alone" after death of the spouse.

As has already been mentioned, observations of subjects' living arrangements were limited to a fifteen-year period prior to their admission to the home. Selection of this time period was something of an arbitrary matter. The chief concerns with regard to the problem of determining the length of the period to be observed were, on the one hand, to select a period long enough to reveal

meaningful types and changes in living arrangement, but which, on the other hand, would not be unduly long, thus needlessly increasing the problem of difficulty of recall.

In this connection it will be remembered that there was a wide range of the ages at which the residents entered the homes (ages sixty-three to ninety-three). This posed the problem of how to achieve sufficient uniformity in the selection of the time periods for the various residents as to allow for comparison and summarization of data. There were two major alternatives: (1) standardize the age of the resident (e.g., age sixty) as a point beyond which mobility was to be observed, or (2) standardize the length of period of observation, age of the resident notwithstanding.

In the event of the former, this would have resulted in mobility periods ranging from three to thirty-three years. Not only would this have presented serious problems in regard to recall of events for some residents, but it would also have complicated the problem of making statistical comparisons. After consideration of the above mentioned factors, the second alternative was selected as the best solution to the problem. It will be noted, however, that this standardization of length of period resulted in considerable variation with regard to the stages in the life cycles of the individuals studied.

That is, at the two extremes, living arrangements and mobility were observed for one resident from age forty-nine to sixty-four and for another from age seventy-eight to ninety-three.

A basic interest was in the pattern of mobility within this fifteen-year period. Were mobility rates the same throughout the period, or was there a time when moves were more frequent or less frequent? Patterns of mobility were established by trichotomizing the time into five-year periods and observing and comparing the numbers of changes of residence within each of these.

In this connection, the problem arose of how to allocate the number of moves arbitrarily assigned to those nineteen residents for whom data was ambiguous. As previously noted, each resident was allocated three moves.⁵ These were designated on the following basis: if there was no anchor point, one move was given for each of the three periods; if the living arrangement was known for all but one period, all three moves were assigned to that period; if the period in question extended over ten years, moves were assigned in each period on the basis of clues in the history or interview.

⁵See page 22 above.

Other Variables

The other variables, as previously enumerated, were sex, religious background, age at time of admission, presence of children at admission, marital status during the fifteen-year period prior to admission, and health status at admission. Sex and religious background presented no problem in reliability, and this information was obtained from the institutional records. Age at time of admission, however, presented something of a problem. There were a few discrepancies between the age given at time of interview and that contained in the records. This could not be resolved from vital statistic records as birth records were not kept at the time of birth of this population, and also, many were foreign born. For several of the persons involved in the study the year of birth was only an estimate (e.g., 1874 or 1875) in the institutional records. In these cases the first date appearing was accepted as the birth date for purposes of the study. In all others the age used by the institution in its records was accepted.

Presence of children at admission was determined from institutional records also. Here again, there were ambiguities in several cases. At least one woman had attempted to conceal the presence of a daughter whom she had disavowed because the daughter had married outside the

Jewish faith. Several in the Jewish population had children in Europe with whom they had had no contact for years and it was not known if they were still alive. In each case, when discrepancies arose, reliance was placed on the records available. No such difficulties arose in dealing with the Protestant group and the institutional records were reliable.

Marital status during the fifteen-year period prior to admission was classified as follows: married throughout, widowed throughout, became widowed during this period, single throughout, and other (divorced, separated, remarried, or not otherwise classified). This information was obtained from the institutional records and interviews.

The assessment of health status at time of admission was determined by the following procedure. Residents were ranked on a three-point scale on each of the following five aspects of health: (1) ambulation, (2) senility, (3) physical handicaps (such as deafness, loss of vision, or any disability affecting the limbs), (4) internal disease (such as arteriosclerotic heart disease, Parkinsonism, diabetes, etc.), and (5) general health. Where doctor's records were available, they were relied upon. In other cases the information was obtained in one of two ways. For the residents of the C. C. Young Home, the judgments based on medical records at time of admission by the

professional nurse in charge of the medical program were accepted. For the cases at Golden Acres where there was no direct statement from the admitting physician in regard to any of these categories, the decision as to classification was made on the basis of the rather complete medical histories that were available.

At this point health was being dealt with as five separate variables--four regarded as measures of various aspects of disability and the fifth an estimate of general health. However, it seemed reasonable to conclude that they were not unrelated. In the interest of economy of operation an attempt was made to combine these five variables into one composite variable. Accordingly, these items were subjected to Guttman scale analysis to see if they could, indeed, be regarded as a unidimensional sample of items drawn from a universe of health attributes.⁶ Use of the Guttman technique makes possible a meaningful ranking of individuals along a single dimension when the criteria of scalability can be met. In general, these five items fulfilled them. These criteria have to do with the following: coefficient of reproducibility (C. R.) of

⁶For theory and method of scale analysis see Samuel A. Stouffer and others, Measurement and Prediction, Vol. IV of Studies in Social Psychology in World War II (Princeton, 1950).

the scale and of the items separately, marginal frequencies, pattern of error, and number of items.⁷

The five items combined had a coefficient of reproducibility of .90 which is generally considered acceptable. The various items also met the criterion of reproducibility by being around .85 or above (see Table II).

TABLE II
COEFFICIENTS OF REPRODUCIBILITY OF HEALTH ITEMS

Item	Coefficient of Reproducibility
Ambulation . . . . .	.844
Senility . . . . .	.867
Physical handicap . . . . .	.858
Internal disease . . . . .	.943
General health . . . . .	.976
All items . . . . .	.898

All items were dichotomized and the marginal frequencies ranged between 35 per cent and 67 per cent of the total number of responses. This range of marginal frequencies fulfilled the criteria that there be no extreme distributions and that some of them be close to 50 per cent. (See Appendix A for percentage distributions

⁷Ibid., pp. 117-119.

of the populations on the various health items and for designation of the points of dichotomization in the scaling process.)

The errors in scale types appeared to be random. While only five items were used in the scale instead of the ten to twelve recommended by Guttman, this is considered permissible when all other criteria are fully met.

While these items formed an acceptable scale at this point, the scaling process was carried a step further to include the Israel Alpha technique.⁸ The Alpha technique is especially useful for dealing with quasi-scales (scales which meet the various criteria but where the C. R. is unacceptably low). However, it also provides a rationale for classifying nonscale types in an otherwise acceptable scale. Ordinarily the nonperfect scale types are classified with those perfect scale types that will minimize error. The Alpha method, which is one of several procedures based upon image analysis,⁹ provides a more logical, systematic basis for ordering these nonscale cases. As is shown in Table III, this process had the effect of reducing the number of nonscale types from

⁸Louis Guttman, "The Israel Alpha Technique for Scale Analysis," Chapter XIX in Matilda White Riley and others, Sociological Studies in Scale Analysis (New Brunswick, New Jersey, 1954), pp. 410-415.

⁹Ibid., pp. 414-415.

ninety-five to thirteen, and the number of scale errors from one hundred eight to thirteen.

TABLE III
RESULTS OF ORIGINAL SCALOGRAM AND THE ALPHA TECHNIQUE

Scale Type	Health Item*	Original Scalogram			Alpha Technique		
	1 2 3 4 5	Perfect Scale Type	Non-Scale Type	Errors	Perfect Scale Type	Non-Scale Type	Errors
5	X X X X X	30	13	13	30	0	0
4	X X X X	12	17	18	34	3	3
3	X X X	6	16	19	18	2	2
2	X X	19	29	35	43	7	7
1	X	23	9	11	43	1	1
0		26	11	12	30	0	0
Total		116	95	108	198	13	13

*1--general health; 2--ambulation; 3--senility; 4--physical handicap; 5--internal disease.

Statistical Procedures

The nature of the data and of the objectives of this study were such as to permit the use of comparatively simple, straightforward statistical operations. For the large part, the procedures involved essentially the enumeration of events (i.e., living arrangements and moves

during the fifteen-year period), and the comparison of frequencies and proportions of the three populations and of subclasses. Moreover, inasmuch as no probability sampling methods were employed, statistical tests of significance based upon probability theory were not indicated.

CHAPTER III

RESULTS AND INTERPRETATIONS: RESIDENTIAL MOBILITY¹

Residential changes for the entire population and for the three subgroups are summarized in Table IV. The 211 subjects changed residence a total of 453 times during the fifteen-year period immediately preceding institutionalization, not counting the move into the home. The range was zero to ten moves, except for two residents who had moved eighteen and twenty-one times, respectively. Approximately 21 per cent had not moved at all; 25 per cent moved once, 54 per cent moved twice or more, and 2 per cent (four cases) moved more than seven times.

Measured another way, the mean number of moves was 2.15 for the total population (the median was 2.23). For the three subgroups the Jewish females were the most mobile (2.47 mean moves), the Protestant females occupied an intermediate position (2.02 mean moves), and the mobility for Jewish males was lowest (1.75 mean moves).

¹Portions of the findings of this phase of the study were reported in a paper, "Residential Mobility of a Group of Aged Persons prior to Institutionalization" (with H. R. Dick and H. J. Friedsam) read at the annual meeting of the Southwestern Sociological Society, Dallas, Texas, April, 1962.

TABLE IV
 CHANGES OF RESIDENCE DURING FIFTEEN YEARS
 PRIOR TO ADMISSION*

Number of Moves	All Cases		Protestant Female		Jewish Female		Jewish Male	
	f	%	f	%	f	%	f	%
0	44	20.8	11	22.0	15	15.3	18	31.7
1	52	24.6	11	22.0	22	22.5	19	30.2
2	50	23.7	14	28.0	25	25.5	11	17.5
3	29	13.8	6	12.0	18	18.3	5	7.9
4	16	7.6	3	6.0	9	9.2	4	6.3
5	8	3.8	3	6.0	3	3.1	2	3.2
6	3	1.4	..	..	2	2.0	1	1.6
7	5	2.4	1	2.0	2	2.0	2	3.2
8	1	0.5	..	..	..	..	1	1.6
10	1	0.5	1	2.0	..	..	..	..
18	1	0.5	..	..	1	1.0	..	..
21	1	0.5	..	..	1	1.0	..	..
Total	211	100.1	50	100.0	98	99.9	63	100.0
Moves	453		101		242		110	
Mean	2.15		2.02		2.47		1.75	
Median	2.23		2.21		2.48		1.71	

*Not including move into the institution

A similar relationship is shown by the fact that 62 per cent of Jewish females, 56 per cent of Protestant females, and 38 per cent of Jewish males had moved two or more times.

Sex and Religion

The higher mobility of Jewish as against Protestant females was at first assumed to be a function of the type of residents catered to by the two homes. The Methodist home restricts its admissions to the "well" or ambulatory aged, whereas the Jewish home is a multi-functional institution which admits some senile, disturbed, and infirm residents as well as the so-called "well" aged. It seemed likely that the latter group included a larger number of persons who had been in a dependency status for an extended period of time, and that shifting about occurred as a result of this dependency.

However, the lower mobility of Jewish males² as compared to either female group was contrary to this generalization. Although this study did not include in its scope the gathering of empirical evidence to support an explanation, it is thought that this difference centers around marital status and traditional sex roles. That is,

²The absence of a group of male Protestants is an obvious weakness of the study. Unfortunately, no home readily available for study would have rectified the situation.

widowed females ordinarily are better able to maintain a household of their own, or to fit into the household of a child, than are widowed males. The death or other removal of the spouse from a household presents a more critical situation for men than for women. It would seem logical that unless family circumstances were rather favorable the tendency would be for widowers to resort to an institutional setting sooner than would be the case with widows.

Certainly a part of the explanation should be sought in the knowledge that men are widowed later in life than are women. The average age of widowhood for men nationally is 64.1 years as against 61.4 years for women.³ In this population a comparable situation can be assumed as a comparison of Table I (p. 18) shows that the Jewish male group was generally older at time of admission to the home, and Table IX (p. 47) shows a much smaller percentage widowed before the fifteen-year period or during this time than was true for either female group. Thus it may be assumed that they were generally older at time of widowhood and less able to maintain relatively independent living arrangements.

³Paul C. Glick, "The Life Cycle of the Family," Marriage and Family Living, XVII (February, 1955), 4.

Some additional analysis of the mobility differences between these three groups will be made as the other independent variables are considered.

Health

The scaling results of the five health items have already been described (Chapter II, p. 35). For purpose of analysis the populations were dichotomized between scale types two and three on the scale continuum, with persons in scale types zero, one, and two being designated as in relatively "poorer" health, and types three, four, and five as in "better" health. The mobility rates for these categories are shown in Table V.

TABLE V
CHANGES OF RESIDENCE BY HEALTH* DURING FIFTEEN
YEARS PRIOR TO ADMISSION

Group	Better			Poorer		
	f	%	Mean Moves	f	%	Mean Moves
All cases	87	41	1.91	124	59	2.31
Protestant female	33	66	1.97	17	34	2.12
Jewish female	36	37	2.06	62	63	2.71
Jewish male	18	29	1.50	45	71	1.84

*Based upon resident's ranking on Guttman scale as follows:

"Better" health--Scale types 3, 4, 5

"Poorer" health--Scale types 0, 1, 2.

Altogether the persons in poorer health at time of admission had been more mobile than those in better health. This was true for all three subgroups.

It will be noted that the health status of the three groups differed significantly, as 66 per cent of the Protestant females were in "better" health as against 37 per cent of the Jewish females and only 29 per cent of the Jewish males. With regard to the different mobility rates of the three groups referred to above, it can be seen that those differences can only partially be explained on the basis of differences in health status. That is, while it was true that higher mobility was related to poorer health, and while the more mobile Jewish females also were in poorer health than the Protestant females, it was nevertheless true that the Jewish females were generally more mobile than the Protestant females, health status notwithstanding.

Similarly, the sex differences also referred to above are not negated by consideration of the health variable-- the mobility of the Jewish male group was lower than that of the Jewish female in either of the health categories.

Age

In Chapter II it was pointed out that there was considerable variation in the ages at which residents entered

the homes (Table I, p. 18). To deal with this variable the three groups were divided into two subclasses, one composed of residents who entered the institution before age seventy-six, the other of those who entered at or beyond this age.

As Table VI indicates, when all 211 cases were considered, the younger admittees had changed residence oftener than the older ones, the means being 2.44 and 1.90, respectively. But it will be noted that the increased mobility among the younger residents was accounted for by the Jewish groups (male and female); among the Protestant subjects less difference in mobility was evident between the two age groups, with the older ones actually having a slightly higher mean number of moves than the younger.

TABLE VI
CHANGES OF RESIDENCE BY AGE AT ADMISSION* DURING
FIFTEEN YEARS PRIOR TO ADMISSION

Group	Younger			Older		
	f	%	Mean	f	%	Mean
All cases	95	45	2.44	116	55	1.90
Protestant female	21	42	1.86	29	58	2.14
Jewish female	50	51	2.82	48	49	2.10
Jewish male	24	38	1.46	39	62	1.73

*Dichotomized between ages seventy-five and seventy-six.

In seeking an explanation for this, the relationship of health to age was examined. If the younger admittees were more often represented in the "poorer" health category this would explain in part, at least, the higher mobility of the younger residents. As is indicated in Table VII, no such relationship existed; virtually as many of the younger admittees were in "better" health at admission as were the older ones.

TABLE VII
RELATIONSHIP OF HEALTH TO AGE FOR TOTAL POPULATION

Health	Younger		Older	
	f	%	f	%
Better	38	40	49	42
Poorer	57	60	67	58
Total	95	100	116	100

Presence of Children

One of the variables investigated that dealt with family structure was presence of children at time of admission to the home.⁴ One hundred forty-four residents

⁴Similar data were not available for residents at the beginning of the fifteen-year period. It is possible that there may have been instances of residents who had previously had children but who by the time of admission had outlived them.

had at least one child living at that time; sixty-seven had none (Table VIII).

TABLE VIII

CHANGES OF RESIDENCE BY PRESENCE OF CHILDREN AT TIME
OF ADMISSION DURING FIFTEEN YEARS PRIOR
TO ADMISSION

Group	Without Children			With Children		
	f	%	Mean	f	%	Mean
All cases	67	32	2.02	144	68	2.46
Protestant female	30	60	1.97	20	40	2.20
Jewish female	18	18	1.61	80	82	2.82
Jewish male	19	30	2.16	44	70	1.93

Among the female residents--both Jewish and Protestant--mobility was higher for residents with children than for those without. This did not hold true for the males where the reverse was found.

With respect to the females, part of the explanation may be the mere fact that the presence of children provides an additional alternative living arrangement for an older person. But it also seems safe to suggest that children function as a deterrent to institutionalization in a psychological sense by providing family ties which both parents and children may be reluctant to sever. In the two extreme cases included in the Jewish female

population in which there were twenty-one and eighteen moves, respectively, twenty in the former and nine in the latter were moves between children.

However, it appears that children do not perform this same function for the males. Earlier the notion was advanced that it may be more difficult to care for an aged male than a female in the home. This difference in mobility between Jewish males with children (1.93 moves) and Jewish females with children (2.82 moves) would tend to bear this out.

The correlation between presence of children and mobility also helps to explain the difference in rates of mobility between the two female groups. Whereas 82 per cent of the Jewish females had children when they entered the home, only 40 per cent of the Protestant females had children at that point. Accordingly, the mobility "potential" was not as great for the latter as for the former.

Marital Status

The other variable dealing with family structure was marital status. The relationships between this variable and mobility are summarized in Table IX.

Only 6 per cent of the Jewish male population was widowed for the entire period while 42 per cent of the Protestant females and 48 per cent of the Jewish females were widowed before the beginning of the fifteen-year period.

TABLE IX
CHANGES OF RESIDENCE BY MARITAL STATUS DURING
FIFTEEN YEARS PRIOR TO ADMISSION

Marital Status	All Cases			Protestant Female			Jewish Female			Jewish Male		
	f	%	Mean Moves	f	%	Mean Moves	f	%	Mean Moves	f	%	Mean Moves
Married during entire period	25	12	1.24	.	.	.	12	12	1.75	13	21	.77
Single during entire period	32	15	2.03	12	24	2.75	7	7	1.14	13	21	1.85
Widowed during entire period	72	34	2.27	21	42	2.24	47	48	2.43	4	6	.50
Became widowed during period	72	34	2.32	15	30	1.27	29	30	3.21	28	44	1.96
Other*	10	5	2.60	2	4	1.00	3	3	5.33	5	8	3.80
Total	211	100		50	100		98	100		63	100	

*Includes divorced, separated, remarried, or not otherwise classified

By the time of admission to the institution, 72 per cent of Protestant females (all who had married except two cases of divorce) and 78 per cent of Jewish females were widowed. At this same point in their life history only 50 per cent of Jewish males were widowed.⁵

Another difference in the population is the number of single persons in each group. The Protestant female group had the largest proportion (24 per cent) who had never married, the Jewish males occupied the intermediate position (21 per cent), and for the Jewish females there was a significant drop to only 7 per cent unmarried. Thus for 15 per cent of the total group there was no relative closer than siblings or the children of siblings, if, indeed, there was any relative at all, to offer alternative living arrangements or support in maintaining independent housing.

The marital status classifications in Table IX are placed in an array ranging from lowest to highest mean number of moves, all 211 cases considered. Mobility was lowest for those married throughout the period, somewhat higher for the single group, and continued to increase for

⁵These figures bear some similarity to national statistics where more than two thirds of aged males (sixty-five years and over) have a living spouse, and less than one fourth are widowed. Only 36.2 per cent of the aged females are married, and more than half are widowed. (See Birren, *op. cit.*, p. 293.)

those widowed throughout and those who became widowed during the period, and was highest for the "other" category.

It might be argued that, the "single" category notwithstanding, this ranking takes the form roughly of a "marital stability" scale, as far as the fifteen-year period is concerned, and that mobility logically would be related to that phenomenon. And it will be noted that most deviations from this pattern of relationship among the subgroups (Jewish females single throughout, Jewish males widowed throughout, and Protestant females divorced, separated, etc.) might be discounted as being based upon very small frequencies.

The most notable deviation from this pattern comes with the single Protestant females. They were actually the most mobile segment among the Protestant residents, with 2.75 mean moves. Although the data in this study do not explain this difference, it is possible that the result is a function of these persons' occupational roles, inasmuch as several of the women in this category were in such highly mobile occupations as nursing, professional church work, and live-in companion.

Pattern of Mobility

A major concern in the study was the pattern of mobility within the fifteen-year period. It is obvious

from the data shown in Table X that the rate of mobility increased sharply during this time span. Thirteen per cent of all moves for all 211 cases occurred during the first five-year period, 23 per cent during the second five years, and 64 per cent occurred in the last period. These figures represent an increase of 77 per cent in the second period over the first, and a 178 per cent increase in the third period over the middle one. Stated another way, almost two thirds of all changes of residence took place during the last one third of the entire period.

TABLE X
CHANGES OF RESIDENCE BY FIVE-YEAR PERIODS
FOR FIFTEEN YEARS PRIOR TO ADMISSION

Period	All Cases (N = 211)		Protestant Female (N = 50)		Jewish Female (N = 98)		Jewish Male (N = 63)	
	f	%	f	%	f	%	f	%
1st 5 years	57	13	21	21	27	11	9	8
2nd 5 years	104	23	26	26	58	24	20	18
3rd 5 years	292	64	54	54	157	65	81	74
15 years	453	100	101	101	242	100	110	100

This pattern held generally for the three subgroups although there was some variation among them. While the difference in rate of increase of mobility between the

Jewish males and females appears to be negligible, the difference between Protestant and Jewish groups is more significant. The Protestant group showed a larger proportion of moves taking place during the first five years and a smaller proportion occurring during the last five years than was the case with either Jewish population.

The above variations notwithstanding, the over-all impact of the data of this phase of the study seems clear. While it is true that residential mobility for some persons is minimal or nonexistent in the pre-institutional period, for the majority there is an obvious build-up in mobility that reaches its peak just prior to the point of institutionalization. For most residents, entrance into the home brings this period of increased residential instability to an abrupt end.

The evaluation of residents' morale and their definition of life in the institutional setting is not a part of this study. However, there is evidence in the larger study of which this is a part that for many the move into the institution comes as a pleasant relief from the uncertainty and stress that accompanied previous mobility. It appears to usher in a new period of stability and tranquillity which, despite the new demands for adjustment that are required, may provide the context in which morale and hope may be revitalized.

CHAPTER IV

RESULTS AND INTERPRETATIONS: LIVING ARRANGEMENTS

The second major area of this study was concerned with living arrangements. These were studied from two standpoints: (1) number of changes in living arrangement, and (2) types of living arrangement experienced during the fifteen-year period.

Changes in Living Arrangement

The 211 subjects changed living arrangements a total of 351 times during the fifteen-year period, not counting the move into the home (Table XI). The range was zero to fourteen changes. Approximately 24 per cent did not change living arrangements at all, 29 per cent changed once, and 46 per cent changed two or more times. Four persons (2 per cent) changed living arrangements oftener than five times. The mean number of changes was 1.66, the median 1.88.

Changes in living arrangement were very closely related to mobility, although they were not identical. Eighty-nine per cent of changes of living arrangement were also moves; 69 per cent of moves were also changes in living arrangement. Stated another way, 31 per cent of moves

involved a change of address only, and household structure was not disturbed. Eleven per cent of changes of living arrangement represented changes in household structure but did not involve a move.

TABLE XI
CHANGES IN LIVING ARRANGEMENT DURING FIFTEEN YEARS
PRIOR TO ADMISSION*

Changes	All Cases		Protestant Female		Jewish Female		Jewish Male	
	f	%	f	%	f	%	f	%
0	51	24.2	12	24	23	24	16	25
1	62	29.4	19	38	23	24	20	32
2	53	25.1	14	28	25	26	14	22
3	22	10.4	3	6	14	14	5	8
4	13	6.1	1	2	8	8	4	6
5	6	2.8	..	..	3	3	3	5
6	1	0.5	..	..	1	1	..	..
7	1	0.5	..	..	..	..	1	2
9	1	0.5	1	2	..	..	..	..
14	1	0.5	..	..	1	1	..	..
Total	211	100.0	50	100	98	101	63	100
Number of changes of living arrangement	351		69		182		100	
Mean	1.66		1.38		1.86		1.59	
Median	1.88		1.07		2.12		1.08	
Number of changes of residence	453		101		242		110	
Mean	2.15		2.02		2.47		1.75	
Median	2.23		2.21		2.48		1.71	

*Not including the move into the home

The pattern of accelerated mobility during the fifteen-year period which was noted and discussed in Chapter III was also evident with regard to changes in living arrangements. It will be noted in Table XII that the percentage distributions of these two variables for the three five-year periods are almost identical. Considering all 211 cases, 11 per cent of all changes in living arrangement occurred during the first five-year period, 23 per cent during the second five years, and 66 per cent in the last period. These figures represent an increase of 109 per cent in the second period over the first, and a 187 per cent increase in the third period over the middle one. Similar relationships held for the three subgroups taken separately. In all, two thirds of all changes of living arrangement, as of residence, took place during the last one third of the fifteen-year period.

TABLE XII

CHANGES OF RESIDENCE AND LIVING ARRANGEMENT BY FIVE-YEAR PERIODS FOR FIFTEEN YEARS PRIOR TO ADMISSION*

Period	All Cases		Protestant Female		Jewish Female		Jewish Male	
	Moves %	L.A.** %	Moves %	L.A.** %	Moves %	L.A.** %	Moves %	L.A.** %
1st 5 years	13	11	21	22	11	8	8	9
2nd 5 years	23	23	26	22	24	24	18	22
3rd 5 years	64	66	54	57	65	68	74	69
15 years	100	100	101	101	100	100	100	100

*Frequencies can be found in Table X, p. 50

**Living arrangement

Thus the problem of the aged person, noted in Chapter II, of adjustment to a new environment is frequently compounded by an often basic change in family structure. This is in contrast to mobility patterns in society generally where it can be assumed that most changes of residence consist only of a change of address while a family or household remains intact.

Changes in living arrangements were analyzed in the same fashion as changes in residence with regard to health, age, marital status, and presence of children. The patterns of relationship between changes of living arrangement and these four variables turned out to be the same as was the case with changes of residence, except for minor variations concerning a few of the marital status subcategories (see Appendix B). Hence these data will not be discussed here.

Types of Living Arrangement

To analyze the types of living arrangement (as distinguished from the changes) in relation to the several variables, attention was focused upon residents' living arrangements at four points during the fifteen-year period. These were (1) fifteen years prior to admission to the home, (2) ten years prior, (3) five years prior, and (4) at admission.

It will be recalled (Chapter II) that while not all changes of living arrangement could be precisely designated, their placement within the three five-year periods could be established with a reasonable degree of certainty. Analysis of living arrangements at these four points in time instead of over the full period represents a significant loss of refinement, but it did permit useful analysis of cross-sectional patterns of living arrangements and of progressive changes as well.

An examination of Table XIII shows that the most obvious patterns of change were: (1) a decline in the number of residents living "with spouse" during the fifteen-year period and (2) an increase in the number living in an institution. While 47 per cent were still living with their spouse fifteen years prior to admission, only 9 per cent did so at time of admission. And whereas no resident was institutionalized at the beginning of the period, 21 per cent were at the end.

It will be noted that virtually all changes to an institutional type of living arrangement took place during the last five-year period. While this information is not revealed in Table XIII, institutional changes accounted for 92 of the 351 total changes referred to above (or 26 per cent), and 88 per cent of these occurred during the last five years. The question may be raised as to

whether the accelerated mobility referred to earlier was largely a function of institutionalization. It was not; 56 per cent of all changes in living arrangement, excluding the institutional types, still took place during the last one third of the entire period.

Accompanying the decline in persons living "with spouse" was a gradual increase of persons living "with or adjacent to relatives." As one might expect, most of these changes involved moving into the home of a child, and the evidence points to the fact that the residents were more likely to move in with a daughter than with a son. Similarly, while living with a sibling or other relative was not a common arrangement at any period, and, indeed, appeared to decline in the period just before admission, it seems significant that when such an arrangement did occur it was more probable that a person would move into the home of a female relative than a male. It will be noted also that there was some increase in persons living "with or adjacent to nonrelatives." However, the sex of the nonrelatives was not distinguished.

Another pattern was that of an increase of those living "alone in house or apartment" from 13 per cent at the beginning to 23 per cent at the fifth year prior, and then a decline to 12 per cent by time of admission.

TABLE XIII

TYPES OF LIVING ARRANGEMENTS AT FOUR POINTS DURING FIFTEEN-YEAR PERIOD, ALL CASES

Living Arrangement	Beginning		10th Year Prior		5th Year Prior		At Admission	
	f	%	f	%	f	%	f	%
With spouse ^a	99	47	78	37	51	24	19	9
Alone, in house or apartment	28	13	34	16	49	23	25	12
With or adjacent to relative	51	23	58	27	70	33	77	35
With daughter	13	6	21	10	28	13	38	18
With son	12	6	14	7	14	7	18	8
With sister	9	4	11	5	13	6	6	3
With brother	3	1	3	1	2	1	1	*
With other relative, female	12	6	6	3	6	3	7	3
With other relative, male	1	*	1	*	2	1	2	1
Alone, adjacent to relative	1	*	2	1	5	2	5	2
With or adjacent to nonrelative	33	16	42	19	40	19	47	22
With friend, other nonrelative	4	2	10	5	14	7	20	9
Alone, adjacent to nonrelative	29	14	31	15	26	12	27	13
Institution	..	..	..	..	1	*	43	21
Home for aged	..	..	..	..	..	..	7	3
Nursing home	..	..	..	..	..	..	16	8
General hospital	..	..	..	..	..	..	16	8
Mental hospital	..	..	..	..	1	*	4	2
Other institution	..	..	..	..	..	..	..	..
Total	211	99	211	99	211	99	211	99

^aWith or without other relatives

^bSame eating facilities

^cSeparate eating facilities. Includes boarding house, room, or institutional setting if resident employed therein.

^dIncludes hotel for aged persons

*Less than 1 per cent

Possibly this was a result of widowhood, followed first by a period in which independence could be maintained, and then by a period of increasing dependence which necessitated a more protected type of living arrangement.

All but three of the 211 subjects of this study were sixty-five years of age or over when they entered the home. If their last living arrangement prior to entering the home is compared to the living arrangements of all persons sixty-five or over in the last United States census, a marked difference is noted as shown in Table XIV. Whereas for this age category in the United States as a whole 49 per cent were still living "with spouse," in this study only 9 per cent were. And while the Census Bureau figures show only 2.4 per cent of this age group in an institutional setting, 20 per cent of the population of this study were admitted to the home from another institution. Therefore it can be seen that to a large extent this study dealt with widowed or single persons who had resorted to other institutional settings before entering a home for the aged.

Thus far discussion has been based on consideration of all 211 cases taken as the population. The living arrangements of the three subgroups classified according to the five major categories are shown in Table XV. It is evident that virtually identical patterns were reflected in

the three subgroups as for the total population, although the percentage distributions vary somewhat. These sources of variation will be examined in relation to the same independent variables considered in the discussion of residential mobility.

TABLE XIV

COMPARISON OF LIVING ARRANGEMENTS OF THOSE AGE 65 AND OVER FROM THE CENSUS BUREAU FIGURES (1961) AND LIVING ARRANGEMENTS OF THE POPULATION OF THIS STUDY IMMEDIATELY PRIOR TO ADMISSION

Group	Living Arrangement			
	With Spouse %	With Relative %	Alone or with Non-relative %	Institution %
1961 Census*				
Both sexes, 65+	49.3	25.2	23.1	2.4
Men, 65+	67.8	15.6	14.2	2.4
Women, 65+	34.3	33.1	30.2	2.4
This study				
Both sexes	9	36	34	20
Jewish male	19	27	29	25
Jewish female	6	46	25	22
Protestant female	. .	32	58	10

*Source: Adapted from basic data for 1961 in pre-publication table, "Household and Family Status of Persons 65 Years of Age and over, 1950 and 1961," released by the U. S. Department of Health, Education, and Welfare, Special Staff on Aging, June, 1962.

TABLE XV

TYPES OF LIVING ARRANGEMENTS AT FOUR POINTS DURING
FIFTEEN-YEAR PERIOD, TOTAL POPULATION
AND THREE SUBGROUPS

Living Arrangement	Begin- ning %	10th Year Prior %	5th Year Prior %	At Admis- sion %
With spouse				
All (N=211)	47	37	24	9
Protestant female (N=50)	32	16	10	. .
Jewish female (N=98)	42	35	18	6
Jewish male (N=63)	67	57	44	19
Alone, in house or apartment				
All	13	16	23	12
Protestant female	18	24	34	22
Jewish female	15	17	24	9
Jewish male	6	8	13	8
With or adjacent to relative				
All	24	28	33	36
Protestant female	20	22	24	32
Jewish female	34	37	42	46
Jewish male	13	18	27	27
With or adjacent to nonrelative				
All	16	19	19	22
Protestant female	30	38	32	36
Jewish female	10	11	14	16
Jewish male	14	18	16	21
Institution				
All	. .	. .	*	20
Protestant female	. .	. .	. .	10
Jewish female	. .	. .	1	22
Jewish male	. .	. .	. .	25

*Less than 1 per cent

Sex and Religion

Referring to Table XV it appears that the Protestant females maintained a pattern of independent living throughout the period to a greater extent than did either Jewish group. Even immediately prior to entering the home, 22 per cent of the Protestant females were still living alone in a house or apartment, whereas only 9 per cent of the Jewish females and 8 per cent of the Jewish males were living in so independent an arrangement.

Two factors should be taken into account when considering this difference between the religio-ethnic groups. First, 24 per cent of the Protestant females were single at time of admission whereas only 7 per cent of the Jewish females were in this marital status category. Possibly part of the difference between the two female groups can be accounted for by the assumption that as age increased, the Protestant females chose the Methodist home as a living arrangement which allowed them to maintain their independence from rather more distant relatives. This fails to explain the fact, however, that while 21 per cent of the Jewish males were single at time of admission, only 8 per cent were living "alone."

A second factor which would bear some relationship to dependency of the residents throughout the period was the admission policies of the two homes. Since the Protestant

home admitted only the "well" aged, their admittees would be expected to be better able to maintain an independent living arrangement prior to admission. The Jewish home, on the other hand, admitted some senile and otherwise handicapped residents who came from such dependent living arrangements as general hospitals, mental institutions, nursing homes, or other homes for the aged.

Perhaps the most conspicuous difference between the male and female populations was the higher percentage of females (both Jewish and Protestant) who, at all four points in the fifteen-year period, lived "with or adjacent to relatives." The Jewish female population was most notable in this respect (34, 37, 42, and 46 per cent) while the Protestant females were somewhat less likely to be found in this arrangement (20, 22, 24, and 32 per cent). In the Jewish male population only 13, 18, 27, and 27 per cent were living "with or adjacent to relatives," at the four points. These data confirm the assertion found frequently in the literature¹ that aged females are more dependent upon relatives other than spouse than are aged males.

In this connection the difference between the sexes in the proportion living "with or adjacent to relatives"

¹Schorr, op. cit., p. 8.

is considerably modified when the category "with spouse" is considered. If these two categories are combined, the proportions for each subgroup become 52, 38, 34, and 32 per cent for the Protestant females, 76, 72, 60, and 52 per cent for the Jewish females, and 80, 75, 71, and 46 per cent for Jewish males. Now the greatest difference in proportion is between the religio-ethnic groups, although all three show the same pattern of steady decline throughout the period of the type of living arrangements in which family relationships are primary.

Another difference has to do with the proportions of each group who were in an institutional setting just prior to admission to the home. Only 10 per cent of the Protestant females as against 22 per cent of the Jewish females and 25 per cent of the Jewish males were classified as living in a home for the aged, nursing home, or general or mental hospital. This again may be a reflection of the admission policies of the two homes referred to above.

Health

Table XVI reveals a smaller difference in living arrangements between those in "better" health and "poorer" health, for all groups taken together, than one might expect. Somewhat larger proportions of the 211 residents in "poorer" health lived "with spouse" (49, 41, 29, and 10

per cent) than did those in "better" health (44, 31, 17, and 7 per cent). However, slightly larger proportions of those in "better" health lived alone throughout the period (14, 16, 24, and 17 per cent) than did those in "poorer" health (13, 16, 22, and 7 per cent). Also, those in "better" health somewhat more often lived "with or adjacent to relative" and "with or adjacent to nonrelative." Perhaps the most notable difference was found in the category "institution." Only 10 per cent of those in "better" health were in an institution as their last living arrangement before entering the home, but 27 per cent of those in "poorer" health were in this category.

It must be emphasized at this point that health status was established essentially "at admission" and assumptions about the residents' health during the pre-institutional period should be made with great caution. However, it seems logical that most of the illnesses were of a chronic nature and very likely had an extensive history. This analysis rests on the assumption that some deterioration of health took place during the fifteen-year period, even though the onset of any given health problem could not be established.

The Protestant female group conformed very closely to the patterns just described. In the Jewish female group there was some deviation. For instance, more of

those in "better" health (50, 42, 19, and 8 per cent) than those in "poorer" health (37, 31, 18, and 5 per cent) were living with spouse. Also in the category "alone" the pattern was reversed; more of those in "poorer" health (16, 19, 29, and 8 per cent) lived alone than did those in "better" health (14, 14, 17, and 8 per cent). For those of the Jewish females living "with or adjacent to relative" and "with or adjacent to nonrelative" the pattern was mixed. While fewer of those in "poorer" health lived with relatives at the beginning than did those in "better" health (28 and 37 per cent, respectively), the reverse was true at time of admission (50 and 44 per cent, respectively). The category "institution" conformed to the total population pattern with 24 per cent of those in "poorer" health and 19 per cent of those in "better" health in this arrangement just prior to admission.

The Jewish male population followed the pattern noted for all groups taken together in every living arrangement. There was, however, a much greater difference in the proportions in each living arrangement between those in "better" and "poorer" health in the male population than was evidenced in either female population. Although this was manifest at each of the four points where living arrangements were stabilized, the final period pointed up these differences most clearly (see Table XVI).

TABLE XVI

TYPES OF LIVING ARRANGEMENTS BY HEALTH^a AT FOUR POINTS
DURING FIFTEEN-YEAR PERIOD

Living Arrangement	Better Health				Poorer Health			
	15 ^b	10	5	0	15	10	5	0
All cases		(87) ^c				(124)		
With spouse	44	31	17	7	49	41	29	10
Alone	14	16	24	17	13	16	22	7
W/adj. ^d relative	24	29	37	40	24	27	30	34
W/adj. nonrel.	18	24	22	25	14	16	18	21
Institution	. .	. .	. .	10	. .	. .	1	27
Total	100	100	100	99	100	100	100	99
Protestant female		(33)				(17)		
With spouse	30	12	9	. .	35	24	12	. .
Alone	18	24	33	24	18	24	29	18
W/adj. relative	21	24	24	33	18	18	18	29
W/adj. nonrel.	30	39	33	36	29	35	41	35
Institution	. .	. .	. .	6	. .	. .	. .	18
Total	99	99	99	99	100	101	100	100
Jewish female		(36)				(62)		
With spouse	50	42	19	8	37	31	18	5
Alone	14	14	17	8	16	19	29	8
W/adj. relative	28	33	50	50	37	39	37	44
W/adj. nonrel.	8	11	14	14	10	11	14	19
Institution	. .	. .	. .	19	. .	. .	2	24
Total	100	100	100	99	100	100	100	100
Jewish male		(18)				(45)		
With spouse	56	44	28	11	71	62	51	22
Alone	6	6	22	22	7	9	9	2
W/adj. relative	22	28	33	39	9	13	24	22
W/adj. nonrel.	17	22	17	28	13	16	16	18
Institution	. .	. .	. .	. .	. .	. .	. .	36
Total	101	100	100	100	100	100	100	100

^aBased upon resident's ranking on Guttman scale as follows: "Better" health--scale types 3, 4, 5; "poorer" health--scale types 0, 1, 2.

^b15--15 years prior to admission; 10--10 years prior to admission; 5--5 years prior to admission; 0--at admission.

^cNumbers in parentheses indicate number of cases

^dWith or adjacent to

In the last living arrangement prior to entering the home, 11 per cent more Jewish males in "poorer" health were living "with spouse." Twenty per cent more of those in "better" health were living "alone." In the categories "with or adjacent to relative" and "with or adjacent to nonrelative" the differences were 17 and 10 per cent, respectively. And while none of those in "better" health were in an institution just prior to admission to the home, 36 per cent of those in "poorer" health were. This was a range of from 10 to 36 per cent difference between those in "better" health and "poorer" health in the male group for the final period. The range of difference in the female groups for this period was from zero to 12 per cent.

These greater proportional differences on the health dichotomy between the male and female populations indicate that the health factors which influence living arrangement in this aged population were intensified in the case of the male. That is to say that, although in none of the subgroups were aged persons in "poorer" health more likely to be living alone than the ones in "better" health, the aged males in "poorer" health were considerably less likely to be living "alone" than were the females. Similarly, although the aged persons in the total population who were in "poorer" health were less likely to be living

"with or adjacent to relative" (or nonrelative for that matter), the males in poor health were even less likely than the females to live with relatives. Consequently, the most usual living arrangement for the male in "poorer" health at admission time was an "institution." These differences are thought to be related both to traditional sex roles in contemporary society and to the greater difficulty involved in incorporating an aged, and particularly an aged and ill, male relative into the family structure.²

Age

Age as a variable had little effect on the living arrangements for the total population except for two categories. In the first place, the proportion of those living "with or adjacent to relative" was greater for the age group seventy-six and over (28, 32, 39, and 41 per cent) than for the group under seventy-six (20, 22, 26, and 30 per cent--see Table XVII). Secondly (and not unexpectedly since this would help explain their earlier entrance into the home), the proportion in an "institutional" living arrangement was higher for the younger group (25 per cent) than for the older (16 per cent) at time of admission. In the other three living arrangement categories proportions did not vary more than 5 per cent

²See Chapter III, p. 39.

between the age groups at any point and were not considered significant.

Although the three subgroups followed the same general pattern, there was considerable variation among them. In the Protestant female group a more rapid rate of widowing for the older group was clearly evidenced by the smaller proportion living "with spouse" (31, 10, 3, and 0 per cent) as compared with those who were younger (33, 24, 19, and 0 per cent). Also the younger group, particularly at the two final periods, were more likely to be living alone (19, 24, 43, and 33 per cent) than were the older ones (17, 24, 28, and 14 per cent). In the Protestant female group, the older person was generally more likely to be living "with or adjacent to relative" (24, 28, 28, and 31 per cent) and "with or adjacent to nonrelative" (28, 38, 41, and 45 per cent) than was the younger person (14, 14, 19, and 33 per cent and 33, 38, 19, and 24 per cent). The number in an institution for the final period was identical in the two age dichotomies (10 per cent).

For the Jewish female group the differences between the age groups was generally smaller, but the same pattern was maintained. There appeared to be more rapid widowing among the older group; the younger were more likely to be living alone, and the older group more often lived "with or adjacent to relative" or "with or adjacent to nonrelative."

TABLE XVII

TYPES OF LIVING ARRANGEMENTS BY AGE^a AT ADMISSION
AT FOUR POINTS DURING FIFTEEN-YEAR PERIOD

Living Arrangement	Younger				Older			
	15 ^b	10	5	0	15	10	5	0
All cases		(95) ^c				(116)		
With spouse	47	38	27	10	46	36	22	9
Alone	16	18	24	14	11	15	22	10
W/adj. ^d relative	20	22	26	30	28	32	39	41
W/adj. nonrel.	17	22	21	21	15	17	17	23
Institution	. .	. .	1	25	. .	. .	. .	16
Total	100	100	99	100	100	100	100	99
Protestant female		(21)				(29)		
With spouse	33	24	19	. .	31	10	3	. .
Alone	19	24	43	33	17	24	28	14
W/adj. relative	14	14	19	33	24	28	28	31
W/adj. nonrel.	33	38	19	24	28	38	41	45
Institution	. .	. .	. .	10	. .	. .	. .	10
Total	99	100	100	100	100	100	100	100
Jewish female		(50)				(48)		
With spouse	46	36	22	4	38	33	15	8
Alone	18	18	22	10	13	17	27	8
W/adj. relative	28	32	36	42	40	42	48	50
W/adj. nonrel.	8	14	18	14	10	8	10	19
Institution	. .	. .	2	30	. .	. .	. .	15
Total	100	100	100	100	101	100	100	100
Jewish male		(24)				(39)		
With spouse	63	54	46	25	69	59	44	15
Alone	8	13	13	4	5	5	13	10
W/adj. relative	8	8	13	8	15	23	36	38
W/adj. nonrel.	21	25	29	33	10	13	8	13
Institution	. .	. .	. .	29	. .	. .	. .	23
Total	100	100	101	99	99	100	101	99

^aDichotomized between ages 75 and 76

^b15--15 years prior to admission; 10--10 years prior to admission; 5--5 years prior to admission; 0--at admission.

^cNumbers in parentheses indicate number of cases

^dWith or adjacent to

However, twice as many younger (30 per cent) as older (15 per cent) persons were in an "institution" for their final living arrangement prior to admission to the home.

Again the Jewish males, while following the general pattern of living arrangements throughout the period, had greater variation between the younger and older groups than did either female population. Thus in the category "with or adjacent to relative" the younger group had proportions of 8, 8, 13, and 8 per cent at the four points in time and the older group had 15, 23, 36, and 38 per cent. While in no other category of living arrangement was the variation so great, there was on the whole a greater difference between the younger and older Jewish males than was evident in either female population.

Presence of Children

An examination of Table XVIII seems to confirm the statement that children frequently provide another living arrangement which in all probability serves the function of postponing entrance into the home. While in the total population the proportions living "with or adjacent to relative" at the first two points in time were not very different for those without children (30 and 30 per cent) and those with children (22 and 26 per cent), there was a much greater difference by five years prior to admission.

TABLE XVIII

TYPES OF LIVING ARRANGEMENTS BY PRESENCE OF CHILDREN
AT TIME OF ADMISSION AT FOUR POINTS
DURING FIFTEEN-YEAR PERIOD

Living Arrangement	With Children				Without Children			
	15*	10	5	0	15	10	5	0
All cases		(144)**				(67)		
With spouse	60	49	32	12	19	10	7	2
Alone	12	16	19	6	15	16	31	25
W/adj.*** relative	22	26	38	46	30	30	24	18
W/adj. nonrel.	6	8	10	17	36	43	37	34
Institution	. .	. .	1	20	. .	. .	. .	21
Total	100	99	100	101	100	99	99	100
Protestant female		(20)				(30)		
With spouse	40	20	15	. .	27	13	7	. .
Alone	10	20	30	5	23	27	37	33
W/adj. relative	35	40	40	60	10	10	13	13
W/adj. nonrel.	15	20	12	20	40	50	43	47
Institution	. .	. .	. .	15	. .	. .	. .	7
Total	100	100	100	100	100	100	100	100
Jewish female		(80)				(18)		
With spouse	48	40	21	8	17	11	6	. .
Alone	17	20	22	8	6	6	34	17
W/adj. relative	28	30	41	48	61	67	44	39
W/adj. nonrel.	7	10	14	16	17	17	17	17
Institution	. .	. .	1	21	. .	. .	. .	28
Total	100	100	99	101	101	101	101	101
Jewish male		(44)				(19)		
With spouse	91	79	59	25	10	5	10	5
Alone	4	7	9	2	10	10	21	21
W/adj. relative	4	14	30	36	32	26	21	5
W/adj. nonrel.	. .	. .	2	16	47	58	47	32
Institution	. .	. .	. .	20	. .	. .	. .	37
Total	99	100	100	99	99	99	99	100

*15--15 years prior to admission; 10--10 years prior to admission; 5--5 years prior to admission; 0--at admission.

**Numbers in parentheses indicate number of cases

***With or adjacent to

At this time and at admission, only 24 and 18 per cent of those without children were living "with or adjacent to relative" but for those with children, 38 and 46 per cent were in this living arrangement. The decrease in proportion of those "living with or adjacent to relative" in the former group is thought to be largely a result of death of siblings or other peer relatives and the increase in the latter group the result of moving into the home of a daughter or a son.

Table XVIII reveals also that persons living "with or adjacent to nonrelative" were largely those without children. For all cases taken together only 6, 8, 10, and 17 per cent of those with children were in this category. But for those without children the proportions were 36, 43, 37, and 34 per cent. This, then, was the most usual living arrangement for those who were single or widowed without children in this population.

For the total population, persons living "alone" were more likely to be those without children (15, 16, 31, and 25 per cent) than those with children (12, 16, 19, and 6 per cent). However, presence of children seemed to have little effect on the number in an "institution" at admission, for the proportions were virtually the same--20 per cent of those with children, 21 per cent of those without.

The same patterns were evident within the subgroups, with two exceptions. These were in the categories living "with or adjacent to relative" and "institution." Protestant females with children were much more likely to be living "with or adjacent to relative" (35, 40, 40, and 60 per cent) than were those without children (10, 10, 13, and 13 per cent). This suggests that a large proportion of the Protestant females were living with children. But for both Jewish groups the pattern was different. For Jewish females with children 28, 30, 41, and 48 per cent were living "with or adjacent to relative" and for those without children the proportions were 61, 67, 44, and 39 per cent. For Jewish males with children, 4, 14, 30, and 36 per cent were in this living arrangement, and 32, 26, 21, and 5 per cent of those without children lived "with or adjacent to relative." This suggests that among the Jewish population there was a much higher incidence of living with a sibling or other relative than was true for the Protestant females.

The second difference between the populations was in regard to the category "institution." Just prior to admission to the home, the Protestant females with children were twice as likely to be institutionalized as those without (15 per cent as compared to 7 per cent). However, in both Jewish groups those without children were more

often in this living arrangement. For Jewish females the figures were 28 per cent of those without children in an institution, 21 per cent of those with children; for Jewish males, 37 per cent of those without and only 20 per cent of those with children.

Marital Status

The most obvious facet of any consideration of marital status for this population was widowhood. Whereas ninety-nine or 47 per cent (twenty-five "married throughout," seventy-two "became widowed," and two of the "other" category) were "living with spouse" at the beginning of the period, only eighteen or 9 per cent (sixteen "married throughout," one "became widowed" but remarried, and one "other"--divorced and remarried) were "living with spouse" at the end of the period (Table XIX). This means that for a substantial segment of the population there was a basic change in household structure during this fifteen-year period.

In addition there were seventy-two or 34 per cent who were widowed throughout the period, and for whom a similar change in family structure had occurred earlier.

However, the rates of widowhood for the three subgroups differed, and this created differences between them in living arrangement patterns.

TABLE XIX

TYPES OF LIVING ARRANGEMENTS BY MARITAL STATUS
AT FOUR POINTS DURING FIFTEEN-YEAR PERIOD

Living Arrangement	Married Throughout				Widowed Throughout			
	15* %	10 %	5 %	0 %	15 %	10 %	5 %	0 %
All cases (211)**		(25)				(72)		
With spouse	100	100	100	64	. .	. .	. .	. .
Alone	. .	. .	. .	. .	28	26	30	11
W/adj.*** relative	. .	. .	. .	12	51	53	49	47
W/adj. nonrel.	. .	. .	. .	4	21	21	19	24
Institution	. .	. .	. .	20	. .	. .	1	18
Total	100	100	100	100	100	99	99	100
Protestant female (50)						(21)		
With spouse	. .	. .	. .	. .	. .	. .	. .	. .
Alone	. .	. .	. .	. .	24	24	29	14
W/adj. relative	. .	. .	. .	. .	38	43	43	48
W/adj. nonrel.	. .	. .	. .	. .	38	33	29	29
Institution	. .	. .	. .	. .	. .	. .	. .	10
Total	. .	. .	. .	. .	100	100	101	101
Jewish female (98)		(12)				(47)		
With spouse	100	100	100	50	. .	. .	. .	. .
Alone	. .	. .	. .	. .	32	30	34	8
W/adj. relative	. .	. .	. .	17	53	53	47	47
W/adj. nonrel.	. .	. .	. .	8	15	17	17	21
Institution	. .	. .	. .	25	. .	. .	2	23
Total	100	100	100	100	100	100	100	99
Jewish male (63)		(13)				(4)		
With spouse	100	100	100	77	. .	. .	. .	. .
Alone	. .	. .	. .	. .	. .	. .	. .	25
W/adj. relative	. .	. .	. .	8	100	100	100	50
W/adj. nonrel.	. .	. .	. .	. .	. .	. .	. .	25
Institution	. .	. .	. .	15	. .	. .	. .	. .
Total	100	100	100	100	100	100	100	100

*15--15 years prior to admission; 10--10 years prior to admission; 5--5 years prior to admission; 0--at admission.

**Numbers in parentheses indicate number of cases

***With or adjacent to

TABLE XIX--Continued

Became Widowed				Single				Other			
15 %	10 %	5 %	0 %	15 %	10 %	5 %	0 %	15 %	10 %	5 %	0 %
100	(72)				(32)				(10)		
100	71	32	1	16	16	31	22	20	20	30	10
..	10	22	11	41	34	25	16	30	30	10	20
..	11	35	47	44	50	44	38	10	10	20	..
..	8	11	19	..	..	..	25	40	40	40	50
..	..	..	21	..	..	..	..	..	..	..	20
100	100	100	99	101	100	100	101	100	100	100	100
100	(15)				(12)				(2)		
100	47	27	..	25	25	33	17	50	50	50	..
..	20	40	33	17	8	8	8	50	50	50	50
..	7	13	20	58	67	58	58	..	..	..	..
..	27	20	40	..	..	..	17	..	..	..	50
..	..	..	7	..	..	..	..	..	..	..	..
100	101	100	100	100	100	99	100	100	100	100	100
100	(29)				(7)				(3)		
100	76	17	..	..	..	..	..	..	..	33	..
..	10	21	7	..	..	29	29	..	..	..	33
..	10	45	58	100	100	71	57	33	33	33	..
..	3	17	14	..	..	..	..	67	67	33	33
..	..	..	21	..	..	..	14	..	..	..	33
100	99	100	100	100	100	100	100	100	100	99	99
100	(28)				(13)				(5)		
100	79	50	4	15	15	31	23	20	20	20	20
..	4	14	4	31	23	15	..	40	40	..	..
..	14	36	50	54	62	54	38	..	..	20	..
..	4	..	14	..	..	..	38	40	40	60	60
..	..	..	28	..	..	..	38	..	..	..	20
100	101	100	100	100	100	100	99	100	100	100	100

No one in the Protestant female population was married and living with spouse at time of admission; all who had ever been married were widowed or divorced. Forty-two per cent were widowed throughout the fifteen-year period. The most usual living arrangement for this group throughout the period was "with or adjacent to relative" (38, 43, 43, and 48 per cent). For the 30 per cent who became widowed during this period, however, relatives were not resorted to in the same proportion (0, 7, 13, and 20 per cent). Their most usual living arrangement was "alone in house or apartment" (0, 20, 40, and 33 per cent) or "with or adjacent to nonrelative" (0, 27, 20, and 40 per cent).

The Jewish females, whether widowed before or during the period, were most likely to live in the home of a relative. Widowhood occurred in 48 per cent of the cases before the fifteen-year period. In this group the proportions living "with or adjacent to relative" were 53, 53, 47, and 47 per cent. Among the 30 per cent who became widowed during the period it was still the most usual arrangement after the death of spouse (0, 10, 45, and 58 per cent).

The Jewish males were widowed much more slowly throughout this period than either female population. Twenty-one per cent were still married at time of admission to the home. However, when marital patterns were disrupted, the Jewish male no less than the Jewish female

was likely to live "with or adjacent to relative." The number of males widowed throughout (4) was too small to be significant, but of those who became widowed 0, 14, 36, and 50 per cent were found at the four points in time living "with or adjacent to relative."

The category "single throughout" was too small a part of the Jewish female group to be significant (less than 7 per cent). For the Protestant females and Jewish males, however, those "single throughout" were, respectively, 24 and 20 per cent of the total group. Those single in both of these groups had as their most usual living arrangement "with or adjacent to nonrelative" (Protestant females, 58, 67, 58, and 58 per cent; Jewish males, 54, 62, 54, and 38 per cent). Living "alone" was also a frequent arrangement (25, 25, 33, and 17 per cent for Protestant females and 15, 15, 31, and 23 per cent for Jewish males). At time of admission only 8 per cent of single Protestant females and no Jewish male lived with or adjacent to a relative, although earlier this had been a fairly frequent living arrangement (17, 8, and 8 per cent for Protestant females, 31, 23, and 15 per cent for Jewish males). The proportion institutionalized in the final period was high for the single population of these two groups--17 per cent for Protestant females, 38 per cent for Jewish males.

The final category of individuals of all other types of marital status was too small to be of significance. This category contained less than 5 per cent of the total population.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This was a study of residential mobility and types and changes in living arrangements of a group of institutionalized aged persons in relation to the variables of sex, religion, age, health, presence of children, and marital status.

The population of the study consisted of 211 residents of two homes for the aged in Dallas, Texas. One, a Protestant home, admitted only women and only those who could be classified as the "well" aged. The other, a Jewish home, admitted both men and women and was a "multi-functional" institution admitting some residents who were senile, nonambulatory, and in various stages of physical dependency. The population consisted of three groups: (1) 50 Protestant females, (2) 98 Jewish females, and (3) 63 Jewish males.

Information was obtained on the residents' living arrangements during a fifteen-year period prior to their admission to the homes. These and other essential data were obtained through personal interviews with residents

and/or case histories which had been compiled by the institutions as part of the pre-admission routine.

Residential mobility was defined essentially as any change of address. Living arrangements were defined according to a sixteen-item classificatory system. This system was designed to take into account the residents' family relationships as well as their degree of dependency. For much of the analysis a condensed form of this classification was used which included the following five categories:

1. With spouse
2. Alone, in house or apartment
3. With or adjacent to relative
4. With or adjacent to nonrelative
5. Institution.

Sex, religion, age, and presence of children at time of entrance into the home were largely matters of record and were accepted from the case histories or personal interviews. Marital status was established for the entire period studied, again from the records and interviews. Defining the variable of health was a somewhat more complex process. A Guttman scale was devised on the basis of the residents' ratings on five aspects of health: ambulation, senility, physical handicap, internal disease, and general health.

In analyzing the data thus obtained and classified, the fifteen-year period was trichotomized into five-year periods. Mobility rates were based on the mean number of changes of residence and living arrangements during the fifteen-year period and the three subperiods. Living arrangements were classified at the beginning of the fifteen-year period, ten years prior to admission, five years prior, and at admission. This permitted analysis of cross-sectional patterns of living arrangement in relation to each of the variables considered in the study. It was also possible to assess progressive changes as they related to the variables under consideration. Statistical procedures were limited to simple proportional comparisons between subgroups in relation to each of the independent variables, since no probability sampling methods were employed.

Conclusions

The exploratory nature of the study precludes the presentation of the findings as conclusive. They are seen, rather, as points of departure for further research.

Several general patterns emerged when the data were analyzed as described. First, the fifteen-year period was a time in which, for the majority of the population, mobility accelerated until the time of entrance into the

home. On the average, each person moved two or more times during the fifteen years, and changed living arrangements once or twice. Two thirds of these changes of residence (and of living arrangement) took place in the last one third of the period. Second, the main pattern of change in living arrangement was from living "with spouse" to "with or adjacent to relative." The third pattern was one of greatly increased institutionalization in the last five-year period prior to entrance into the home.

Two factors--changes in health and changes in family structure--appear to be of greatest significance in explaining both mobility and changes in living arrangement. Increased dependency, whether the result of decline in health or a disturbance of the household through death or other removal of a family member, was a signal generally for increased mobility. However, both actual number and types of changes in living arrangement were found to vary in relation to presence of children and sex of the aged person. Obviously, presence of children presents the individual with an alternative living arrangement not available to those with only more distant relatives. It also appears that widowhood and/or deterioration of health result more quickly in entrance into a home in the case of the male, thus reducing both his mobility and the types of living arrangement in his

residence history. Apparently it is easier to fit a female into the pattern of family life than to accommodate an aged male relative. This is probably accentuated by the fact, borne out in this study, that care of any aged person more often devolves upon a daughter or other female relative than upon a son or other male relative.

Aside from these more general conclusions, one of the most salient aspects of the study was the degree of inter-relationship among the variables. Thus age and marital status were inextricably linked, as were presence of children and marital status, health and religio-ethnic background (because of the admission policies of the two homes). It is with this interdependence in mind that some conclusions are summarized in relation to the six variables.

Sex

Sex was one of the most significant variables in explaining both mobility and pattern and types of living arrangements. The Jewish male group was the least mobile. Their marital status was more stable with a considerably higher percentage of them remaining in the living arrangement "with spouse" until the end of the period. Probably because of this, and because in any case they were living "with spouse" much longer into the period, they did not

resort to living "with or adjacent to relatives" in the same proportion as did the females of both religio-ethnic groups. The health of the males was "poorer" than either female group. And when, because of deterioration of health or disruption of family relationships, there was a living arrangement crisis involving the male, he apparently was more likely to resort to an institution without intervening living arrangements being tried.

Religion

Religion as such was not a factor (at least not in so far as the type of data gathered for this study is concerned). However, the admission policies of the two religious homes appeared to be important. Because the Protestant home restricted its admittees to the "well" aged females, they were on the whole a much more homogeneous group. None were living "with spouse" by time of admission. The only institutionalized persons at time of admission were some few who were living in a hotel for the aged awaiting admission to the home. Mobility in this group was related to poorer health, older age at time of admission, and presence of children. However, compared with the Jewish female group their mobility was low. On the whole Protestant females were found in more independent living arrangements throughout the period.

The Jewish female group was considerably more mobile. Health was an important factor, and presence of children increased mobility. Age seemed less important than other variables to explain mobility or types of living arrangement. Again, the policy of admitting persons in various stages of mental and physical deterioration was reflected in mobility patterns and types of living arrangement prior to admission. Many more were admitted to the home from an institutional setting.

Age

For the total population, the "younger" age group was more mobile. The "younger" admittees were also more often admitted from an "institutional" setting. This pattern in the total population is, however, a reflection of the Jewish groups, as in the Protestant group the "older" admittees were more mobile than the "younger."

Health

Altogether health was a crucial factor. Those in poorer health were more mobile, had tried more types of living arrangement, and were more often in living arrangements of greater dependency. Those in "poorer" health were institutionalized almost three times as often as those in "better" health. Although these generalizations were true of all subgroups, they were more pronounced in

the Jewish female population and considerably more evident in the Jewish male population. Thus the breakdown of health appears to be a more serious crisis in the case of the male.

Presence of Children

For the total population the presence of children served to increase the number of living arrangements available and thus probably postpone entrance into the home. The most usual arrangement of the person who became widowed during the period under study was "with or adjacent to relative" and in most cases this was a child.

Marital Status

The marital status picture for the total population was one of steadily increasing widowhood, although this operated at a differential rate between males and females. This always, by definition, caused a change of living arrangement, and, one might presume, a very basic change in way of life. As mentioned above, its disruptive effect was most often cushioned by other family relationships which replaced it, as the most usual living arrangement following widowhood appeared to be "with or adjacent to relative."

Although the percentage "single throughout" was negligible for Jewish females, it comprised 12 and 13 per

cent of the Protestant female and Jewish male groups. In general these people maintained a more independent living arrangement throughout. As the last living arrangement before admission, however, there was a significant increase in the number of single Jewish males in an institutional setting.

Recommendations

Certain aspects of this study which limit its generalization to a larger population might be rectified in further studies in this area. In the first place, the population of this study was not a probability sample of the institutionalized aged, and no claims can be made for its representativeness. While it obviously would be difficult to employ random sampling techniques with regard to all residents of homes for the aged, it would be desirable to obtain a broader representation than was possible in this study, particularly with regard to religious background and sex. The lack of a Protestant male group proved to be especially serious as it became evident that sex was one of the more important variables influencing mobility and living arrangements.

Another limitation of the study had to do with recall as a method of securing data. A residence history for a specified period of time was necessary to the design of this study, and dependence upon recall was the only method

by which the data could be collected. It is thought that by corroboration of interviews and social histories the bias thus introduced was considerably reduced.

In conclusion, the results of this study suggest that further investigation of the pre-institutionalization mobility and living arrangements of the aged is warranted. An important related area would seem to be further research relating mobility to the aged persons' definition of the move into the home. It appears that, contrary to popular opinion, changes in residence and living arrangements are rather numerous in the period just prior to entrance into the home. Hence, institutionalization may function as a means of stabilizing living conditions in extreme old age and provide a measure of security for persons in declining health.

APPENDIX A

DISTRIBUTION OF THE TOTAL POPULATION AND SUBGROUPS
ON HEALTH ITEMS

Scale Items	All Cases		Protestant Female		Jewish Female		Jewish Male	
	f	%	f	%	f	%	f	%
General health								
Good	93	44	31	62	39	40	23	37*
Fair	91	43	17	34	45	46	29	46
Poor	27	13	2	4	14	14	11	17
Ambulation								
No restriction	141	67	43	86	66	67	32	51
Some restriction	50	24	7	14	21	21	22	35
Nonambulatory	20	9	. .	. .	11	11	9	14
Senility								
None	114	54	36	72	44	45	34	54
Moderate	74	35	13	26	40	41	21	33
Severe	23	11	1	2	14	14	8	13
Physical handicap								
None	73	35	29	58	30	31	14	22
Moderate	114	54	17	34	56	57	41	65
Severe	24	11	4	8	12	12	8	13
Internal disease								
None	84	40	33	66	34	35	17	27
Moderate	111	53	17	34	56	57	38	60
Severe	16	7	. .	. .	8	8	8	13

*Line indicates point at which items were dichotomized for scale analysis.

APPENDIX B

MEAN NUMBER OF CHANGES IN LIVING ARRANGEMENT AND SELECTED VARIABLES,
FOR TOTAL POPULATION AND THREE SUBGROUPS

Variable	All Cases		Protestant Female		Jewish Female		Jewish Male	
	% of Cases	Mean Changes	% of Cases	Mean Changes	% of Cases	Mean Changes	% of Cases	Mean Changes
<u>Health at admission*</u> "Better" health	41	1.38	66	1.24	37	1.64	29	1.11
	59	1.87	34	1.65	63	1.98	71	1.80
<u>Age at admission</u> Below 76	45	1.91	42	1.19	51	2.26	38	1.76
	55	1.47	58	1.52	49	1.44	62	1.46
<u>Presence of children at admission</u> Without children	32	1.40	60	1.17	18	1.33	30	1.84
	68	1.79	40	1.70	82	1.98	70	1.50
<u>Marital status, 15-year period</u> Married throughout	12	.68	.24	.	12	1.00	21	.38
	15	1.34	42	1.16	7	1.00	21	1.70
Single throughout	34	1.64	30	1.52	48	1.75	6	1.00
	34	2.11	4	1.33	30	2.66	44	1.96
Widowed throughout	5	2.20	4	1.50	3	1.33	8	3.00
Became widowed during period								
Other**								

* Dichotomized on five-item Guttman scale

** Includes separated, divorced, remarried--any not included in other categories.

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