EVALUATION OF ADJUSTMENT CRITERIA IN INSTITUTIONS FOR THE AGED

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EVALUATION OF ADJUSTMENT CRITERIA IN INSTITUTIONS FOR THE AGED

THESIS

Presented to the Graduate Council of the North Texas State University in Partial Fulfillment of the Requirements

For the Degree of

MASTER OF ARTS

By

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CHAPTER I

INTRODUCTION

Statement of the Problem

In recent years the number of older people in Texas and in the United States as a whole has been increasing. In Texas in 1960 (13, p. 56) there were 8,579,677 people aged 65 or over. In Dallas (13, p. 56) there were 679,684 residents (7 per cent of the total population) aged 65 or over. Recognition of these facts is forcing the public and the researchers to be cognizant of the older people, their needs, and their problems.

Housing for these citizens is being given increasing attention. Silk (10) provides a review of the housing circumstances of the aged based on the 1950 census. Smith (11) has investigated the housing of the indigent aged in Dallas. Church groups have become interested in the problem and have established homes of various kinds, providing living quarters for those aged sixty-five and over. Living in their own homes is no longer possible for many because they are alone, perhaps in poor health, and usually living on a very limited income (5).

How then do the elderly adjust to these changed living conditions? This question is vitally important, not only
to the older people themselves, but also to their relatives, 
the persons managing the homes, and the groups sponsoring 
them. Recently researchers have joined forces with these 
others to investigate the adjustment of the elderly to these 
changed conditions.

Background Literature

Cavan and her associates (1) have done much research 
with the aged and have designed scales to evaluate their 
adjustment. These scales appear to base their high scores 
on the number of activities the old folks have: the greater 
the involvement in outside pastimes, the higher one’s score.

In his book Kutner (4, p. 97) says, "Activity, per se, 
whether carried on in solitary or social surroundings, does 
not necessarily provide . . . fulfillment." He hypothesized 
that only those activities that provide status, achievement, 
and recognition can lift morale. He placed his emphasis on 
the older person’s self-concept. One conclusion he (4, 
p. 100) reached was that "unemployed and retired persons 
show both a poor self-image and low morale."

Kutner (4, p. 159) believed that "the importance of 
health in the lives of older people rises or falls in accord 
with a variety of interacting factors." His questioning 
revealed that only 23 per cent had no health complaint, and 
53 per cent had some chronic ailment. Only 6 per cent 
(4, p. 150) admitted to worrying "all the time" about their
health. He (4, p. 151) found that upper socioeconomic groups did not worry about their health as much as the lower ones. He (4, p. 155) concluded that "futility does not seem to increase with age" and there appeared to be no sex differences on his futility scale. Isolation seemed also to increase futility.

Reichard, Livson, and Petersen in their book (8) regard Erikson's achievement of integrity as the crucial task of the final stages of life. Erikson (2, p. 232) defines ego integrity as "the acceptance of one's one and only life cycle as something that had to be and that, by necessity, permitted of no substitutions." It comes from the "successful solution of earlier life conflicts, which enables a person to accept himself despite awareness of shortcomings and to reconcile himself to his past and his future despite frustrations and failures (8, p. 4)." The interviews with eighty-seven men in this study by Reichard, Livson, and Petersen led them to name their adjustment groups the mature, the rocking chair men, the armored, the angry men, and the self-haters (8, p. 113).

The mature person (8, p. 115) was one free from neurotic inhibitions, neither impulsive nor overcontrolled. His warm personal relationships reflected his capacity to enjoy life. He had at least one hobby in which he was intensely interested and often valued retirement for the chance to spend more time with his friends. The rocking
chair men (8, p. 129) were a passive-dependent group, leaning on others for support. They found little satisfaction in work and were glad to see retirement come. The adjustment of the armored group (8, p. 136) rested on their over-developed system of defenses. They had stable work records but appeared to value work for purposes of defense or achievement rather than interest. They tended to be rather compulsive and lacking in insight. The angry men (8, p. 145) were hostile, had strong tempers, and in general blamed others for their faults. The self-haters (8, p. 155) rejected themselves, turning their aggression inward. They often spoke of their weaknesses and seldom of their strong points. All made references to death. The first of these three groups mentioned were considered the most adjusted and the latter two the most poorly adjusted.

In contrast to Erikson's (2) eight distinctive stages of maturation, the last of which is the basis for the research of Reichard, Livson, and Petersen just discussed, Riesman distinguishes three outcomes of the process of aging. The first was the autonomous person (9, p. 484) who uses his creative resources to advantage in old age. They seemed immuned to cultural changes or their own physical changes. The second group (9, p. 486) were "adjusted" and remained so in old age. These were the compulsive, fulfilling themselves by carrying out the tasks provided by their environment. The third outcome was the anomic (9, p. 490)
In contrast to the view held by Cavan (1) that the greater the extent of social participation and the less the individual deviates from his middle-aged life the better adjusted he is, Neugarten and her associates (6) developed a life satisfaction measure. This was based on the idea that the individual himself is the only proper judge of his own happiness; the individual's own evaluation is the reference point, independent of his level of activities. The Life Satisfaction Scale was validated against the ratings of a clinical psychologist and may prove valuable in future work.

Kogan (3) studied the attitude toward old people in an older sample. He hypothesized that the older people should have more ego-involvement with questions about old people than did the younger people. He found that this did not seem to be the case. He (3, p. 621) placed emphasis on the "ambivalence of the older person regarding his own age status and that of his peers."

Tuckman and Lorge (12) correlated acceptance of the stereotypes of aging with reports on bodily and emotional symptoms on the Cornell Medical Index. They found that the correlation between symptoms and acceptance of stereotypes was always positive (although not significant) in both younger and older groups. They (12, p. 73) noted a higher correlation between bodily symptoms and accepted stereotypes.
about physical changes than between bodily symptoms and other stereotypes of aging. If the older person had the symptoms, he was inclined to accept its corresponding stereotype.

Oberleder (7), dealing with the specific area of adjustment to institutions for the aged, believed that there was a relationship between this adjustment and agreement or disagreement with the stereotypes of aging. It was her study that was used as the basis for the present research.

The Original Study by Oberleder

Oberleder conducted her research with the Home for Aged and Infirn Hebrews of New York (7, p. 916). All of her subjects were residents there and were of the Jewish faith. Her first testing instrument consisted of one hundred seventy-six items; from these she chose the twenty-five items that constitute the present Oberleder Attitude Scale. All items represent commonly accepted stereotypes about aging and older values.

Oberleder hypothesized that the group designated as "management problems" as compared to the "institutionally-adjusted" group would express the most denials of stereotypes and show a retention of the younger values (7, p. 917). Contrary to this hypothesis, she discovered that the opposite was true to a statistically significant degree. The management problems tended to agree with the stereotypes and to reject the younger values. Test-retest reliabilities for the scale ranged from 0.75 to 0.88.
Significance of the Present Research

The present research used the Oberleder Attitude Scale in the hope of supporting the results of the original study. It would be of scientific value to be able to say that the generality found by Oberleder is universally applicable. Hopefully some day a scale will be developed to aid the elderly and those trying to assist them in deciding whether or not the elderly person would be happy in an institutional setting. A predictive instrument of the kind Oberleder developed would also be extremely helpful in aiding the directors of the institutions. Having an idea of the relationship between adjustment and expressed attitudes would be useful in hastening the adjustment of each individual resident.
CHAPTER BIBLIOGRAPHY


CHAPTER II

METHODS AND PROCEDURES

Statement of the Hypothesis

The results of Oberleder's study (1) in New York showed that people expressing younger values and denying the stereotypes were those classified as adjusted and that people who tended to accept the stereotypes associated with aging and reject younger values were those who were management problems. It would seem that those people who maintained a rigid attitude and accepted the stereotypes also had a rigid personality which made it difficult for them to adjust to the institutional life. The basic theory appears to be that of flexibility-rigidity. The specific hypothesis of this research drawn from that theory is the following:

If the Oberleder Attitude Scale is given to people in three private homes for the aged in Dallas, Texas, the adjusted will express disagreement with its stereotypes (making low test scores) and the poorly adjusted will agree with the statements (receiving high scores).

Description of the Populations

Subjects for this study were residents of three homes for the aged in Dallas, Texas: Golden Acres, Blanton
Gardens, and Presbyterian Village. One hundred forty-eight residents were rated by the judges; one hundred thirty-four of these were given the Oberleder Attitude Scale. All subjects were of the white race.

Golden Acres is a Jewish institution which cares for not only the ambulatory but the sick and senile as well. Here forty-four residents (twenty-nine females and fifteen males) were rated; forty (twenty-six females and fourteen males) were interviewed. Two residents died before interviewing could be done, one refused, and one was judged too sick to answer. Only nine of the original forty-four subjects were born in the United States; all the rest were foreign born, the majority coming from Russia. Respondents here were both ambulatory and bed patients. All were of the Jewish faith. Subjects ranged in age from sixty-nine to ninety years, the mean being eighty-one. The mean age of the forty tested was also eighty-one.

Blanton Gardens is a Methodist home for the ambulatory elderly only. Fifty-seven subjects (forty-nine females and eight males were rated, and forty-nine (forty-two females and seven males) were tested. One resident refused to cooperate, two were sick, and five were away from the home during the entire testing period. The mean age here was seventy-eight years, ranging from sixty-seven to ninety years. One exception included here was a fifty-six year old woman living with her seventy-three year old husband
in one of the seven apartments for married couples. Mean age for those rated and those tested was the same.

Presbyterian Village is a private home sponsored but not directly financed by the Presbyterian Church. All residents here pay their own way. Of the forty-seven rated, forty-five (thirty-nine females and six males) were tested. One woman refused to see the interviewer, and one woman moved away before the testing was completed. Ages ranged from seventy-one to ninety years with a mean of eighty. Mean age of the subjects tested was the same. All residents here and at Blanton Gardens were born in the United States.

Of the 134 subjects tested, 36 people or about 27 per cent were males. In Texas in 1960 (2, p. 68) there were 295,208 males 65 years of age or over and 362,381 females, making about 44.9 per cent men.

Judges' Ratings

Three judges from each institution rated the residents according to Oberleider's original criteria (1, p. 916) shown below:

Characteristics of the Adjusted Resident

An individual need not have a high degree of all of these traits in order to be considered adjusted for present purposes. He should, however, have most of them, in some degree.

(1) Seems fairly cheerful and sensible; makes few unreasonable demands.
(2) Gets along with others and appears to enjoy social participation.
(3) Seems content with the protection and facilities the Home provides, yet has interests of his own.
(4) Doesn't fly off the handle or complain too much, accepts annoyances "philosophically," and seems to avoid disrupting conflicts with other residents without being unduly submissive.

Characteristics of the Poorly Adjusted Resident

An individual need not have all of the following traits in order to be classified as poorly-adjusted but may qualify on the basis of any one of them.

(1) Unable to get along with others or to use the facilities of the Home.
(2) Criticizes, expresses resentment or is aggressive to the point of disrupting routines, recreational activities, or upsetting other residents.
(3) Has overexaggerated or inappropriate ambitions which interfered with realistic adjustment to institutional life.
(4) May be described as a personality that is "disturbed," recalcitrant, quarrelsome, overdemanding, excessively selfish or conceited, even though the individual may appear depressed in some instances.

In each home the director was asked to pick the three people who knew the residents best to rate them. At Golden Acres the residents were rated by the director, the assistant director, and the head nurse. At Blanton Gardens the residents were classified by the director, the assistant director, and the program coordinator. The director, the secretary, and a physician at Presbyterian Village assigned the ratings. Where agreement was the same in two out of the three rating, the resident was assigned a rating. Only the top (those adjusted, rated three) and the bottom groups (those poorly adjusted, rated one) were then included in
the study, and it is this group that has been referred to as "rated" in the previous discussion. The instruction sheet given to each judge is shown in Appendix A. Table I shows the ratings of the residents of each home according to age.

### TABLE I

**DISTRIBUTION OF THE AGES OF THE RESIDENTS OF THE HOMES AND THEIR ADJUSTMENT RATINGS**

<table>
<thead>
<tr>
<th>Age as of July 1, 1964</th>
<th>Golden Acres</th>
<th>Blanton Gardens</th>
<th>Pres. Village</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>3 *1 3 1</td>
<td>0 0 4 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>1 0 8 3</td>
<td>5 5 14 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td>4 9 18 2</td>
<td>8 3 30 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td>9 8 7 8 14</td>
<td>2 30 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85-89</td>
<td>8 2 5 1 6 3</td>
<td>19 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-94</td>
<td>1 0 1 0 1 0</td>
<td>3 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24 20 42 15</td>
<td>34 13 100 48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*3, those rated as adjusted; 1, those rated as poorly adjusted.

**Method of Testing**

In Blanton Gardens and Presbyterian Village the Oberleider Attitude Scale was administered in small groups. At both these homes the interviewer went before the residents' council and told them that she was doing some research and that she would be interested in the residents' opinions about
various things connected with growing older. The council representative then went back, presented the idea to the residents, and called a meeting in his section where the scales were administered. Since most of the groups consisted of about ten to fifteen people, an informal atmosphere was maintained and questions answered. Residents were told that they had observed the aging process in themselves and others, and it was believed that they had opinions about growing older. They were asked to circle "A" if they thought from their observations that the statement was generally true and to circle "D" if the statement was not true in the majority of cases. Questions containing the word "I" were thought to pertain directly to the individual. All questions were read aloud. No one was told about the ratings or was the word "adjustment" ever used. They were told they might write any comments they wished at the bottom of the page.

Those residents who could not hear, see, or hold a pencil were of necessity interviewed separately. Those who were absent from the home at the time of the group meetings or who did not come for various reasons were also seen individually.

At Golden Acres all subjects were interviewed individually. Since so many were foreign born, English was not their native tongue and certain phrases were not familiar to them. Many were very hard of hearing, had
great difficulty seeing, or were bed-ridden. For these reasons administration by small groups was impossible. Residents were given individually the same instructions previously mentioned for the group administration.

All of the testing took place from May 26, 1964 to July 2, 1964, starting with Golden Acres and ending with Blanton Gardens. As previously stated, one hundred thirty-four people answered the questionnaire: forty at Golden Acres, forty-nine at Blanton Gardens, and forty-five at Presbyterian Village.
CHAPTER BIBLIOGRAPHY

1. Oberleder, Muriel, "An Attitude Scale to Determine Adjustment In Institutions For the Aged," Journal of Chronic Diseases, XV (September, 1962), 915-923.

CHAPTER III

RESULTS AND INTERPRETATIONS

Scoring

All scales were scored according to Oberleder's scoring method (5, p. 921). One point was given for a response of "agree" on statements one, two, three, four, six, seven, eight, nine, twelve, sixteen, eighteen, nineteen, twenty, twenty-one, twenty-two, twenty-three, and twenty-five. One point was given for an answer of "disagree" on statements five, ten, eleven, fourteen, fifteen, seventeen, and twenty-four. Oberleder (5, p. 921) stated that a score of twelve or under was indicative of good institutional adjustment and a score of seventeen or over was indicative of management problem behavior.

Questionnaires with only one or two statements not answered were scored as usual, ignoring the omissions. Those subjects who omitted three or more items were seen individually and their scales completed. A copy of the Oberleder Attitude Scale will be found in Appendix B.

Oberleder's Scale

At Golden Acres the mean score for the groups rated as poorly adjusted was 13.16, and the mean for the group rated as adjusted was 14.4. The difference between these
means was not significant (see Table II), but it was interesting to note that the adjusted group had the higher mean score. The people of this group, contrary to Oberleder's findings were the ones to endorse the stereotypes and reject the younger values. Using her scores of twelve and below, it was found that 33 per cent with this score were rated as poorly adjusted and 67 per cent were rated as adjusted. Of those with a score of seventeen or above, 24 per cent were rated as one (poorly adjusted), 76 per cent were classified as three (adjusted). Distribution by age and ratings is shown in Table III.

**TABLE II**

**The Mean, Standard Deviation, and Test of Significance for Scores of the Oberleder Scale for the Two Adjustment Groups**

<table>
<thead>
<tr>
<th>Home</th>
<th>$M_1$</th>
<th>$M_3$</th>
<th>S.D.1</th>
<th>S.D.3</th>
<th>S.E.D</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden Acres</td>
<td>13.16</td>
<td>14.4</td>
<td>2.95</td>
<td>2.97</td>
<td>0.96</td>
<td>1.26</td>
<td>0.3</td>
</tr>
<tr>
<td>Blanton Gardens</td>
<td>12.0</td>
<td>11.89</td>
<td>3.19</td>
<td>3.33</td>
<td>1.09</td>
<td>0.101</td>
<td>.9</td>
</tr>
<tr>
<td>Presbyterian Village</td>
<td>10.9</td>
<td>13.5</td>
<td>3.5</td>
<td>3.5</td>
<td>1.22</td>
<td>2.13</td>
<td>.05</td>
</tr>
</tbody>
</table>

*Subscript one refers to the poorly adjusted group, rated as one; subscript three refers to the adjusted group, rated as three.

At Blanton Gardens the least difference between the means was noted: a mean of 12.0 for the poorly adjusted
group and 11.89 for the adjusted group. Of the three homes studied this was the only one in which the maladjusted group had the higher mean score. This means that this was the only place where the results were in the same direction as in Oberleder's study, but as can be seen in Table II the difference was very slight, a yielding a t value of 0.101.

**TABLE III**

**DISTRIBUTION OF SCORES AT GOLDEN ACRES ACCORDING TO AGE**

<table>
<thead>
<tr>
<th>*Age</th>
<th>Scoring 12 or below</th>
<th>Scoring 13-16</th>
<th>Scoring 17 or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>70-74</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>75-79</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>80-84</td>
<td>3</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>85-89</td>
<td>2</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>90-95</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>22</td>
<td>7</td>
</tr>
</tbody>
</table>

*Age as of July 1, 1964.

Only two of the forty-nine tested at Blanton Gardens scored above seventeen, both making a score of eighteen. One of these persons was rated as a three and the other as a one. Of the twenty-seven persons making scores of twelve
or below, 78 per cent were rated as adjusted and 22 per cent were considered poorly adjusted.

**TABLE IV**

DISTRIBUTION OF SCORES AT BLANTON GARDENS ACCORDING TO AGE

<table>
<thead>
<tr>
<th>*Age</th>
<th>Scoring 12 or below</th>
<th>Scoring 13-16</th>
<th>Scoring 17 or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>70-74</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>75-79</td>
<td>9</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>80-84</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>85-89</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>90-95</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>19</td>
<td>3</td>
</tr>
</tbody>
</table>

*Age as of July 1, 1964.

**Includes a woman aged 56 living with her husband.

At Presbyterian Village a t-test of significance of the Oberleider scores yielded a result significant at better than the 5 per cent level of confidence. Here too as at Golden Acres the mean of the poorly adjusted group was the higher. Distribution of the scores according to age is shown in Table V.

Of the seven residents having scores of seventeen or over, only one was rated as poorly adjusted. The remaining
six were considered by the judges to be adjusted. Of those scoring twelve or below, 30 per cent were rated as poorly adjusted and 64 per cent were rated as adjusted.

TABLE V
DISTRIBUTION OF SCORES AT PRESBYTERIAN VILLAGE ACCORDING TO AGE

<table>
<thead>
<tr>
<th>Age*</th>
<th>Number of Residents</th>
<th></th>
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<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Scoring 12 or below</td>
<td>Scoring 13-16</td>
<td>Scoring 17 or above</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
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<td>6</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>16</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

*Age as of July 1, 1964.

Since Oberleder (5, p. 921) believed that a score of twelve or under was indicative of good institutional adjustment and a score of seventeen or over was indicative of management problem behavior, a chart showing the percentage of people falling in these divisions may be helpful.
TABLE VI
PERCENTAGES OF RESIDENTS IN EACH OF OBERLEDER'S DIVISIONS ACCORDING TO HOMES

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Golden Acres</th>
<th>Blanton Gardens</th>
<th>Presbyterian Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score of 12 or below with a rating of adjusted</td>
<td>45</td>
<td>78</td>
<td>64</td>
</tr>
<tr>
<td>Score of 12 or below with a rating of poorly adjusted</td>
<td>55</td>
<td>22</td>
<td>36</td>
</tr>
<tr>
<td>Score of 17 or above with a rating of adjusted</td>
<td>71</td>
<td>67</td>
<td>86</td>
</tr>
<tr>
<td>Score of 17 or above with a rating of poorly adjusted</td>
<td>29</td>
<td>33</td>
<td>14</td>
</tr>
</tbody>
</table>

Length of Residence

Length of residence in the institutions did not seem to be significant in the determination of ratings. A t-test yielded no significant differences between a person's rating and the length of time he had been in the home.

Golden Acres is an older home. The length of residence there varied from ten years, five months to two months. Blanton Gardens and Presbyterian Village are both newer homes. Residence at Presbyterian Village ranged from twenty-three months to four months. Residence at Blanton Gardens varied from seventeen months to three months, although three of the subjects (two rated as adjusted, one
rated as poorly adjusted) had lived in another Methodist institution for from sixteen to eighty-six months prior to coming to Blanton Gardens.

TABLE VII

THE MEAN, STANDARD DEVIATION, AND TEST OF SIGNIFICANCE OF THE MEAN LENGTH OF RESIDENCE FOR THE TWO ADJUSTMENT GROUPS

<table>
<thead>
<tr>
<th>Home</th>
<th>*M_1</th>
<th>*M_3</th>
<th>S.D.1</th>
<th>S.D.3</th>
<th>S.E.D</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden Acres</td>
<td>41.6</td>
<td>35.9</td>
<td>27.6</td>
<td>26.6</td>
<td>8.19</td>
<td>0.69</td>
<td>0.5</td>
</tr>
<tr>
<td>Blanton Gardens</td>
<td>16.4</td>
<td>10.26</td>
<td>4.86</td>
<td>13.5</td>
<td>3.62</td>
<td>0.04</td>
<td>.9</td>
</tr>
<tr>
<td>Presbyterian Village</td>
<td>15.0</td>
<td>16.09</td>
<td>6.35</td>
<td>5.56</td>
<td>1.92</td>
<td>.57</td>
<td>.6</td>
</tr>
</tbody>
</table>

*Subscript one refers to the poorly adjusted group, rated as one; subscript three refers to the adjusted group, rated as three.

Marital Status

Of the one hundred forty-eight subjects, one hundred four (71 per cent) were widowed, five (3 per cent) divorced, two (1 per cent) separated, twenty-two (15 per cent) single, and fifteen (10 per cent) were married. A breakdown according to homes, sex, and adjustment is shown in Table VIII.

One of the two separated subjects in the study was rated as adjusted and one as poorly adjusted. One of the five divorced subjects was rated as adjusted. Of the
<table>
<thead>
<tr>
<th>Home</th>
<th>Rating</th>
<th>Sex</th>
<th>Widowed</th>
<th>Divorced</th>
<th>Separated</th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden Acres</td>
<td>1</td>
<td>M</td>
<td>50</td>
<td>17</td>
<td>0</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>79</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>M</td>
<td>67</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>80</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Blanton Gardens</td>
<td>1</td>
<td>M</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>67</td>
<td>13</td>
<td>0</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>M</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>56</td>
<td>0</td>
<td>3</td>
<td>27</td>
<td>14</td>
</tr>
<tr>
<td>Presbyterian Village</td>
<td>1</td>
<td>M</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>92</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>M</td>
<td>83</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>82</td>
<td>4</td>
<td>0</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>
twenty-two subjects listed as single, fifteen were rated as adjusted. Pan (6, p. 197) confirmed that institutionalized old people have a higher proportion of unmarried cases and suggested that both these and the married cases are "associated with unfavorable family relationships and therefore prefer to live in the institution." Be that as it may, 70 per cent of the judges in the present study rated these single people as adjusted.

All of the subjects who were still married were rated as adjusted. This would tend to support the research done by Phillips (7) that role changes due to the death of a spouse are related to maladjustment.

Sex

Of the twenty-nine males in this study six or 15 per cent were rated as poorly adjusted. Of the one hundred nineteen females, 35 per cent were rated as poorly adjusted. It would be difficult to cite a sex difference here because of the small number of men involved. It is interesting to note however that two of the homes reported no men rated as poorly adjusted.
TABLE IX

DISTRIBUTION OF ADJUSTMENT RATINGS OF THE RESIDENTS
ACCORDING TO SEX AND INSTITUTION

<table>
<thead>
<tr>
<th>Home</th>
<th>Number rated as 1*</th>
<th>Number rated as 3**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Golden Acres</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Blanton Gardens</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Presbyterian Village</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

*Poorly adjusted.
**Adjusted.

Discussion

In only one home, Presbyterian Village, was a statistically significant result noted. Perhaps the nature of the populations influenced this.

At Golden Acres most of those interviewed were not only foreign born, but most had some type of physical problem. The average age here was slightly higher than at the other two homes.

At Blanton Gardens there were few people who could not see to read or hear to understand the questions. Besides a marked lack of physical problems, this home appeared to be an extremely active one with many activities scheduled outside of the home. Here only fifteen residents (about 26 percent) were classified as poorly adjusted, the lowest percentage of any home. Possibly even those fifteen were
better adjusted than some rated as adjusted at the other homes.

At Presbyterian Village there is an infirmary wing. There is no other Presbyterian home to which to send the sick people as there is in the case of the Methodist home, so people of varying degrees of health are found although they have no senile aged as does Golden Acres. Here the residents all pay for their room and board; no financial help for individual residents is received directly from the church or its organizations as is the case in the other two homes. This was also the only home where none of the subjects were known to have participated in previous research.

Perhaps the difference in the type of person doing the ratings was influential here. Bennett (1, p. 121-122) found that trained social workers gave different adjustment ratings than the administrative staff. This tendency to view adjustment in the light of one's own professional background might be a significant factor here since the professions of the three judges was not the same in the three homes.

Bloom (2, p. 537) in his article, "Age and the Self-Concept," believes that old people have incorporated certain stereotypes of aging into their self-concepts. Even if this is a sign of defensiveness, he feels it is still a type of adjustment. Perhaps this is what is seen happening in the present study.
No group statistical significance was calculated because of the different natures of the institutions involved. What particular variable made results significant at one home and not at the others remains for further research to investigate.

Interview Data

In talking with the residents of these three homes, one thing continually was brought out: health. Many (particularly those with some physical ailment) stated that there should be two choices—one for those in good health and one for those who were not. This seemed particularly true for the statement about being dependent upon others (statement twenty; see Appendix B). Some said they would prefer to have some work to do (statement ten), but they were no longer able to see and get around. Kutner (4, p. 146) verifies that old people cannot be said to be ignorant of their problems.

In answer to statement two, "Old age can be said to begin around sixty or sixty-five," many stressed that they did not feel old yet and that some folks were old at thirty. Some answered that they did not feel old until their heart attack, stroke, or some other ailment set in.

Many residents expressed the belief that older people varied as much as younger people and that it was a mistake to isolate them as a special personality type. "What you are
when you're young, you are when you're old" was a sentiment expressed many times. Although some believed that age mellows a person and a few admitted they had grown fussy with the years, these comments did not seem to come exclusively from people in one adjustment category or did the score made seem related to these comments. Cumming and Henry (3, p. 11) seem to support this as an underlying assumption of human development when they said "each phase is determined by the one that went before it." They assumed that the nature of old age is derived from the nature of adulthood and that from the nature of adolescence which depends on the nature of childhood.

Only a very few persons in bad health expressed a desire to die and said they were just "waiting out their time." Surprisingly enough some of these were rated as adjusted. However this would agree with Swenson's (8, p. 707) conclusion that age, sex, source of income, occupational status, or urban-rural location are not significantly related to expressed thoughts of death. He found however that those reporting poor health most often looked forward to death. In such cases of poor health perhaps there are high and low moods, varying with the physical condition.

The observation made by Tuckman and Lorge (9, p. 73), that a person with the symptom would accept the corresponding stereotype, was noticed here also. If the subject needed
special foods, he was inclined to say that all older people did (statement twenty-three). If he thought he had grown shorter, he thought most people must have (statement eight).

Most of the residents were happy to cooperate; only one refusal was recorded in each home. In each case the resident was one classified as poorly adjusted. Although the residents of Blanton Gardens and Golden Acres had been used in other research, this was the first time the residents of Presbyterian Village had participated in such a project and seemed as a group most concerned about their answers.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This research was based on Oberleder's (3) study correlating the acceptance of the stereotypes of aging with adjustment in old folks homes. She found that those who rejected the stereotypes and endorsed younger values were those classified as adjusted, and those who accepted the stereotypes and older values were those considered as poorly adjusted. This led to the theory that a rigid person who accepts the stereotypes is also too rigid to adjust to the institution. An hypothesis based on this theory was tested in the present study. This hypothesis was that those residents rated as adjusted would deny the stereotypes receiving lower scores, and those rated as poorly adjusted would agree with the stereotypes, thus making high test scores.

One hundred thirty-four residents of three homes for the aged (Golden Acres, Blanton Gardens, and Presbyterian Village) in Dallas, Texas, were given the Oberleder Attitude Scale. A result significant at the 5 per cent level of confidence was obtained at Presbyterian Village. This result however was in the opposite direction of the
hypothesis and of Oberleder's original study. Those who accepted the stereotypes and older values were the ones rated by two out of three of the judges as adjusted. Those residents rejecting the stereotypes and the older values were those classified by the judges as poorly adjusted.

Conclusions

Perhaps the supposition that a rigid personality will agree to the stereotypes is a faulty one. Adjustment has been defined as "a measurable quality indicating the degree of competence a person shows in meeting life (5, p. 66)." Perhaps as Bloom (1) believes these stereotypes are adapted later as an adjustment mechanism. Possibly it is the person who can admit to the limitations of old age that is the best adjusted. Maybe clinging to the younger values and rejecting the stereotypes is a form of rigid behavior—resistance to change.

Since at two of the homes there was not a significant difference between the means scores of the adjusted and the poorly adjusted groups, maybe acceptance of the stereotypes had nothing to do with one's personal adjustment. Perhaps one can accept or reject such statements as applying to others and not to one's self. Conceivably one's personal acceptance of what is thought to be a traditional view could represent a change on his part, while acceptance of the same idea could be a clinging to past beliefs on the part of another.
As has been mentioned before, Presbyterian Village was the only institution which had not been used for previous research. One wonders if this could be an influencing factor.

Recommendations

In view of contradictory findings of this research and the original research, more investigation should be done. The basic theory that a rigid personality will have trouble conforming to the institution appears to be a good one. Perhaps testing agreement and disagreement to stereotypes is not a good way to locate the rigid person. This scale should be correlated with some other flexibility-rigidity measure. Some of the items, particularly statement twenty-one, did not appear to discriminate between groups since very few people did not agree with it. Possibly an item analysis should be done.

One important variable to include in future work would be the educational level. A person's educational background is often not included in the records of the homes, so this variable has often been neglected. The residents themselves often expressed the idea that educational level will influence one's outlook. The research of Reichard, Livson, and Petersen (4) supported this. This may be related to socioeconomic status which Kutner (2) has been found to be a significant variable.
In future studies the subjects should be allowed more choice. Perhaps a sentence completion would be a better technique. Many times the residents would say agree, but each giving entirely different reasons than his neighbor who had circled the same response. An example of this is the reasons given by the five different types found by Reichard, Livson, and Petersen (4) for enjoying retirement.

The findings of this study of course can not be taken as conclusive. More research must be done with older people to discover whether the basic theory of flexibility-rigidity utilized here was a sound one.
CHAPTER BIBLIOGRAPHY


APPENDIX A

RATING SHEET FOR JUDGES

For use in a research study on adjustment of people in homes for the aged, you are being asked to rate all the residents of this home on a three-point scale. Please try to place an equal number of people in each category. A rating of three (3) represents the best adjusted resident and a rating of one (1) represents the poorest adjustment.

In order to receive a rating of three (3), an individual should have most (but not necessarily all) the following characteristics:

1. Seems fairly cheerful and sensible; makes few unreasonable demands.
2. Gets along with others and appears to enjoy social participation.
3. Seems content with the protection and facilities the Home provides, yet has interests of his own.
4. Doesn't fly off the handle or complain too much, accepts annoyances "philosophically," and seems to avoid disrupting conflicts with other residents without being unduly submissive.

For a rating of one (1), an individual need not have all of the following traits, but may qualify on the basis of any one of them.

1. Unable to get along with others or to use the facilities of the Home.
2. Criticizes, expresses resentment or is aggressive to the point of disrupting routines, recreational activities, or upsetting other residents.

3. Has overexaggerated or inappropriate ambitions which interfere with realistic adjustment to institutional life.

4. May be described as a personality that is "disturbed," recalcitrant, quarrelsome, overdemanding, excessively selfish or conceited, even though the individual may appear depressed in some instances.

Ratings of two (2) are the intermediate group, those who in your opinion seem to fall in a middle group.
APPENDIX B

OBERLEDER ATTITUDE SCALE

Name ___________________________  Date ____________

We would like to find out what older people think about various things connected with growing older. Read all of the following statements and after each statement circle whether you agree or disagree. Please respond to all statements.

<table>
<thead>
<tr>
<th></th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The older you get, the more set in your ways you become.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>2. Old age can be said to begin around 60 or 65.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>3. Old people too often like to meddle in other people's business.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>4. Older people become grouchy and stubborn with the years.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>5. Old people can, and are, learning new things all the time.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>6. Older people cannot expect to lead a completely full or satisfying life.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>7. As you grow older, you become less and less useful.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>8. People get shorter as they grow older.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>9. You can't teach an old dog new tricks.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>10. I would still prefer to have some kind of work to do.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>11. Special housing projects for just old people is not a good idea, but the city should reserve apartments in the regular housing projects for old people. That way, people of all ages are together.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>12. I think it is usually a mistake for people over 65 to marry.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>13. I believe a person is really glad to retire from work when he is 55 or 70...</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>14. Old people usually don't talk very much</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>15. Old people are adjusting to new conditions all the time, and doing it easily.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>16. There should be special radio and TV programs for older folks.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>17. I would like to enroll in a class for older people which trains them for a new kind of work.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>18. Old people like to boss everybody</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>19. At my age I say let the others do the work and get the credit.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>20. As you grow older you must expect to depend upon others.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>21. A person should always try for something better, no matter how old he is.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>22. I prefer to be with people of my own age.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>23. Older people need special foods.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>24. Physical exercise of some kind is good for you as you grow older.</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>25. Trying to learn a new job at my age strikes me as a little silly.</td>
<td>A</td>
<td>D</td>
</tr>
</tbody>
</table>
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