THE EFFECT OF HIGH AGE-CONCENTRATION ON THE
MORALE AND NEIGHBORHOOD MUTUAL-AID
PATTERNS OF THE ELDERLY

DISSERTATION

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

For the Degree of

DOCTOR OF PHILOSOPHY

By

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Denton, Texas

May, 1982

This study investigated the effects of high age-concentration of residential environment on: (1) the morale of the elderly; and (2) mutual-aid patterns with neighbors of the elderly. Empirical tests of hypotheses derived from the socio-environmental approach to aging were performed.

The socio-environmental approach suggested that persons were most satisfied with themselves when there was congruency between what was expected of them by others in the environment and what they expected of themselves. As the local environment became concentrated with old people, the variety of situations with which persons were confronted was quite narrow in terms of demands on the elderly individual's behavior.

In age-heterogeneous settings, however, the variety of situations that persons encountered were maximal, and the demands on behavior in this setting was great.

Among persons with good health, high incomes, and high social support, normative burdens were minimal in the sense that these individuals possessed sufficient potential
behavior flexibility to eclipse local environments. In contrast, those having relatively minimal personal resources and behavior flexibility were most sensitive to variations in local norms.

High age-concentration was expected to have no significant effect on the morale and mutual-aid patterns of persons with good health, high incomes, and high social support, but was expected to have a significant positive effect on the morale and mutual-aid patterns of persons with poor health, low income, and low social support.

The data generally did not support the socio-environmental approach. No significant differences in morale were found between high and low resource groups. The findings for mutual-aid patterns supported the socio-environmental approach for the social support group only, while patterns for the income and health groups were opposite to those predicted. Mutual-aid patterns tended to support the argument that homogeneity in age and social characteristics facilitated the formation of a normatively prescribed system of mutual-aid with neighbors.
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CHAPTER I

SOCIO-ENVIRONMENTAL THEORY

Introduction

The socio-environmental approach to aging is a general framework which includes two principal gerontological theories as specialized aspects of a more general schema. The two gerontological theories are (1) disengagement theory, and (2) activity theory. Conceptually, socio-environmentalism evolved from empirical investigations of the relationship between environmental age-concentration and the social integration of elderly persons.

This study tested hypotheses derived the socio-environmental approach to aging. The hypotheses examined the relationship between environmental age-concentration and the morale and patterns of mutual aid with neighbors of a sample of elderly persons. The relationships between these variables was examined while controlling for income, health, and social support.

Gerontological Theory

In the last two decades, social gerontologists have attempted to formulate integrative conceptual frameworks to explain empirical findings descriptive of the aging process. Two principal theories to emerge from this
effort were the disengagement and activity perspectives. The disengagement perspective was the first to be presented as a detailed paradigm, and received immediate criticism from competing schools of thought. The activity perspective was deliberately explicated in reaction to the disengagement paradigm, and focused on the demonstrated relationship between active participation and high morale.

Disengagement Theory

Cumming and Henry (10, 13) suggested that a process of mutual withdrawal normally occurs between the aging individual and society to insure an optimum level of personal gratification as well as an uninterrupted continuation of the social system. As a functional theory, disengagement was defined as a normative phenomenon, quite beyond individual modification (with the exception of limited input into its timing).

The greater probability of ill health and death for the elderly, compared with younger members of society, was inevitable and triggered a universal mutual disengagement or decreased interaction between the aging person and the social system. The process of disengagement might be (1) initiated by either the individual or others in the situation, (2) more marked for some groups than others, (3) accompanied by a preoccupation with oneself, (4) made easy by certain institutions in society. When complete,
the aging process replaced the social and psychological equilibrium of middle life with an equilibrium in later life which was characterized by distance and an altered type of relationship.

Criticism of the disengagement perspective was instantaneous and focused on several aspects of the approach. For the most part, the presumed inevitability and inherent nature of the process were questioned. Also questioned was the functionality of withdrawal, from either the individual or societal standpoint. Further criticism centered on the lack of attention to personality factors and their effect on the disengagement process (23, pp. 80-82).

In response to critical appraisals, Cumming and Henry separately revised the original formulation. Cumming (9, p. 381) deemphasized societal equilibrium and prescribed behavior, and concentrated on the role of innate biological and personality differences as distinct from externally imposed withdrawal. Societal pressures were no longer sufficient to account for disengagement, although there was a sex-linked stylized adjustment. Mutuality was redefined as a normatively governed process agreed upon by all concerned. The original contention was repeated; i.e., the interest of mass society in controlling vital affairs by removing crucial functions from the role repertoires of older people (although the part played by structural conditions was not addressed).
Henry (18, pp. 19-35) also revised the original formulation of the disengagement model by placing greater stress on the psychological dynamics. Rather than focus on innate temperamental variables, a developmental approach was adopted. Accordingly, the character of coping mechanisms and the focus on interiority were derived from previous experiences that determined the level of engagement or disengagement during subsequent stages of the life cycle. For all practical purposes (and theoretical as well), this revision was an abandonment of the original disengagement model for a developmental psychological model.

**Activity Theory**

The first systematic statement of activity theory appeared over a decade after the disengagement perspective was presented. Validation of the activity perspective proved problematic.

Activity theorists emphasized the role losses experienced by older persons, which in turn reduced activity levels. The result was restricted opportunity for the affirmation of personal sense of worth and integrity through the performance of socially valued actions. To compensate for these losses and preserve psychological well-being, alternate roles and activities were necessary to replace those lost. The perspective presumed that if
people stayed active, they would remain socially and psychologically fit.

The greater the number of optional role resources with which the individual enters old age, the better he or she will withstand the demoralizing effects of exit from the obligatory roles ordinarily given priority in adulthood (2, p. 75).

Following an explicit definition of the concepts implied, four postulates central to activity theory were stipulated. First, the greater the role loss, the less the participation in activity. Second, as activity levels remain high, the greater the availability of role support for identities claimed by the older person. Third, the stability of role supports insures a stable self-concept. Fourth, the more positive one's self-concept, the greater the degree of life satisfaction (22, p. 521).

The proponents of the activity perspective had not fully investigated the differences between types of activities or an individual's ability to exert any significant control over either the roles themselves or the performance of those roles. As a result, the theory received only limited empirical support and was generally criticized as simplistic.

Socio-Environmental Theory

The next step in the development of gerontological theory involved a closer look at the reciprocal relationship between aging and social environments. Proponents of
a social-environmental model asserted that contextual analyses had not received the attention they deserved. Their view contended that the values and beliefs endemic to given situations exerted an undeniable degree of influence over individuals insofar as they constituted the cultural backdrop against which the elderly tested their adaptability (17, p. 116).

Taking a critical review of disengagement and activity theories as a point of departure, Gubrium (16, p. 4) called attention to problematic aspects of both approaches. With respect to activity theory, four problems were identified. The first concerned the relationship between a person's actions and roles. Activity theorists assumed that persons controlled the types of roles that were available to them, as well as the performance of the roles. Also, the distinction between roles and performances was eliminated, with all social actions becoming performances, which was not problematic in relatively unstructured situations. However, some roles (e.g., economic and authority positions) were likely to be components of a relatively structured situation that was highly stable over time, and individuals were not as free to shape performances and develop a life style as activity theorists maintained. Prior to retirement, the actions and social adjustments of middle income persons might be amenable to the activity model. But persons who experienced drastic income reduction were
less likely to be free to adjust to old age; they were more likely to resign themselves to the deprivations of aging (16, pp. 10-11).

The second problematic area was the developmental emphasis of the activity perspective. Developmental theory assumed that understanding activity and life satisfaction or morale in old age were enhanced by focusing on prior stages of the life cycle. This approach had a major explanatory problem in that external events were assumed to be stable over time. Since there was evidence that external events changed drastically for some persons at a particular chronological age, this required that the developmental approach (1) be limited to cases not characterized by significant changes in external events at some specific point in the life cycle, or (2) postulate a critical stage of drastic change in external events. Both of the above would multiply the conceptual apparatus needed to understand aging (16, pp. 12-13).

A third difficulty was the use of the concept of personal adjustment, which produced circular arguments about the factors related to life satisfaction or morale among old persons. The circularity resulted when people exhibited a life style that was supposedly typical of adjusted persons; it was said that these persons had adjusted to old age and the inference was made that their mental state was characterized by high morale. Persons not exhibiting
the activity level said to typify working, middle-aged respondents were claimed to be unadjusted (16, p. 15).

The last problem focused on empirical evidence which contradicted activity theory's major proposition. Activity theorists maintained that a relatively high level of activity was a prerequisite to adjustment and high morale. Two empirical cases failed to support this assumption: (1) a low level of activity coupled with relatively high morale; and (2) persons who had developed a long-term social isolation as a mode of daily life. The first case was observed in age-concentrated environments where elderly persons were able to satisfy normatively-defined low activity expectations with little effort. The second case referred to the never married or long-time widowed, who were fairly isolated or alone for lengthy periods of their lives and exhibited little activity. Consequently, retirement did not alter activity patterns or satisfaction with isolation as a way of life. In addition, there was an assumption that any kind of activity could be substituted in later life for activities associated with middle-adult life. Evidence suggested that activity varies in quality, and that significantly different types of social relationships were not interchangeable because of their varied qualities and the distinct needs they fulfill for persons (16, p. 16).
Gubrium also indicated that three problems were encountered with disengagement theory. An implicit assumption of functional theories was that persons acted so as to carry out normatively prescribed conduct. Human contact was completely normatively determined. This introduced the problem of explaining individual deviance in that engagement might be found not to be randomly distributed in the social system. If engagement occurred, individual or psychological factors were employed to explain the prolongation of incipient disengagement. Deviance, therefore, was not normative or structured by this line of reasoning. However, evidence existed that continued engagement was structured and prescribed in certain sub-systems of the social system. This was not necessarily problematic if the scope of disengagement theory was limited to normative disengagement (16, p. 25).

A second difficulty with disengagement theory was the tautological nature of all functional theories. Disengagement theorists were able to verify their major assumptions in every case. Scientific verification, however, necessitates the statement of conditions of disproof, also. If such conditions could not be stated, explanation became tautological and verification trivial (16, p. 25).

The last problem concerned the inevitable feature of social disengagement. Disengagement was proportioned to be an inevitable process of psychological and social
withdrawal from everyday life. As an event, this was accomplished by death; however, the disengagement theory fails to distinguish between death and social disengagement as two different phenomena (16, p. 26).

Gubrium concluded that disengagement and activity theories represented partial theories of aging and had no conceptual linkage between them. The problem was whether it was possible to conceive a more general framework than either the activity or disengagement approach to aging, which included these two polarized theories as specialized aspects of the more general conceptual framework. To accomplish this, the socio-environmental approach was proposed (16, p. 30).

Gubrium (16, p. 34) outlined a model of the environment of action for the aged person. The aged person was defined as that aspect of an elderly man's or woman's behavior that takes the individual self and others into account in the process of dealing with the environment. The meaningful taking into account of the aspects of everyday life, one's disposition, and the decisions a person made were defined as action.

The socio-environmental approach assumed that the environment of action for the aged was based on the inter-relationship of two contextual dimensions. The first was social, referring to normative effects of varied degrees of age-concentration. Rose (27) suggested that as the local
environment of the aged became concentrated with old people, local activity norms became age-linked. This meant that peoples' expectations of each other's behavior became rooted in relatively common rather than diverse experiences, and a subculture of aging would probably emerge. The situations with which aging persons in age-concentrated environments were confronted were restricted in terms of normative demands concerning behavioral expectations. In age-heterogeneous environments, however, the variety of situations a person encountered was maximal, in the sense that a person would be expected to fulfill a variety of expectations.

The second dimension, the individual context, referred to the person's activity resources, such as health, solvency, and social support. These activity resources influenced a person's behavior flexibility, or ability to satisfy the behavioral expectations of a social situation. Among persons with good health, solvency, and social support, normative demands should be minimal in that these individuals possessed sufficient behavior flexibility to interact in the wider community and avoid local conditions and problems. In contrast, those persons with minimal flexibility were most sensitive to the conditions and variations in local norms. Therefore, the social and individual contexts of the environment were viewed as constraining the elderly person in different manners.
Variations in the behavioral expectations of social contexts were regarded as burdens on the aged, while variations in the individual context were considered as a dimension of behavior flexibility from the person's perspective (15, p. 282).

The socio-environmental approach and its propositions were predictive of behavior contingent on activity norms, activity resources, and the assumption of congruency. Persons were assumed to feel most satisfied with themselves and their living conditions when there was congruency between what was expected of them by others of significance and what they might expect of themselves. Inconsistency between these two categories of expectations was said to result in life dissatisfaction among the aged. This inferred that the old person committed his behavior and oriented his mind to others in the environment. How others conceived of him, therefore, influenced his action; otherwise the congruency mechanism might be inoperative.

Variations in the burdens of social contexts were significant in their influence on the morale of persons. Activity resources held equal, morale differences between aged persons were likely to be greater in age-heterogeneous social contexts than age-homogeneous contexts. Life satisfaction was contingent on a multitude of situations since the activeness of persons was likely to be higher in age-heterogeneous contexts than in age-homogeneous contexts.
In age-homogeneous contexts, if persons with similar activity resources were dissatisfied with themselves in one situation they were likely to be generally dissatisfied because of the similarity of context and expectations. Conversely, situational satisfaction was likely to mean general satisfaction (16, p. 44).

With respect to activity resources, the morale of the aged with extensive activity resources would be least sensitive to variations in social contexts. In contrast, elderly persons with relatively poor resources, and consequently low degrees of behavior flexibility, would be most sensitive to variations in their social contexts (16, p. 44).

**Empirical Sources of Socio-Environmentalism**

Gubrium (16, p. 55) stated that the socio-environmental approach was a "grounded" approach. This means that it was developed from the exploration of empirical variations in the social behavior of old persons and an examination of current attempts to understand the process of aging. In the generation of theory from data, most hypotheses and concepts not only came from the data, but were systematically worked out in relation to the data during the course of research (13, p. 6). The socio-environmental approach, therefore, was constructed to conform as closely as possible to the variety of cases.
There were two general empirical sources: (1) studies of structural effects directed at understanding the relationship between social interaction and morale by combining environmental and personal concepts; and (2) the results of a study of the elderly by Gubrium (16, p. 55).

Studies of the structural effects of differential settings began from the position that the physical arrangements and characteristics of persons in the immediate environment of aged persons was influential on (1) their behavior expectations with respect to each other, and (2) their morale. Two types of studies were involved. One type did not explore factors mediating environmental arrangements and personal response. This approach was exemplified by Carp’s (8, p. 515) findings that morale was higher for elderly persons after taking up residence in a high-rise apartment building (14, pp. 43-44). More recently, Teaff, et. al. (34, p. 133) presented findings from a national sample which indicated that people living in an age-segregated environment had higher morale than persons living in age-integrated housing. Both authors failed to address the factors which mediated between the environment and morale, i.e., social integration resulting from an aged subculture.

An important early study by Rosow (30, p. 85) noted that the elderly inevitably experienced physiological, economic, and social losses which could operate to undermine
their social integration. Arguing contrary to most popular conceptions, he suggested that modernizing trends in industrial societies, such as age grading, created conditions in which the most viable opportunities for the integration of older persons into informal groups were among their age peers. This proposition was supported by evidence from studies of the integrating effects of social similarity (1, 2, 6, 20, 21, 25) and high proximity (12, 24, 35).

Roscow (30, p. 86) maintained that the crucial issue was the social consequences of different living arrangements; i.e., the patterns which they sustained, and the social networks which they engendered. Accordingly, the most problematic variable in housing the elderly was their immediate social environment--specifically, the age composition of the local environment.

Three age structures of old people's neighborhoods were identified: (1) normal or integrated; (2) isolated; and (3) segregated. The normal or integrated was the typical urban area of all age groups, with old people scattered randomly in numbers proportional to their part of the total population. The isolated was exemplified by institutions in a rural setting or retirement villages which were self-contained, completely separate settlements of old people. The segregated referred to an intermediate type with disproportionate concentrations of older persons in enclaves embedded in a larger community. Thus, the
isolated pattern concentrated old people together and physically separated them from any surrounding social life. The segregated pattern also concentrated old people, but insulated rather than separated them from a larger community environment.

Rosow (31) tested the effects of age-segregation on the pattern of active friendships with neighbors. Apartment buildings were classified into three groups according to the proportion of older residents: normal (1-15%); concentrated (33-49%); and dense (50+%). The central hypothesis was confirmed, in that the number of old people's local friends varied with the proportion of older neighbors, and their friends were basically drawn from those old neighbors (31, pp. 42-78). In addition, there was a greater dependency on friendships in the working-class residents than middle-class residents. This indicated that the working class person was extremely vulnerable and sensitive to variations in residential age composition in making and maintaining new friends (29, p. 68). Furthermore, the morale of persons desiring more friends was also higher in the dense as opposed to less concentrated residences. Half of those persons who had little capacity for spontaneous integration into friendship groups in normal settings did have the capacity for social integration under favorable, dense age settings (31, p. 132).
Rosow (31, p. 294) concluded that an age-homogeneous housing environment for the elderly was an important factor in satisfactory adjustment to the conditions of aging. This conclusion was based on the findings that elderly persons were more likely to prefer friendships among their age peers, and more opportunities for friendships existed in neighborhoods of age-segregation. Furthermore, since local friendships were necessary for the effective social integration of the elderly, opportunity to form local friendships was seen as the factor which mediated structural variations, on the one hand, and integration and morale, on the other.

Bultena and Wood (5, p. 210) investigated the differences in personal adjustment of older persons who moved to age-integrated and age-segregated communities in a retirement state. Factors were examined which were expected to account for differential adjustment. The general proposition explored was that planned retirement communities performed important functions in the facilitation of older migrant's adaption to the retirement role.

Morale was found to be higher for residents of the age-segregated retirement communities than for residents of age-integrated communities. To examine the influence of structural effects, correlations were computed controlling for age, occupational status, income, educational attainment, and perceived health status. The initial
relationship between community type and morale was only slightly diminished when controlling for these factors. Health status had the sharpest impact in reducing the strength of the correlation which remained statistically significant nevertheless.

The authors concluded that the higher levels of morale found in the age-segregated community could be attributed to two factors: (1) differential personal attributes and (2) structural features associated with age-segregated communities. Residents of the age-segregated communities represented an elite group in terms of previous occupations and educational and income levels, and they perceived their health to be better than that of age-integrated residents. Research has shown good health and high levels of education and income to be associated with high morale (5, p. 211).

Two structural features of age-segregated settings were emphasized. The physical concentration of age-peers of similar social backgrounds served to expedite the formation of new friendship ties. And the promulgation of a leisure orientation in these places which was more compatible with the life situation of retired residents than was a retention of the work ethic in the role definitions of the retiree (5, p. 216).

Bultena (4, p. 26) also addressed the question of the specific mechanism through which the structural effects
were mediated. A two-step model was used to test for structural effects (7, p. 284). The analysis first investigated the impact of structural patterns on the individual's situation and then examined the psychological or behavioral response to that situation.

Bultena (4) hypothesized that greater opportunities provided in the age-segregated environments for friendship interaction might be important to the relationship which was found between community type and morale. Contrary to expectations, the greater opportunity for friendship interaction evidenced in age-segregated communities was not shown to be important to differences in the morale of residents. Comparative data necessary to test other theoretical propositions about beneficial effects of age-grading for morale were not available, but the author suggested that a physical concentration of age-peers might facilitate the emergence of social norms more appropriate to the retirement role than may otherwise obtain in the age-integrated communities.

Furthermore, Bultena (4, p. 28) suggested that the specific effect of the age-structure would depend on the personal orientations of residents toward work. Those disposed to an active social life and permissive roles definitions which place emphasis on leisure and expressive roles would be most likely to benefit psychologically from age-segregation. This was supported by findings that
residents of retirement communities (age-segregated) were more liberal in their views of acceptable conduct in old age, particularly as regarded the legitimacy of a leisure role, and enjoyed more active lives prior to retirement than elderly residents of age-integrated settings.

Messer (26, p. 247) noted the debate among activity and disengagement theorists concerning the relationship between interaction and morale, and suggested that the introduction of a third variable, age concentration of the housing environment, to clarify the issue. If interaction and morale were both related to age composition, then the introduction of age composition of the local environment would help to specify the nature of the relationship.

Two theoretical sources were cited for the concept that an ecological trait, age composition of the environment, could affect both the level of interaction and the nature of role expectations. Eisenstadt (11, p. 31) put forward the concept that age grouping was essential for easing the transition of role orientations and expectations appropriate for one phase of the life cycle to those appropriate for the next. Merton (24, p. 119) stated that a mechanism to alleviate role conflict was the insulation of the role incumbent from those members of his role set in different status positions. Based on these, Messer suggested that age differences were important differences in
status and that an age-concentrated environment would be more conducive to an age appropriate normative system (26, p. 247).

Several hypotheses were derived. First, if age-concentration provided greater interaction opportunities for those inclined, and also provided a normative system which mitigated the conflicts of disengaging from obligatory interactions of middle age, then high morale was a function of the normative milieu rather than a higher rate of interaction. On the other hand, a mixed age setting worked to maintain the middle-age stigma against social disengagement because of the proximity of younger people to the elderly, and morale was more dependent on a high rate of social interaction.

Messer tested these hypotheses on elderly tenants of public housing projects in both segregated and integrated settings. All respondents were considered low in socio-economic status, not senile, and not impaired in ambulatory ability. With regard to the first part of the hypothesis, the age-segregated group reported higher interaction than the mixed age setting. When morale was related to age-composition of the environment, higher morale was found in the age-homogeneous sample, but the relationship was not statistically significant.

The relationship between interaction and morale was examined simultaneously with the age-concentration
variable. A high level of interaction was associated with high morale among older people living in a mixed-age setting. The relationship disappears in the age-homogeneous environment. The data were consistent with the activity theory for those living in the age-integrated setting, and expectations of disengagement theorists were met in the age-concentrated sample. These data tended to support the concept that age-concentration generated a distinct normative system with regard to the expectations of social disengagement.

In addition, those living in an age-integrated setting were more likely to report having "too much free time on their hands." High interactors in the age-integrated setting were more likely to feel that they needed more involvement than low interactors in the age-segregated environment. A sense of "uselessness" was highly associated with low morale in the age-integrated sample, but the relationship declined considerably among the age-segregated.

These findings were taken as support for the idea that the physical aggregation of age peers produced a normative system which mitigated the role conflicts of old people who were disengaging from middle-age levels of social interaction. Evidence was also presented supporting the possibility that age-concentration provided a normative system which allowed an identity with leisure as a legitimate post-occupational activity, while an age-integrated
environment was conducive to maintaining the stigma against social disengagement. High interactors in age-integrated settings were more likely than low interactors in the age-concentrated group to feel they had too much free time, and occasional feelings of uselessness were more likely to be accompanied by low morale among those in age-integrated settings (26, p. 250).

These conclusions regarding the age-concentrated environment, social similarity, and normative systems which operate to facilitate adjustment to old age were supported by a participant observation study of elderly residents of an urban apartment building. Hochschild (19) reported that a group of forty-three elderly residents of a small apartment building, who (with the exception of five individuals) had been strangers before taking residence, formed an old-age community or subculture. The residents were social similars in the sense that they were mostly rural-born, working class, white, anglo-saxon, protestant, and females in their late sixties (19, p. 36).

The community acted as a mutual-aid society, a source of jobs, an audience, a pool of models for growing old, a sanctuary and a subculture with its own customs, gossip and humor. Hochschild suggested that communal solidarity could renew the social contact the old had with life. New roles were available, and the old were likely to take on responsibilities toward one another. The subculture
Hochschild observed encouraged the old to dance, to sing, to flirt, and to talk about death in a way less common between the old and the young. Also, the old-age community was characterized by persistent social pressures toward sociability and away from isolation. As a pool of sociability, the problem was not isolation but social pressures preventing a recluse from feeling comfortable (19, pp. 53-141).

Emergent patterns of neighboring served to detect illness or death. Widows in good health frequently took it upon themselves to care for one or two in poor health. Some of the caretaking was reciprocal, but most was not, since the most incapacitated were not physically able to reciprocate. However, sometimes the residents paid one another for favors. Women took in sewing, for example. Others paid for domestic help from personal resources.

A further indication of the solidarity which characterized the setting was the emergence of an internal system of social status ranking. Status was not determined by the background characteristics of the residents since there was a high degree of similarity among the residents. An informal status hierarchy was based on the distribution of luck. It was a shared system of ranking with informally recognized status distinctions. Honor was conferred on persons who were in good health, lost the fewest loved ones through death, and were close to their children.
Hochschild (19, p. 63) emphasized that the community which developed among the elderly residents was not a function of any special characteristics of the individuals involved and would not necessarily develop among the elderly in any setting. The old age community observed was founded on the sibling bond relationship according to Hochschild, and a link was demonstrated between the importance of the sibling bond and modern social trends. The faster the rate of social change, the more society was stratified by age. The more society was characterized by age stratification, the larger the pool of potential social siblings. Such pools might coalesce into peer communities, but only under certain conditions.

The sibling bond involved reciprocity and similarity between individuals. The apartment building setting, however, was not an institutional setting. The widows took care of themselves and did things for others. Their community rested on their personal autonomy and capacity for independent functioning which distinguished them from a dependent status usually associated with institutional settings (19, p. 64).

Gubrium (14, p. 294) analyzed the effects of age-concentration of local environment on the morale of the aged, controlling for health and solvency. This study suggested a conceptual linkage for the following two sets of empirical findings: (1) the positive effects of age
concentration on morale, (2) and the positive effects of income and health on morale.

Health and solvency were considered behavior resources and as these increased behavior flexibility increased. Variations in environmental age-concentration would have minimal effects on healthy, comparatively solvent old persons. This was expected because these old people would have sufficient behavior flexibility to eclipse local environmental conditions. In contrast, those elderly who were poor in behavior resources were behaviorally limited by conditions immediately about them, and would be most sensitive to environmental variations. The following were hypothesized: (1) among old people with poor behavior resources, environmental age-concentration would be positively associated with morale; and (2) among old people with satisfactory behavior resources, there would be little relationship between age-concentration and morale.

Age-concentration was conceptualized as a function of two environmental factors, residential proximity and age-homogeneity. A dichotomization and cross-classification of these factors yielded four types of environmental age-concentration with high age-concentration (close proximity and age-heterogeneity) and low age-concentration (distal proximity and age-heterogeneity) representing continuum extremes.
A random sample of 210 elderly persons was interviewed. Among those persons in good or fair health, little positive association existed between age-concentration and morale. There was a positive association among old people with poor health; however, only twenty-six respondents were in this category (14, p. 295).

Controlling for solvency yielded the following:
(1) for persons who were solvent, there was little positive relationship between age-concentration and morale;
(2) among the insolvent, as age-concentration increased, morale tended to increase (only twenty-seven respondents were insolvent).

The data were consistent with the hypotheses. Environmental age-concentration appeared to effect morale among those persons with poor behavior resources. Those elderly respondents possessing high resources were not affected by environmental age-concentration (14, p. 296).

In the process of interviewing, healthy respondents were observed to be less behaviorally oriented to their locale. They also tended to judge themselves less by the standards of immediate neighbors than by some other group not in the local vicinity. Health, therefore, served as a resource which enabled the individual to eclipse the local environment.

Those in poor health were more oriented to the local environment regarding the fulfillment of needs. Social
integration was limited by poor health to local acceptance, local ties, and local sources of self-esteem. Gubrium suggested that for those in poor health, changes in environment had costs in terms of disintegration and demoralization. The resource of health might mean several things for the morale of the elderly with respect to their environment. First, a healthy person might have high morale regardless of the age-concentration of the environment. Second, an unhealthy elderly person might have relatively high morale if the age-concentration of the environment was conducive to social integration. Third, an older person in poor health was more likely to be demoralized if the immediate environment provided few opportunities for social integration, which was most likely in low age-concentration (14, p. 296).

Solvency operated in a similar manner. The solvent elderly were not limited by contingencies of the local environment in seeking the acceptance and esteem of others. They had the means to choose interaction in the local environment or beyond the immediate environment. The insolvent, however, were more limited to the local environment which was crucial for their social integration. If local groups accepted the status of low solvency in old age and related problems with some esteem, then integration was possible. Gubrium (14, p. 296) maintained that esteem existed among these persons with respect to each other and
in each person's mind as the perceptions of other's acceptance and esteem translated social integration into morale.

The insolvent elderly were most likely to feel a part of a community when others about them might experience the same resource loss. As the age-concentration of environment increased, the insolvent elderly were increasingly likely to encounter other aged persons of the same status which facilitated interaction and acceptance when insolvency limited choice.

**Summary**

The foregoing described several empirical sources of the socio-environmental approach, and some important points are summarized here.

Studies of the effects of differences in environments resulted from observations of variations in the responses of individuals who experienced the same kinds of problems upon growing old. The context of response to these problems was considered to resolve the issue of differential responses to common problems. The rationale for exploring the context of response began with the assumption that persons, as minded individuals, responded to the social meanings of events rather than some absolute aspect of these events. Furthermore, social definitions of an event were influenced by persons who stood in significantly defined relationships to an individual, and were taken into
account in the reactions of a person to the same event. Therefore, environmental studies focused on social contexts in analyzing responses to the problems of aging (16, p. 56).

Two general approaches were noted: (1) investigations of demographic characteristics of persons in contexts (31, 5), and (2) examinations of the unique meanings (subcultures) that events peculiar to old age had in certain contexts. The demographic approach assumed that if individuals with demographic characteristics in common (age) were concentrated geographically, they were likely to interact and share meanings of events common to themselves. Demographic characteristics were utilized as indicators of variations in the local social definition of events. The subculture approach (26, 4), on the other hand, focused on the kinds of statements about old age made in various social contexts in which the elderly reside. Interest was in whether such statements revealed evidence of different degrees of a consciousness of common interests among the elderly in social contexts of varying concentrations of aged persons (16, p. 58).

Environmental studies also examined the mechanism which translated the physical and demographic aspects of contexts into socially meaningful conditions. Rosow (31) and Bultena (4) hypothesized that friendship was the link between the social and psychological variables. However,
the evidence failed to support this contention (4, p. 30). Another factor which qualified as a possible mediating mechanism was the development of activity norms (26, 14). The emergence of norms was discussed as a product of two conditions: (1) group isolation, and (2) the behavior of persons outside local social contexts. Ecological conditions of close proximity and age-homogeneity created favorable conditions for the development of a group-specific way of living. The actions of outside persons which emphasized intergroup differences made it increasingly apparent to in-group members that they possessed peculiar interests and behavior as a group.

Friends could be important carriers of norms and could be instrumental to their emergence. However, having friends was not synonymous with knowing of and possessing feelings about particular behavioral expectations, once the expectations existed. The knowledge of such expectations and commitment to them could be common to persons without the growth of friendship between those persons. Norms could be perpetuated by friendships, but the impact of norms on persons was not solely contingent on friendships. Therefore, the significant link between persons and social contexts was not friendship itself but behavior expectations or norms (16, p. 88).

Finally, Gubrium (14) proposed the utility of expanding the environment of aging to include the "individual
context." Gubrium suggested that not only was the morale of old people influenced by the persons in their immediate social contexts and the behavior expectations of those persons, but it was influenced also by the activity resources such as good health and solvency which the elderly might possess as individuals. The aged took both the conditions of their individual resources and the conditions of their social world as the contingencies of their environments. Morale was significantly influenced by a two-sided environment. The problems of old age were conceived as the problems that aged persons encountered and resolved while acting toward themselves as individuals and as social beings (16, p. 59).

Empirical Tests of Socio-Environmental Propositions

A review of the literature concerning the socio-environmental approach to aging revealed two problems: (1) the approach has received little attention regarding empirical verification; and (2) the original formulation was based on a cross-sectional analysis of a small number of cases (14, p. 295).

Yet the socio-environmental approach to aging conceptualized the environment of action for the elderly as the inter-relationship of two contextual dimensions and is therefore imminently testable. The first dimension was the normative consequences of social homogeneity and
residential proximity. The second contextual dimension was individual, indicating activity resources such as health, solvency, and social support that influenced behavior flexibility or the individual's ability to fulfill normative expectations.

As the local environment became concentrated with old people, local activity norms became age-linked in that person's expectations of each other's behavior became rooted in relatively common rather than diverse experiences. The emergence of a subculture of aging (27) under these conditions had behavioral implications. The variety of situations with which persons were confronted was quite narrow in terms of demands on behavior flexibility. Individual ability to satisfy behavioral expectations in one situation likely meant the ability to do so in most situations within the age-concentrated setting.

In age-heterogeneous settings, however, the variety of situations that persons were likely to encounter were maximal. The resources a person possessed must be sufficient to allow fulfillment of a wide variety of expectations. In this situation, the demands on behavior flexibility were great.

Therefore, it was a logical assumption that personal resources affected behavior with respect to the normative demands of varied environments. Among persons with good health, solvency, and social support, normative burdens
were minimal in the sense that these individuals possessed sufficient potential behavior flexibility to eclipse local environments and problems.

In contrast, those having relatively minimal behavior flexibility were the most sensitive to the conditions of and variations in local norms. Those aged persons who could least afford the burden were the most adversely affected by varied normative demands.

The socio-environmental approach suggested that persons felt most satisfied with themselves when there was congruency between what was expected of them by others of significance and what they could expect of themselves. Any inconsistency between these two sets of expectations was said to lead to low morale among the aged. This assumption was valid provided the situation of self-regard was the same as the situation in which persons experienced the expectations of others referring to self. If these situations were not the same, then the costs to the self-conception of any changes in other's definitions of self could be negligible. The old person, male or female, could be influenced by how others conceived of him if he committed his behavior and oriented his mind to others in the environment. Otherwise, the mechanism of congruency would be inoperative.

The socio-environmental approach also focused on the social interaction among persons in varied social contexts
(16, p. 140). Age-concentrated contexts, for example, were observed to have the potential to provide a protective environment for the elderly. Much of what the elderly needed was locally available and special transportation services were often available for business outside of the age-concentrated setting. Furthermore, the elderly in age-concentrated environments looked out for each other. Neighbors would check on each other daily and kept watch on one another's possessions when possessions had to be left unattended. By contrast, there was a lack of mutual-aid among neighbors in age-heterogeneous settings and residents in these settings expressed feelings of a perceived lack of protectiveness in their surroundings and of being isolated. Hochschild (19, p. 53) and Sherman (33, p. 481) also reported mutual-aid exchanges between elderly neighbors in age-concentrated settings.

In summary, the condition of environmental age-concentration appeared to induce a protectiveness in that daily needs of the elderly became locally satisfiable. The socio-environmental approach maintained that elderly persons with low activity resources were particularly dependent on the local setting to fulfill their needs since they lacked resources to participate in the broader community. It followed that mutual aid with neighbors tended to characterize the elderly with low activity resources more than those with high activity resources. The elderly
with high activity resources were not limited to that which was in the immediate environment since they had sufficient resources to seek participation beyond the local vicinity.

The socio-environmental approach to aging suggested several hypotheses concerning the effects of age-concentration on the relationship between activity resources, on the one hand, and morale and mutual-aid patterns with neighbors, on the other. Age-concentration would be expected to have no significant effect on the morale of those persons with high behavior resources, but would have a significant positive effect on the morale of those persons with low behavior resources. Correspondingly, age-concentration would be expected to have no significant effect on mutual-aid patterns with neighbors for persons with high behavior resources, but would have a significant positive effect on mutual-aid patterns with neighbors for persons with low behavior resources.

The present study proposed to test several hypotheses derived from the socio-environmental approach. A longitudinal analysis examined the relationship between age-concentration and (1) the morale of the elderly; and (2) mutual-aid patterns with neighbors. The relationships were examined while controlling for the health, solvency, and social support of the study participants. These factors were identified by the socio-environmental approach as
crucial to understanding the effect of age-concentration on the dependent variables mentioned above.

Research Hypotheses

The specific relationships to be tested are set forth in the following fifteen hypotheses. Two sets of hypotheses were tested. One set addressed the effect of age-concentration on the relationship between activity resources and morale. The second set of hypotheses concerning the effect of age-concentration on the relationship between activity resources and mutual-aid patterns with neighbors.

Morale

With regard to morale, the socio-environmental approach suggested three research hypotheses. These hypotheses predicted that after relocation, the morale of persons with low activity resources would be significantly higher than the morale of persons with high activity resources.

Hypothesis I After relocation, the morale scores for persons in the low income group will be significantly higher than morale scores for persons in the high income group.

Hypothesis II After relocation, the morale scores for persons in the poor health group will be significantly higher than morale scores for persons in the good health group.
Hypothesis III  After relocation, the morale scores for persons in the low social support group will be significantly higher than morale scores for persons in the high social support group.

Mutual-Aid Patterns

These hypotheses predicted: (1) no change aid received from or given to neighbors for persons with high activity resources; (2) and increased aid received from and given to neighbors for persons with low activity resources.

Hypothesis IV  There will be no significant change in aid received from neighbors for persons with high incomes.

Hypothesis V  There will be no significant change in aid received from neighbors for persons with good health.

Hypothesis VI  There will be no significant change in aid received from neighbors for persons with high social support.

Hypothesis VII  There will be no significant change in aid given to neighbors for persons with high incomes.

Hypothesis VIII  There will be no significant change in aid given to neighbors for persons with good health.

Hypothesis IX  There will be no significant change in aid given to neighbors for persons with high social support.

Hypothesis X  There will be a significant increase in aid received from neighbors for persons with low incomes.

Hypothesis XI  There will be a significant increase in aid received from neighbors for persons with poor health.
<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Description</th>
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<tr>
<td>XII</td>
<td>There will be a significant increase in aid received from neighbors for persons with low social support.</td>
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<tr>
<td>XIII</td>
<td>There will be a significant increase in aid given to neighbors for persons with low incomes.</td>
</tr>
<tr>
<td>XIV</td>
<td>There will be a significant increase in aid given to neighbors for persons with poor health.</td>
</tr>
<tr>
<td>XV</td>
<td>There will be a significant increase in aid given to neighbors for persons with low social support.</td>
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</table>
CHAPTER BIBLIOGRAPHY


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CHAPTER II

METHODOLOGY

Sample

This study compared interview responses of seventy-one elderly community residents before and after voluntary relocation to a newly constructed, federally subsidized low-rise apartment complex for the elderly in 1978. Applicants for the housing were contacted by letter and asked to participate in the study. Interviewers followed up with telephone contacts and made appointments to interview those who consented to participate. The pre-location (pretest) interviews were conducted in the respondent's residences in age-integrated (low age-concentration) settings. Approximately one month after relocation, participants were re-interviewed (posttest) in their apartments in the age-segregated (high age-concentration) setting.

Demographic Characteristics of Sample

The characteristics of the study population are summarized in Table I. The racial composition of the group was white. The respondents were predominantly protestant and female. A total of sixty-six were protestant (93.0%) compared to five Catholics; fifty-seven were female (80.3%), while fourteen, or 19.7%, were male.
<table>
<thead>
<tr>
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<tr>
<td><strong>Sex</strong></td>
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<tr>
<td>Male</td>
<td>14</td>
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<tr>
<td>Female</td>
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<td>80.3</td>
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<td>Total</td>
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<td>19.7</td>
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<tr>
<td>70 - 74 years</td>
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<td>18.3</td>
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<tr>
<td>75 - 79 years</td>
<td>14</td>
<td>19.7</td>
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<tr>
<td>80 - 84 years</td>
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</tr>
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<td>$4,000 - 4,999</td>
<td>8</td>
<td>11.3</td>
</tr>
<tr>
<td>$5,000 - 5,999</td>
<td>3</td>
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</tr>
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<td>$6,000 - 6,999</td>
<td>4</td>
<td>5.6</td>
</tr>
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<td>$7,000 - 7,999</td>
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<td>4.2</td>
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<td>$8,000 +</td>
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<td>1.4</td>
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<td>Total</td>
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TABLE I—Continued

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<tr>
<td>Good</td>
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<td>Total</td>
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</tr>
</tbody>
</table>

The mean age of the group was 72.4 years. The ages ranged from fifty-one to eighty-nine years. The educational attainment of the group was relatively low. Slightly more than seventy percent (70.4%) had not graduated from high school, and 11.3% had completed some college.

The group included individuals whose incomes ranged from less than $3,000 to over $8,000 per year. More than fifty percent (50.7%) reported incomes under $3,000, 28.2% reported incomes between $3,000 and $4,999 per year, and 15.4% reported incomes exceeding $5,000 per year. Only four persons (5.6%) did not furnish information on their incomes.
Table I indicates that the study participants were a relatively healthy group. Nearly half perceived their health to be excellent or good (49.3%). More than forty percent (42.3%) reported their health was fair and only 8.4% reported their health was poor or very poor. These figures reflect application procedures for the housing which screened for individuals with no serious physical or mental problems.

As might be expected for a group predominantly elderly and female, more than half of the sample was widowed (57.7%). Of the remaining individuals, 16.9% were married, 18.3% were divorced, and 7.1% had never married.

Independent Variables

Age-Concentration

Age-concentration was conceptualized in terms of the age structure of the residential setting. The respondents' residential setting before relocation corresponded to Rosow's concept of a normal or integrated age structure (3, p. 86), i.e., the typical urban area containing all age groups with old people scattered through the area almost randomly in numbers proportional to their part of the total population.

A subjective assessment of age-concentration was used for the pre-relocation interview. Study participants responded to the following question:
"Are the majority of the people in your neighborhood the same age as yourself?"

(1) yes    (2) no

"Are they older or younger than yourself?"

(1) older    (2) younger    (3) both

Only those cases with negative responses to the first question and responses of "younger" to the contingency question were included in the analysis. For these cases, the setting prior to relocation was considered one of low age-concentration.

The residential setting after relocation conformed to Rosow's concept of a segregated age structure (3, p. 86), i.e., disproportionate concentrations of older people in enclaves embedded in the larger community. The age segregated pattern concentrated old persons, but insulated them rather than isolated them from the larger community. The residential setting after relocation, therefore, constituted a high age-concentration setting.

Dependent Variables

Morale

Morale was measured at the interval level by scores on the "Philadelphia Geriatric Center Morale Scale" (2, pp. 144-165). This scale has been demonstrated to be appropriate for the elderly. The length of the scale has
proved suitable since it does not tire subjects and it has the advantage over shorter scales of greater reliability. The scoring for the scale is illustrated in the appendix.

Mutual-Aid Patterns

Mutual-aid patterns with neighbors were measured by the responses to the following question:

"Neighbors sometimes do things to help each other out and make life a little easier or more enjoyable. Sometimes it's something simple, such as keeping an eye on the house when the people are away, free baby-sitting or a friendly phone call when someone is lonely. At other times it may be help in getting a job or buying things.

What kinds of things have you done for your neighbors or helped them with in the last year?

And what kinds of things have any of your neighbors done to help you?"

The posttest interview asked for information on mutual-aid patterns which emerged after relocation was accomplished.

Open-ended responses to these questions were subsequently classified into nominal categories. The categories were the "presence" or the "absence" of "aid given to" and "aid received from" neighbors.

Control Variables

The socio-environmental approach to understanding the relationship between age-concentration, on the one hand, and morale and mutual-aid patterns with neighbors, on the other, necessitated the controlled introduction of three additional variables. The variables were income, health, and social support.
Income

Income was measured by an interview item designed to ascertain the respondent's income level. Interviewers gave respondents a card with the income levels and read the following question:

"Counting what you (and your spouse) got from all sources, what was your total income last year?"

a. Under $3,000  
g. $8,000 - 9,999  
b. $3,000 - 3,999  
h. $10,000 - 14,999  
c. $4,000 - 4,999  
i. $15,000 - 19,999  
d. $5,000 - 5,999  
j. $20,000 - 24,999  
e. $6,000 - 6,999  
k. $25,000 or over  
f. $7,000 - 7,999

Respondents were asked to indicate the appropriate income category and the interviewer recorded the response on the questionnaire.

Health

The technique for measuring health status was subjective. Studies have shown a close relationship between objective and subjective measures of health. Furthermore, a subjective evaluation of health was appropriate for a study concerned with the personal behavior and/or personal states of mind (1, p. 106). Subjective measurement involved asking respondents a direct question concerning how they would rate the state of their health at the time of the interview. The question used was closed-ended, and included the following response categories:

"In general, how is your health? a. excellent, b. good, c. fair, d. poor, e. very poor."
Social Support

Regarding social support, the socio-environmental approach emphasized continuity and discontinuity of social support as crucial to the study of environmental effects (1, p. 110). Two conditions of social support obtained from the interview responses were utilized: 1. being married or single (continuity of social support); and 2. being widowed, divorced, or separated (discontinuity of social support). Measurement of this variable was accomplished by the following interview question:

"Are you: 1. married; 2. widowed; 3. divorced; 4. separated; 5. or have you never been married?"

Dichotomies

In order to test the hypotheses derived from the socio-environmental approach, the activity resource variables (income, health, and social support) were dichotomized into high and low categories. Respondents who indicated their incomes were above $3,000 per year were included in the high income category. Persons reporting incomes below $3,000 were classified as low income.

Respondents who rated their health status "excellent" and "good" were included in the "good health" category. Those respondents rating their health status "fair", "poor", or "very poor" were placed in the "poor health" category.
"Married" and "never married" respondents were classified in the "high social support" category. Respondents who were "divorced", "separated", or "widowed" were categorized as "low social support".
CHAPTER BIBLIOGRAPHY


CHAPTER III

FINDINGS

Statistical Procedure

Morale

A one-way analysis of covariance was employed to test the statistical significance of the relationships specified by the morale hypotheses. This statistical technique enabled the analysis of problems involving various combinations of interval and nominal scales.

This particular application of the analysis of covariance compared group means on a dependent variable after the group means were adjusted for a relevant covariate (1, p. 134). The dependent variable was the morale score on the posttest, the covariate was the morale score on the pretest, and activity resource group means were compared for significant differences. This approach permitted the examination of the effects of age-concentration on the morale of the different activity resource groups since posttest scores (high age-concentration setting) were adjusted for pretest scores (low age-concentration setting).

Mathematical computations were performed by computer program. The program output included: adjusted group
means, F ratios, and probabilities of occurrence associated with each F ratio (Tables II, III, and IV).

**Hypothesis I.**—A five-step model was used to test the null hypotheses. The test of Hypothesis I illustrates the procedure.

1. \( H_0 \): After relocation, morale scores for persons in the low income group will not differ significantly from morale scores for persons in the high income group.

2. Significance Level. Let \( \alpha = .05 \).

3. Sampling Distribution. F values are normally distributed.

4. Region of Rejection. The region of rejection consists of all values of F so large that the probability associated with their occurrence under \( H_0 \) is equal or less than \( \alpha = .05 \).

5. Decision. The results of the analysis are shown in Table II. The calculated value of F was .665 and the probability of occurrence under \( H_0 \) was .418. Since this probability was larger than the previously set level of significance, \( \alpha = .05 \), the null hypothesis could not be rejected in favor of the alternate hypothesis. The conclusion was that morale scores for persons with low incomes did not differ significantly from morale scores for persons with high incomes.
TABLE II
ANALYSIS OF COVARIANCE: ADJUSTED MEANS, F RATIO, AND SIGNIFICANCE OF F WITH THE POSTTEST MORALE SCORE AS THE DEPENDENT VARIABLE, INCOME AS THE INDEPENDENT VARIABLE, AND THE PRETEST MORALE SCORE AS COVARIATE

<table>
<thead>
<tr>
<th>Income Groups</th>
<th>N</th>
<th>Pretest Means</th>
<th>Posttest Means</th>
<th>Adjusted Means</th>
<th>F Ratio</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>31</td>
<td>28.52</td>
<td>29.00</td>
<td>28.8</td>
<td>0.665</td>
<td>0.418</td>
</tr>
<tr>
<td>Low</td>
<td>36</td>
<td>30.08</td>
<td>29.67</td>
<td>29.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hypothesis II.**—\(H_0\): After relocation, morale scores for persons in the poor health group will not differ significantly from morale scores for persons in the good health group.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis I.

The data yielded a value of 0.250 for F (Table III). The probability of occurrence under \(H_0\) of this value of F was 0.619. Since this probability was greater than the previously set level of significance, \(\alpha = 0.05\), it was not possible to reject the null hypothesis in favor of the alternate hypothesis. The conclusion was that morale scores for persons with poor health did not differ significantly from morale scores for persons with good health.
TABLE III


<table>
<thead>
<tr>
<th>Health Rating Group</th>
<th>N</th>
<th>Pretest Means</th>
<th>Posttest Means</th>
<th>Adjusted Means</th>
<th>F Ratio</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>35</td>
<td>29.24</td>
<td>29.57</td>
<td>29.3</td>
<td>.250</td>
<td>.619</td>
</tr>
<tr>
<td>Poor</td>
<td>36</td>
<td>30.15</td>
<td>29.83</td>
<td>30.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis III.—H₀: After relocation, morale scores for persons in the low social support group will not differ significantly from morale scores for persons in the high social support group.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis II.

The data yielded a value of .021 for F (Table IV). The probability of occurrence under H₀ of this value of F was .886. Since this probability was greater than the previously set level of significance, α = .05, it was not possible to reject the null hypothesis in favor of the alternate hypothesis. The conclusion was that morale scores for persons with low social support did not differ significantly from morale scores for persons with high social support.
### TABLE IV


<table>
<thead>
<tr>
<th>Social Support Group</th>
<th>N</th>
<th>Pretest Means</th>
<th>Posttest Means</th>
<th>Adjusted Means</th>
<th>F Ratio</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>17</td>
<td>29.81</td>
<td>29.53</td>
<td>29.54</td>
<td>.021</td>
<td>.886</td>
</tr>
<tr>
<td>Low</td>
<td>54</td>
<td>29.37</td>
<td>29.76</td>
<td>29.75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mutual-Aid Patterns**

The McNemar test for the significance of changes was used for the analysis of the relationship between environmental age-concentration and mutual-aid patterns with neighbors. This statistical test was appropriate because: (1) the study utilized a before-and-after design in which each person was used as his or her own control; and (2) the level of measurement was at the nominal level (2, p. 64).

To test the significance of any observed change by this method, a fourfold table was set up to represent the first and second sets of responses from the same individuals (Figure I). Those cases which showed changes between first and second response appeared in cells A and D. These frequencies were used to calculate a value of $X^2$ (distributed approximately as chi square with df=1).
A five-step model was used to test the null hypotheses. The test of Hypothesis IV illustrates the procedure.

**Hypothesis IV.**—1. \( H_0 \): There will be no significant change in aid received from neighbors for persons with high incomes.

2. Significance Level. Let \( \alpha = .05 \).

3. Sampling Distribution. The sampling distribution of \( X^2 \) is closely approximated by the chi square distribution with \( df=1 \).

4. Region of Rejection. Since the research hypothesis did not specify a direction of predicted change, a two-tailed test was appropriate. The region of rejection consisted of all values of \( X^2 \) which were so large that they had a two-tailed probability associated with their occurrence under \( H_0 \) of .05 or less.

5. Decision. The data (displayed in Table V) yielded a value for \( X^2 \) of 5.78. Reference to a table of critical values for chi square revealed that when \( X^2 \geq 5.78 \) and \( df=1 \), the probability of occurrence under \( H_0 \) was \( p < .02 \). Since this probability was less than \( \alpha = .05 \), the observed value of
\( x^2 \) was in the region of rejection and the decision was to reject \( H_0 \) in favor of the alternate hypothesis. The conclusion was that there was a significant change in aid received by persons with high income. Examination of Table V indicated that the direction of change was positive and significant at \( \alpha=.025 \) (one-tailed test).

**Hypothesis V.**--\( H_0 \): There will be no significant change in aid received from neighbors for persons with good health.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis IV.

The data yielded a value of 5.88 for \( x^2 \) (Table VII). When \( x^2 \geq 5.88 \) and \( df=1 \), the probability of occurrence under \( H_0 \) was \( p<.02 \). Since this probability was less than \( \alpha=.05 \), the decision was to reject \( H_0 \) in favor of the alternate hypothesis. Based on these data, the conclusion was that there was a significant change in aid received from neighbors for persons with good health. Table VII indicated that the direction of change was positive and significant at \( \alpha=.025 \) (one-tailed test).

**Hypothesis VI.**--\( H_0 \): There will be no significant change in aid received from neighbors for persons with high social support.
TABLE V

CHANGES IN AID RECEIVED FROM NEIGHBORS FOR HIGH AND LOW INCOME GROUPS

<table>
<thead>
<tr>
<th></th>
<th>High Income</th>
<th></th>
<th>Low Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aid Received</td>
<td></td>
<td>Aid Received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Presence</td>
<td>Absence</td>
<td>Total</td>
<td>Presence</td>
</tr>
<tr>
<td>Absence</td>
<td>12</td>
<td>2</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Presence</td>
<td>15</td>
<td>2</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>4</td>
<td>31</td>
<td>29</td>
</tr>
</tbody>
</table>

\[
X^2 = 5.78 \quad p < 0.020 \\
X^2 = 1.45 \quad p > 0.20
\]

The binomial test was used for Hypothesis VI rather than the McNemar test. This was necessary because the expected frequency \( \frac{1}{2}(A+D) \), was less than 5 (2, p. 66). The significance level and region of rejection were the same as those for Hypothesis IV. When \( n=25 \) or less, probabilities associated with the occurrence under \( H_0 \) of observed values as small as \( x \) are given in a statistical table (2, p. 250).

For the binomial test, \( N=A+D \), and \( x = \) the smaller of the two observed frequencies, either \( A \) or \( D \). Therefore,
N=5, x=1, and the two-tailed probability associated with
the occurrence under Ho was p=.376 (Table IX). Inasmuch as
this probability was larger than α=.05, the decision was to
accept the null hypothesis. The conclusion was that there
was no significant change in aid received from neighbors
for persons with high social support.

**Hypothesis VII.**—H₀: There will be no significant
change in aid given to neighbors for persons with high
incomes.

The significance level, sampling distribution, and
region of rejection were the same as those for Hypothesis
IV.

The data yielded a value of 6.75 for \( X^2 \) (Table VI).
When \( X^2 \geq 6.75 \) and df=1, the probability of occurrence under
Ho was p<.01. Since this probability was less than α=.05,
the decision was to reject H₀ in favor of the alternate
hypothesis. Based on these data, the conclusion was that
there was a significant change in aid given to neighbors
for persons with high incomes. Table VII indicated that
the direction of change was positive and significant at
α=.025 (one-tailed test).

**Hypothesis VIII.**—H₀: There will be no significant
change in aid given to neighbors for persons with good
health.
TABLE VI

CHANGE IN AID GIVEN TO NEIGHBORS FOR HIGH AND LOW INCOME GROUPS

| Post-test | High Income | | Low Income | | |
|-----------|-------------| |----------| | |
| Pre-test  | Aid Received | | Aid Received | | |
|           | Presence    | Absence | Total | Presence | Absence | Total |
| Absence   | 11          | 1       | 12    | 9        | 3        | 12    |
| Presence  | 18          | 1       | 19    | 22       | 2        | 24    |
| Total     | 29          | 2       | 31    | 31       | 5        | 36    |

\[ X^2 = 6.75 \quad p < .01 \]
\[ X^2 = 3.27 \quad p > .05 \]

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis IV.

The data yielded a value of 7.69 for \( X^2 \) (Table VIII). When \( X^2 \geq 7.69 \) and df=1, the probability of occurrence under \( H_0 \) was \( p < .01 \). Since this probability was less than \( \alpha = .05 \), the decision was to reject \( H_0 \) in favor of the alternate hypothesis. Based on these data, the conclusion was that there was a significant change in aid given to neighbors
for persons with good health. Table VIII indicated that the direction of change was positive and significant at \( \alpha = 0.025 \) (one-tailed test).

**Hypothesis IX.** \(-H_0: \) There will be no significant change in aid given to neighbors for persons with high social support.

The binomial test was used for Hypothesis IX rather than the McNemar test because the expected frequency, \( \frac{1}{2}(A+D) \), was less than 5 (2, p. 66). The significance level and region of rejection were the same as those for the preceding hypothesis. When \( N=25 \) or less, probabilities associated with the occurrence under \( H_0 \) of values as small as \( x \) are given in a statistical table (2, p. 250).

For the binomial test, \( N=A+D \), and \( x=\)the smaller of the two observed frequencies, either \( A \) or \( D \). Therefore, \( N=5 \), \( x=2 \), and the two-tailed probability associated with the occurrence under \( H_0 \) was \( p=1.0 \) (Table X). Inasmuch as this probability was larger than \( \alpha = 0.05 \), it was not possible to reject \( H_0 \) in favor of the alternate hypothesis. The conclusion was that there was no significant change in aid given to neighbors for persons with high social support.

**Hypothesis X.** \(-H_0: \) There will be no significant change in aid received from neighbors for persons with low incomes.
### TABLE VII

**CHANGE IN AID RECEIVED FROM NEIGHBORS FOR GOOD AND POOR HEALTH GROUPS**

<table>
<thead>
<tr>
<th></th>
<th>Good Health</th>
<th></th>
<th>Poor Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td></td>
<td>Presence</td>
</tr>
<tr>
<td>Presence</td>
<td>Presence</td>
<td>13</td>
<td>Absence</td>
<td>3</td>
</tr>
<tr>
<td>Absence</td>
<td>Presence</td>
<td>14</td>
<td>Absence</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>27</td>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

\[ X^2 = 5.88 \quad p < .02 \]

\[ X^2 = .90 \quad p > .30 \]

The significance level and sampling distribution were the same as those for Hypothesis IV. Since the research hypothesis specified the direction of the predicted change, the region of rejection was \( \alpha = .025 \) (one-tailed test).

Table V revealed the calculated value of \( X^2 \) was 1.45. When \( X^2 \geq 1.45 \) and \( df = 1 \), the probability of occurrence under \( H_0 \) was \( p > .20 \). This probability was greater than \( \alpha = .025 \) (one-tailed test), and it was not possible to reject the \( H_0 \) in favor of the alternate hypothesis. These data
indicated that there was no significant change in aid received for persons with low incomes.

**Hypothesis XI.**—H₀: There will be no significant change in aid received from neighbors for persons with poor health.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis X.

The data yielded a value of .9 for \( X^2 \) (Table VII). When \( X^2 \geq .90 \) and \( df=1 \), the probability of occurrence under \( H₀ \) was \( p > .30 \). This probability was greater than \( \alpha = .025 \), and therefore, it was not possible to reject the \( H₀ \) in favor of the alternate hypothesis. These data indicated that there was no significant change in aid received from neighbors for persons with poor health.

**Hypothesis XII.**—H₀: There will be no significant change in aid received from neighbors for persons with low social support.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis X.

The data yielded a value of 5.5 for \( X^2 \) (Table IX). When \( X^2 \geq 5.5 \) and \( df=1 \), the probability of occurrence under \( H₀ \) was \( p < .02 \). This probability was less than \( \alpha = .025 \), and the decision was to reject \( H₀ \) in favor of the alternate
TABLE VIII
CHANGE IN AID GIVEN TO NEIGHBORS FOR GOOD AND POOR HEALTH GROUPS

<table>
<thead>
<tr>
<th>Post-test</th>
<th>Good Health</th>
<th></th>
<th>Poor Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aid Given</td>
<td></td>
<td>Aid Given</td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Presence</td>
<td>Absence</td>
<td>Total</td>
<td>Presence</td>
</tr>
<tr>
<td>Absence</td>
<td>12</td>
<td>3</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Presence</td>
<td>19</td>
<td>1</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>4</td>
<td>35</td>
<td>33</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 7.69 \quad p < .01 \]
\[ \chi^2 = 3.27 \quad p > .05 \]

hypothesis. The conclusion was that there was a significant increase in aid received from neighbors for persons with low social support.

Hypothesis XIII.---H_0: There will be no significant change in aid given to neighbors for persons with low incomes.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis X.
Table VI indicated the calculated value of $x^2$ was 3.27. When $x^2=3.27$ and $df=1$, the probability of occurrence under $H_0$ was $p>.05$. This probability was greater than $\alpha=.025$, and therefore, it was not possible to reject $H_0$ in favor of the alternate hypothesis. These data indicated that there was no significant change in aid given to neighbors for persons with low incomes.

**TABLE IX**

CHANGE IN AID RECEIVED FROM NEIGHBORS FOR HIGH AND LOW SOCIAL SUPPORT GROUPS

<table>
<thead>
<tr>
<th>Post-test</th>
<th>High Social Support</th>
<th>Low Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aid Received</td>
<td>Aid Received</td>
</tr>
<tr>
<td>Pre-test</td>
<td>Presence</td>
<td>Absence</td>
</tr>
<tr>
<td>Absence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Presence</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>

$n=5$
$x=1$
p=.188

$x^2=5.5$
p < .02
Hypothesis XIV. -- \( H_0 \): There will be no significant change in aid given to neighbors for persons with poor health.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis X.

The calculated value of \( X^2 \) was 3.27 (Table VIII). When \( X^2 = 3.27 \) and \( df = 1 \), the probability of occurrence under \( H_0 \) was \( p > 0.05 \). This probability was greater than \( \alpha = 0.025 \), and therefore, it was not possible to reject the \( H_0 \) in favor of the alternate hypothesis. These data indicate that there was no significant change in aid given to neighbors for persons with poor health.

Hypothesis XV. -- \( H_0 \): There will be no significant change in aid given to neighbors for persons with low social support.

The significance level, sampling distribution, and region of rejection were the same as those for Hypothesis X.

The calculated value of \( X^2 \) was 13.47 (Table X). When \( X^2 = 13.47 \) and \( df = 1 \), the probability of occurrence under \( H_0 \) was \( p < 0.001 \). This probability was less than \( \alpha = 0.025 \), therefore, the decision was to reject \( H_0 \) in favor of the alternate hypothesis. The conclusion was that there was a significant increase in aid given to neighbors for persons with low social support.
TABLE X
CHANGE IN AID GIVEN TO NEIGHBORS FOR HIGH AND LOW SOCIAL SUPPORT GROUPS

<table>
<thead>
<tr>
<th></th>
<th>High Social Support</th>
<th>Low Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aid Given</td>
<td>Aid Given</td>
</tr>
<tr>
<td>Pre-test</td>
<td>Presence</td>
<td>Absence</td>
</tr>
<tr>
<td>Absence</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Presence</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>

N=5  
x=2  
p=.5  
$x^2=13.47$  
$p < .001$

Discussion of Findings

Morale

The data did not support the hypotheses concerning the effects of age-concentration on the morale of persons with high and low activity resources (Table XI). The socio-environmental approach predicted that high environmental age-concentration would have a positive effect on the morale of persons with low incomes, poor health, and low social support, and high environmental age-concentration
would have no effect on the morale of persons with high incomes, good health, and high social support. Results of the data analysis, however, indicated that after relocation, the morale of persons with low incomes, poor health, and low social support did not differ significantly from the morale of persons with high incomes, good health, and high social support (Tables II, III, and IV). The conclusion was that for these data, high age-concentration had no differential effect on the morale of high and low activity resource groups.

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Supported</th>
<th>Not Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothesis I (Income)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Hypothesis II (Health)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Hypothesis III (Social Support)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutual-Aid Patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothesis IV (High Income)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Hypothesis V (Good Health)</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Hypothesis VI (High Social Support)</td>
<td>x</td>
<td></td>
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<tr>
<td>Hypothesis VII (High Income)</td>
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<td>x</td>
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<tr>
<td>Hypothesis VIII (Good Health)</td>
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<td>x</td>
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<tr>
<td>Hypothesis IX (High Social Support)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Hypothesis X (Low Income)</td>
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<td>x</td>
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<tr>
<td>Hypothesis XI (Poor Health)</td>
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<td>x</td>
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<tr>
<td>Hypothesis XII (Low Social Support)</td>
<td>x</td>
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</tr>
<tr>
<td>Hypothesis XIII (Low Income)</td>
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<tr>
<td>Hypothesis XIV (Poor Health)</td>
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</tr>
<tr>
<td>Hypothesis XV (Low Social Support)</td>
<td>x</td>
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</tbody>
</table>
Mutual-Aid Patterns

The findings for mutual-aid patterns revealed partial support for the socio-environmental approach (Table XI). The research hypotheses predicted an increase in reported aid received from and given to neighbors after relocation for persons with low activity resources, and no change in reported aid received from and given to neighbors after relocation for persons with high activity resources. Indeed, the low social support group reported a significant increase in aid received from and given to neighbors after relocation, while the high social support group had no reported change in aid received from and given to neighbors after relocation. The findings for the high social support group was based on a small number of cases (N=17; Tables IX and X), however, and should be accepted with caution.

For the other two variables, however, contrary to the expectations of the socio-environmental approach, the low income and poor health groups reported no significant change in aid received and given, while the high income and good health group did report significant increases in aid received and given after relocation (Tables V, VI, VII, and VIII). These findings were opposite to the direction of change predicted by the socio-environmental approach. Support for the approach would have been identified as increased aid received and given for low income and health
groups and no significant changes in aid received and given for the high income and good health groups.

Table XII displayed the reported levels of mutual-aid before relocation (low age-concentration setting). Low income and poor health groups reported higher levels of mutual-aid in the low age-concentration environment than did the high income and good health groups. For the low income group, 66.7% reported aid received and given, compared to 54.8% received and 61.3% given for the high income group. The poor health group reported that 77.8% received aid and 72.2% gave aid, while the good health group reported 45.7% and 57.1% respectively.

This pattern held for the social support groups regarding aid received (62.9% for low social support and 58.8% for high social support). However, the pattern was reversed for aid given to neighbors. The low social support group reported 62.9% gave aid compared to 70.5% for the high social support group (Table XII).

Mutual-aid levels reported on the posttest (high age-concentration setting) showed increases over the pretest levels (low age-concentration setting) for all groups (Table XII). These increases, however, were not statistically significant at the specified level for the high social support group (Tables IX and X), the low income group (Tables V and VI), and the poor health group (Tables VII and VIII).
<table>
<thead>
<tr>
<th>Groups</th>
<th>% Received Aid</th>
<th>% Given Aid</th>
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</thead>
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<tr>
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<td>High</td>
<td>Low</td>
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<td><strong>Income</strong></td>
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<tr>
<td>Posttest</td>
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<tr>
<td>Pretest</td>
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<td>77.8</td>
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<tr>
<td>Posttest</td>
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<td>88.9</td>
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<tr>
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<td>58.8</td>
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<tr>
<td>Posttest</td>
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<td>85.2</td>
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</table>
CHAPTER BIBLIOGRAPHY


CHAPTER IV

LIMITATIONS, SUMMARY AND CONCLUSIONS,
AND RECOMMENDATIONS

Limitations

Standardization of Data

A major methodological concern of sample surveys is the standardization of data (3, p. 47). Data collection should ideally proceed in such a manner that confronts all respondents with nearly identical situations. Consequently, interviewer relationships should be similar for all respondents and the same set of questions should be administered to all respondents. Failure to deal adequately with these factors could bias responses obtained during a study.

Limitations of the survey can be offset by proper procedures that minimize the biases of poor communication in data collection and maximize the validity and reliability of the data. Procedures that minimize biases are (1) careful construction and pretesting of the questionnaire, and (2) thorough interviewer training, emphasizing interviewing techniques and the use of the questionnaire (9, p. 253).
The construction of the questionnaire for this study incorporated items designed for and tested on elderly populations. For example, the "PGC Morale Scale" and selected items from the "OARS Multidimensional Functional Assessment Questionnaire" were included (15, 19). The questionnaire was pretested on elderly persons similar to those who were eventually interviewed to check for ambiguous and inappropriate item wording.

Interviewer training emphasized the necessity of neutrality in the role of the interviewer, techniques of probing for responses, and familiarity with the questionnaire (2, p. 172). Practice interviews were conducted before interviewers went into the field and sessions were held to answer questions regarding content or procedures. Once in the field, interviewers reported weekly with completed interviews which were edited and checked for completeness and errors.

Research suggests that even though the data collection may be skillfully executed, questionnaire items sometimes fail to work and individual respondents are occasionally misclassified. Survey analysis, however, can sustain a degree of these errors because the data are quantitative, and only classes, groups, or categories of individuals are compared. A modest amount of error at each stage of the present investigation in all probability did not alter the generalizable findings (9, p. 271).
Representativeness of the Sample

The respondents in this study constituted an availability sample. A self-selection bias operated in the application for housing, voluntary relocation to the age-segregated housing, and participation in the study.

The absence of random procedures in the selection of the sample, therefore, seriously limited the generalizability of the findings. At best, the study participants were representative of elderly persons with similar background characteristics (Table I) who voluntarily apply for and relocate to federally subsidized age-segregated housing, and who also agree to respond to personal interviews.

Assumptions of Distribution-Bound Statistics

Statistical techniques, such as the analysis of covariance, were generally derived by assuming that the populations involved were normally distributed (17, p. 268).

The effects of violating assumptions of statistical techniques have received attention in the literature (4, p. 140; 5, p. 64). The evidence suggests that statistical techniques, such as the analysis of covariance, are robust. This means that in spite of the fact that some of its assumptions have been violated the technique yields the same results.

The decision was made to use the analysis of covariance for the statistical comparison of the morale scores.
This was done (with an appreciation of the possible short-comings) since there was no completely satisfactory solution for the problem of analyzing imperfect data. Some authors point out that sociologists seldom have data which fully meet the assumptions of certain stringent statistical models underlying some parametric techniques (17, p. 269).

Summary and Conclusions

Central to the socio-environmental approach to aging is the concept of person-environment congruency. Gubrium (11, p. 282) suggested that personal activity resources affected behavior with respect to the normative demands of environments of varied age-concentration. The implications of this approach for morale and mutual-aid patterns with neighbors were examined in this study.

Morale

The socio-environmental approach maintained that persons felt most satisfied with themselves and their living conditions when there was congruency between what was expected of them by others of significance and what they might expect of themselves. High morale was expected; for persons with high resources in low age-concentration, and for persons with low activity resources in high age-concentration environments. Lower morale was expected; for persons with high activity resources in high age-concentration environments, and for persons with low
activity resources in low age-concentration environments. It logically followed that morale could be expected to improve if persons with low activity resources relocated from a low age-concentration environment to a high age-concentration environment; while no change or a decrease in morale could be expected if persons with high activity resources relocated from a low age-concentration environment to a high age-concentration environment.

The data reported herein indicated that there were no significant differences between the morale of high and low activity resource groups after relocation from a low age-concentration environment to a high age-concentration environment. While these factors contradicted the socio-environmental propositions, they did not permit a definitive statement as to the contribution of structural factors to morale.

Morale is a global concept which refers to life as a whole rather than to specific domains of life experience. Therefore, the stability of morale is conceptually and empirically problematic. It is unclear to what extent the concept of morale should be viewed as a relatively stable personality dimension, as a modifiable coping capacity, or as a reactive product of manipulable objective conditions. At any rate, the conditions under which changes should be expected are unclear, and hence interpretation of empirical results is ambiguous (10, p. 53).
Longitudinal studies require outcome measures that are sufficiently sensitive to change to detect changes that occur. Limited evidence exists concerning the sensitivity of the "PGC Morale Scale" to change. Kalson (14, p. 345) and Morris (18, p. 346) reported that the scale was responsive to change in external conditions when testing intervals were two months and one year, respectively. However, if morale is a stable personality trait, the PGC Morale Scale may be impervious to the intervention represented by the present study one month after relocation.

Sample characteristics can also affect an instrument's sensitivity to change. Subjects studied must be able to experience change in the outcome variable. For example, a relatively healthy group who applied for housing would be expected to exhibit relatively high morale and would have little capacity for demonstrated improvement in morale. Because of self-selection, the representativeness of the respondents was not known, and the problem of "ceiling effects" could not be ruled out (10, p. 44).

Therefore, the morale findings of the present study were amenable to different interpretations. Because of the issues of sensitivity to change and self-selection of the sample, this investigation could not determine conclusively whether the lack of significant results reflected the absence of structural effects of high age-concentration on
morale, the use of an instrument insensitive to change, or the personal characteristics of the group under study.

Mutual-Aid Patterns

The socio-environmental approach pivoted on the assumption of person-environment congruency. Persons with high activity resources possessed sufficient behavior flexibility to eclipse local conditions, while persons with low activity resources and minimal behavior flexibility were more dependent on the immediate environment to fulfill their needs (since they lacked the resources to participate in the larger community). It logically followed that there would be no significant change in reported aid received from and given to neighbors for persons with high activity resources, after relocation from a low age-concentration to a high age-concentration environment. Under the same conditions, persons with low activity resources would be expected to report significant increases in aid received from and given to neighbors.

The analysis indicated that reported levels of mutual-aid increased across all activity resource groups, and all groups exhibited relatively high levels of mutual-aid in the high age-concentration environment (Table XI). The only increases which were statistically significant, however, were those for the high income, good health, and low social support groups (Tables V through X).
These data partially supported the socio-environmental propositions. Predicted increases in aid received from and given to neighbors were found for the low social support group after relocation, while no significant increases were found for the high social support group (Tables IX and X).

The findings for the income and health groups, however, contradicted the socio-environmental propositions. For these groups, the evidenced increases were in the opposite direction to that predicted. High income and good health groups reported significant increases in aid received from and given to neighbors after relocation to a high age-concentration environment. The low income and poor health groups showed no significant increases after relocation (Tables V, VI, VII, and VIII).

**Social Support.**—Mutual-aid patterns for the social support groups were consistent with reports of the integrating effects of social similarity and high proximity. High residential concentration of older widows was found to be associated with involvement in a "society of widows" because widowhood was the norm (8).

The low social support group was composed largely of elderly widows, and relocation presented this group with the conditions of age-homogeneity, social similarity, and high proximity. By contrast, older married couples predominated in the high social support group and were not
the norm in either the low or high age-concentration environments (Table I).

Similar levels of mutual-aid for both groups in the low age-concentration environment, and subsequent significant increases for the low social support group in the high age-concentration environment suggested that greater opportunities for interaction were provided for widows when in proximity with other widows (Table XI).

Health and Income.--Mutual-aid patterns reported by income and health groups in the low age-concentration environment were consistent with research on the relationship between income and health, on the one hand, and dependence on the local environment for interaction, on the other.

Working class individuals were found to exhibit a greater dependency on the local environment for interaction than did middle class individuals (22, 21). Similarly, persons with poor health were observed to be more behaviorally oriented to the local environment for the fulfillment of needs than were healthy individuals (11, p. 7). The present study indicated that high income and good health groups reported lower levels of aid received from and given to neighbors than the levels reported by the low income and poor health groups (Table XI).

Mutual-aid reported in the high age-concentration environment showed increases for all groups. These high
levels of reported aid received from and given to neighbors were consistent with observations of mutual assistance networks with neighbors which ensued among elderly residents of high age-concentration housing (1, 13, 20).

The statistical significance of the increased levels of mutual-aid for the high income and good health groups in the high age-concentration environment were partly a function of relatively low levels in the low age-concentration environment. Conversely, the absence of statistical significance in the increased levels of mutual-aid for the low income and poor health groups in the high age-concentration environment were partially a reflection of relatively high levels reported in the low age-concentration environment (Table XI).

Conclusions

These data generally did not support the socio-environmental approach to aging.

The morale findings indicated that high age-concentration of environment had no effect on the morale of different activity resource groups. Although conclusive interpretation of the findings was problematic, the most plausible interpretation would seem to focus on the issues of "self-selection" and "ceiling effects" on measurement.

For these data to have conformed to the socio-environmental approach would have required relatively low
pretest morale for persons with low activity resources and improvement in morale on the posttest. However, pretest morale for persons with low activity resources was relatively high, and posttest morale was not significantly higher.

This may reflect the informal screening of the applicants for subsidized housing which was intended to select out persons with serious physical or mental health problems. Although forty percent of the sample rated their health to be "fair", the relatively high pretest morale of the poor health group indicated that this health status had no negative consequences on morale. Therefore, it is suggested that the respondents represented a group with relatively high morale that voluntarily relocated to newly constructed, high age-concentration housing. Under these conditions, morale could not be expected to increase significantly over an existing high level.

The analysis of mutual-aid patterns indicated that only the patterns for the social support group supported the socio-environmental approach. Findings for the income and health groups were opposite to the direction predicted.

A detailed examination of the reported pretest and posttest levels of mutual-aid patterns suggests an alternative explanation. The pretest findings were consistent with reports of the dependence of low income and poor
health groups on the local environment for interaction. Low income and poor health groups reported higher levels of mutual-aid than did their counterparts.

On the other hand, the posttest levels of reported mutual-aid were consistent with research finding of the integrating effects of social similarity and high proximity. This is reflected in the fact that all groups reported relatively high levels of mutual-aid on the posttest and these posttest levels represented increases over pretest levels. The increases were significant at the specified level of significance in part because of the low pretest levels for the low social support, high income, and good health groups.

Considering that only one month elapsed between the pretest and posttest, it is perhaps surprising that any changes were detected in the patterns of mutual-aid. However, these findings may be modified over a longer time interval, and the possibility exists that future patterns may more closely approximate the predictions of the socio-environmental approach to aging. For example, the mutual-aid levels for the low activity resource groups may continue to increase if persons with low activity resources require more time to develop interaction patterns. On the other hand, these findings may represent the reaction of the respondents to the novelty of the new residential setting or participation in the research project and may
not be sustained over time. Furthermore, patterns may change as the characteristics of the population, i.e., health, change over time.

In general, the analysis of mutual-aid patterns indicated a trend of increased mutual-aid with neighbors after relocation to a high age-concentration setting. These data tended to support the argument that the elderly were provided greater opportunity for interaction with neighbors in a high age-concentration setting. This is explained as a result of the homogeneity in age and social characteristics of the respondents which facilitated the formation of a normatively prescribed system of mutual-aid with neighbors.

Recommendations

Among the benefits to elderly residents of age-concentrated housing are the networks of mutual assistance that may ensue. Given the realities and limitations of the public budget, these networks may represent continued independent functioning to the more frail residents.

The apparent favorable effects of high age-concentration have led to increased reliance on this type of housing for the elderly. As a consequence, few age-integrated housing projects have been built in recent years. However, it seems important that all age-integrated models not be rejected (16, p. 87).
An unknown number of elderly live in high age-concentration housing because it represents the only option that would allow satisfaction of other needs, i.e., a physically modern dwelling unit, greater security from crime, a location more proximate to resources. Although not necessarily the expressed preference, they adapt to high age-concentration after having had the experience. Others remain in a situation contrary to their preference but evaluate it positively to maintain cognitive consonance with reality (6).

While the numbers who would not choose high age-concentration as their first preference is not known, it is certain that the federal programs are not providing the type of housing many persons would prefer. Some righting of the balance seems appropriate to satisfy those who would like better housing but in a more age diverse setting. Housing policy should make available a full range of residential options to meet the different needs and life styles of each cohort of older persons (15, p. 88).

While age-homogeneous environments may help develop mutual-aid networks between neighbors, age homogeneity of environment does not guarantee interaction with neighbors. For example, in this study some respondents reported no interaction with neighbors, either before or after relocation, while other respondents reported interaction before but not after relocation. Special efforts to promote
interaction and positive psycho-social environments may be necessary for some persons. For others whose life-cycle has been characterized by isolation, some form of unobtrusive surveillance may be appropriate (23, p. 12).
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APPENDIX

QUESTIONNAIRE

A. GENERAL BACKGROUND (Pretest)

1. Are you married, widowed, divorced, separated or have you ever been married?

1. MARRIED
   a. (IF NO SPOUSE IN HOUSEHOLD LISTING, ASK)
      Where is (husband/wife?)

2. WIDOWED
3. DIVORCED
4. SEPARATED
   b. How long have you been (CURRENT STATUS)?
      _______ years
5. NEVER MARRIED (Go to Q. 3)
6. OTHER (SPECIFY): ______________

2. What was the last grade you completed in school?

   ______ (1) NONE, OR SOME GRADE SCHOOL (SPECIFY LAST GRADE COMPLETED) ______
   ______ (2) COMPLETED GRADE SCHOOL (GRADE 8) ______
   ______ (3) SOME HIGH SCHOOL, BUT DID NOT GRADUATE (SPECIFY LAST GRADE COMPLETED) ______
   ______ (4) GRADUATED FROM HIGH SCHOOL ______
   ______ (5) SOME JUNIOR OR REGULAR COLLEGE, BUT DID NOT GRADUATE ______
   ______ (6) GRADUATED FROM A REGULAR 4-YEAR COLLEGE ______
   ______ (7) SOME WORK TOWARD MASTER'S DEGREE ______
   ______ (8) MASTER'S DEGREE ______
   ______ (9) SOME WORK TOWARD DOCTORATE OR PROFESSIONAL DEGREE ______

92
(10) COMPLETED DOCTORATE OR PROFESSIONAL DEGREE

3. What religion are you?
   (1) PROTESTANT
   (2) CATHOLIC
   (3) JEWISH
   (4) NONE
   (5) OTHER

4. Counting what you (and your spouse) got from all sources, what was your total income last year? (INTERVIEWER: HAND CARD TO RESPONDENT) Just tell me the letter on this card which comes closest to what you received last year, in 197_. (INTERVIEWER: Fill in appropriate year.)

   (a) under $3,000    (g) $8,000 - 9,999
   (b) $3,000 - 3,999  (h) $10,000 - 14,999
   (c) $4,000 - 4,999  (i) $15,000 - 19,999
   (d) $5,000 - 5,999  (j) $20,000 - 24,999
   (e) $6,000 - 6,999  (k) $25,000 or over
   (f) $7,000 - 7,999

B. 1. Are the majority of people in your neighborhood the same age as yourself?

   (1) YES

   a. Do you enjoy living in a community where residents are about the same age as you are?
      (1) YES    (2) NO
      Why? ____________________________

   (2) NO

   b. Are they older or younger than you?
      (1) OLDER    (2) YOUNGER
      (3) BOTH YOUNGER AND OLDER
C. HEALTH ITEM (Pretest)

1. In general, how is your health now?
   
   _____(1) EXCELLENT  _____(4) POOR
   _____(2) GOOD        _____(5) VERY POOR
   _____(3) FAIR

D. MORALE (Pretest and Posttest)

In this section I'll be asking how you feel about a number of different things. Most of the questions can be answered with a "yes" or a "no".

INTERVIEWER: READ THE FOLLOWING STATEMENTS EXACTLY AS THEY APPEAR

1. Do you agree with this: "Things keep getting worse as I get older?"
   
   _____(1) YES        _____(2) NO

2. I have as much pep as I had last year.
   
   _____(2) YES        _____(1) NO

3. How much do you feel lonely—not much, or a lot?
   
   _____(2) NOT MUCH    _____(1) A LOT

4. Little things bother me more this year.
   
   _____(1) YES        _____(2) NO

5. I see enough of my friends and relatives.
   
   _____(2) YES        _____(1) NO

6. As you get older you are less useful.
   
   _____(1) YES        _____(2) NO

7. I sometimes worry so much that I can't sleep.
   
   _____(1) YES        _____(2) NO

8. As you get older, are things better or worse than you thought they would be?
   
   _____(2) BETTER      _____(1) WORSE

9. I sometimes feel that life isn't worth living.
   
   _____(1) YES        _____(2) NO

10. I am as happy now as when I was younger.
    
    _____(2) YES        _____(1) NO
11. I have a lot to be sad about.
   (1) YES   (2) NO

12. I am afraid of a lot of things.
   (1) YES   (2) NO

13. I get mad more than I used to.
   (1) YES   (2) NO

14. Life is hard for me much of the time.
   (1) YES   (2) NO

15. How satisfied are you with your life today? Are you satisfied or not satisfied?
   (1) NOT SATISFIED   (2) SATISFIED

16. I take things hard.
   (1) YES   (2) NO

17. I get upset easily.
   (1) YES   (2) NO

E. MUTUAL SUPPORT (Pretest and Posttest)

Friends, relatives and neighbors sometimes do things to help each other out and make life a little easier or more enjoyable. Sometimes it's something simple, such as keeping an eye on a house when the people are away, free baby-sitting or a friendly phone call when someone is lonely. At other times it may be help in getting a good job or buying things.

1. How about neighbors. What things have you done for neighbors in the last year?

   ____________________________________________________________
   ____________________________________________________________

2. And what kinds of things have any of your neighbors done to help you?

   ____________________________________________________________
   ____________________________________________________________
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