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INFLUENCE OF BEHAVIOUR SETTING AND INTERACTION
ON PATTERNS OF SUCCESSFUL AGING

By

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B.A. Saint Mary's University, 1970

THESIS

Submitted in partial fulfillment of the requirements
for the Master of Arts degree
Wilfrid Laurier University
1974

Examining Committee

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Acknowledgements

A number of people have made important contributions to my development and the development of this thesis. Dr. Edward Bennett, chairman of my committee, provided me with much insight, encouragement and support in my struggle to become a more effective human being. Thanks are merely inadequate. I'd like to express my appreciation to the other members of my committee, Dr. Fred Binding and Ms. Pauline Lamothe, both of whom were of tremendous assistance in the organization and completion of this study. The helpful comments and interest of Gail Czukar, Paul Davock, Barb Reid, Marg Garey and Audrey Rutherford proved invaluable. Mr. David Dick, a resident of Nithview, deserves special thanks for his help in collecting data. Finally, this thesis belongs to the residents and staff at Nithview, without their interest and kindness it would not have been possible.

Abstract

This study investigated the effects of behaviour setting and interaction on patterns of engagement and disengagement within a home for the aged. The purpose of the study was to illustrate that both patterns may be a function of situational and psychological factors and therefore should not be used as definitions of "successful aging." Data were collected using an observational technique. Observations were made on five behaviour settings for a typical week. The results indicate that there is a relationship between patterns and the two factors specified. A similar finding was reported for staff patterns within the home. Implications of these findings are discussed in detail in the discussion section of this thesis.

Table of Contents

	Page
Introduction	1
Review of the Literature	3
Statement of Hypotheses	21
Method	23
Results	36
Discussion	61
References	78
Appendix A	81
Appendix B	91
Appendix C	107

TABLES

Table		Page
1	Total number of hours settings were observed ..	34
2	Percentage distributions of patterns per setting (Res.)	39
3	Observed Frequencies of Patterns Within Settings (Res.)	40
4	Percentage Distributions of Patterns Within Levels (Res.)	44
5	Observed Frequencies of Patterns Within Levels (Res.)	45
6	Percentage Distributions of Patterns Per Setting (Staff)	45
7	Observed Frequency of Patterns Within Setting (Staff)	47
8	Percentage Distribution of Patterns Within Levels (Staff)	48
9	Observed Frequency of Patterns Within Levels	51
10	Percentage Distributions of Patterns Within Populations	54
11	Percentage Distribution of Interactional Levels Within Populations ..	54
12	Percentage Distributions of Patterns Within Interactional Levels For Each Setting (Res.) .	58
13	Percentage Distribution of Patterns Within Interactional Levels for Each Setting (Staff) .	59

FIGURES

Figure		Page
1	Percentage distributions of behaviour patterns for setting (Res.)	38
2	Percentage distributions of behaviour patterns for interactional level (Res.)	42
3	Percentage distributions of behaviour patterns for setting (Staff)	46
4	Percentage distributions of behaviour patterns according to interactional level (Staff)	50
5	Percentage distributions of engagement and disengagement within resident and staff populations	53
6	Percentage distributions of the four interactional levels within resident and staff populations	56

Introduction

This thesis is an analysis of the models of psychological health in old age, what social gerontology has called "successful aging." An attempt is made to relate these models to current notions of positive mental health. From the literature review a new framework is described and applied in a study of one institution for the aged. The need for a broader, more encompassing framework in explaining the behavioural variation of the aged person is emphasized in the discussion section.

The process of aging has had a rich background with psychologists of human development. The contributions of such psychologists as Freud, Erikson, Havighurst and other developmental theorists cannot be denied. Difficulties and problems arise, however, when their analyses and descriptive summaries are treated as the inevitable course of life. The review section of this thesis deals specifically with developmental theories in old age and illustrates how they have developed out of monadic theories of man or the psychology of the individual.

A description of how psychological health is ultimately related to human motivation and systemic interaction underlines the necessity of viewing "aging" as a problem of man in society. From this survey

of the literature, new hypotheses are stated.

The second section describes methods employed in testing the hypotheses, operationalizing constructs and the source of data. The remaining two sections provide the results of the study, discussion and implications for the future.

Appendix A contains an account of the process of immersion into the setting studied. How members viewed the proposed research and its meaning to their life in the setting is discussed. The implications and consequences of being a researcher in a social service setting are explored.

Appendix B contains the raw data, tables of chi-square. Appendix C contains sample observation sheet and instructions for observers.

Literature Review

Theories of Old Age

"Psychology is the study of behaviour and the psychology of aging is perforce, the study of behaviour in old age" (Schonfield 1972 p. 252). This statement probably best illustrates how research in human development has been broken into many different areas of concern. At each stage or phase in development, normal and healthy behaviour has been described. Although these efforts have been honest and sincere, they are sometimes limiting and often times confusing.

The period of "old age" is a time that most of us can hardly imagine or for that matter, want to imagine. Experiments in pre-experiencing old age by Robert Kastenbaum (1971) indicate that the younger person's image of the older person is highly discouraging. The old person is viewed as rigid, remnescent, slow, sexless, ultraconservative, and unattractive.

Stereotyped beliefs of "old age" have been very much responsible for society's view of the older person. For example, Freud (1959) when discussing the criteria for selection of analytic patients stated,

... near or above the fifties, the elasticity of the mental process on which treatment depends is as a rule lacking, old people are no longer educable (p. 327).

Freud never reversed his position on this statement, so we can only assume that he saw himself as an isolated case of "educable old person."

Eric Erikson (1963), another psychologist of the psychoanalytic tradition has formulated a number of developmental stages of life. The final stage culminates in ego integrity or despair. This last stage is described as the totality of assets accrued over a full life time from the previous states. Thus, in an Eriksonian sense, the aged person not considered psychologically healthy may very well have failed at an earlier stage. Theoretically, one's problems could reach as far back as the first stage of basic trust vs. basic mistrust. The possibility of actually attaining ego integrity might seem remote for the older person who failed at an earlier stage.

Although much of what we become in later life may be a function of an historical development, history represents only a fraction of that development. Assigning people to a category and employing the category to explain the etiology of behaviour is a dangerous procedure at any time. With the aged there is a real possibility that psychological difficulties would be treated as a function of chronology or viewed as age-related.

Erikson (1964) recognized the limitations of his stages and in his book, "Insight and Responsibility" he points out that,

... as we come to the last stages we become aware of the fact that our civilization does not harbor a concept of the whole life as do civilizations of the east (p. 132).

The concept of developmental tasks of life has been described by Havighurst (1966). "A developmental task is a task that arises in a certain period of life, successful achievement of which leads to happiness and success in later tasks. Failure leads to unhappiness in the individual, disapproval by society and difficulty with later tasks." The developmental tasks of later life are:

1. adjusting to decreasing physical strength and health
2. adjustment to retirement and reduced income
3. adjustment to death of spouse
4. establishing explicit affiliation with one's age group
5. meeting social and civic obligations
6. establishing satisfactory physical arrangements. (Havighurst 1966 p. 92-98)

Old age in the light of developmental task theory is explicitly a problem-centred time of life. The notion that old age will be a difficult period of adjustment is an expectation that may generate a negative self-fulfilling prophecy for the older individual.

Much of the writing on the psychology of old age suggests that this period has a distinctly negative aura. How the individual handles the problems that beset

him during this period makes up the substance of theories on "successful aging." Currently, there are two prevalent theories of successful aging, engagement or activity theory (Havighurst, Neugarten, 1969), and disengagement theory (Cumming & Henry 1961). There is considerable disagreement as to which one is healthy behaviour for the older person.

The disengagement theory of aging was first proposed by Cumming and Henry, based on a five year study of 275 Kansas City adults between 50 and 90 years they claimed;

... There was a marked tendency to decrease emotional investment in their environment and the people around them. Aging in the modal person is seen as a mutual withdrawal or disengagement which takes place between the aging person and others in the social systems to which he belongs. He may withdraw more markedly from some classes of people and remain relatively close to others. This withdrawal is accompanied from the outset by an increased preoccupation with himself. When disengagement is complete, the equilibrium that existed in middle life between the individual and society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship. (Cumming, Henry, 1961 pp. 14-15)

On the basis of their evidence, Cumming argues that the altered types of relationships and decreasing social interaction in old age is biologically and psychologically determined (Cumming, 1961).

The other theory of successful aging, activity or engagement has been described by Havighurst. Activity theory in its early stages meant the maintenance as far

and as long as possible of the activities and attitudes of middle age (Havighurst, 1961).

Since then, Neugarten (1972) indicated that engagement meant being involved in a variety of different roles. She maintained that engagement theory was the most viable theory of "successful aging" because,

... given a permissive social environment, older persons will choose the roles and combinations that offer them the most ego-involvement. (p. 12)

Cumming (1964) emphasizes the point that the optimum pattern of aging (disengagement) is primarily intrinsic and shows a universal set of relationships. Problems in old age stem from acceptance or rejection of the inevitable process.

Henry and Cumming (1959) argued that gerontology's reluctance to accept the disengagement theory can be attributed to,

... our natural inclination to view any deviation from middle class values as negative and undesirable. This may result in a failure to conceive of old age as a potential developmental stage in its own right having features that are qualitatively different from middle age. (p. 383 - 390).

Aspects of the disengagement theory itself have been criticized by Brehm (1964), Kutner (1962) and Maddox (1964). Havighurst (1961) and Kleemier (1964) suggest that disengagement is not necessarily beneficial to older people since it is usually the engaged person who is the happiest.

Two important studies that offered little support for the disengagement theory have been reported. The first undertaken by Youman (1969) was essentially a study of family relationships involving representative samples of men and women, aged 60 and over, living in a rural community and a metropolitan center. In comparing the women aged 60 to 64 with those aged 75 and over, no statistically significant differences were found in the frequency of visits with siblings who lived apart, in the proportions who said their children came to them for advice, in the proportions who said they helped their children in some way, or in the proportions who said they helped their brothers or sisters in some way. While the men experienced substantial disengagement from paid employment, they evidenced no disengagement from family life or leisure time activities.

The second study of interest was reported by Palmore (1968). His was a longitudinal study of 127 subjects with a mean age of 78 years. He discovered no significant overall decreases in activities among the men and only a slight decrease among the women.

Engagement, according to Cumming (1969) is the interpenetration of the individual in a broad, deep and symbolic way with his society. She has criticized engagement theorists for contrasting disengagement with activity, two concepts which she maintains are not on the same dimension.

Although Cumming does not preclude the relevance or importance of systemic interaction in the process of disengagement, her central theme remains biological (Maddox, 1972). Both Cumming and Henry regard the disengagement process as natural, the aged person accepting and desiring it. Disengagement is the modal pattern of behaviour for the normal old person.

Neugarten & Havighurst (1969), on the other hand, state that the meaning of disengagement has always been ambivalent. Quite frequently, Cumming seems to refer to "levels of activity" and at other times to "processes of change" within the individual.

In a reanalysis of the Kansas City data, Neugarten & Havighurst (1969) discovered that the first part of Cummings theory was generally true, older people did seem to emotionally withdraw from the environment. This was also born out in a crossnational study, although the patterns of disengagement varied considerably from city to city. The second part of the disengagement theory (a changed equilibrium and a new basis for solidarity) was not confirmed in the reanalysis or crossnational study. They found, to the contrary, that life satisfaction is positively related to the level of social interaction, with the relationships being even higher in persons over 70 than in those under 70. The discrepant findings described by both Neugarten

and Havighurst (1969) may provide evidence to support a view of aging that is not different from other periods of the life cycle,

... a view that focuses upon the nature of man as a social animal in old age as well as in youth and that emphasizes the continued importance of social participation in maintaining a sense of well-being (p.144).

Theories of successful aging or the optimal patterns of aging are in disagreement. There has been considerable difficulty around the adequacy of operational definitions with concomitant charges and countercharges of ambivalence and ambiguity. There remains in the wake of the most recent publications, a general unhappiness with theories of "successful aging." This is expressed by both Neugarten and Havighurst (1969).

Theorists in social gerontology are emphasizing the need for more research and are beginning to focus their attention on an overriding concern for definitions of psychological health. The need for determining the social conditions that make for high psychological well-being in the old and finding out what the order of factors are for predicting psychological well-being are being prioritized. Havighurst (1961) very early in his research, concluded,

... at present, a theory of successful aging is an affirmation of certain values. Persons with different values of life in the later years will have different definitions and theories of successful aging. (p. 12).

Definitions of Psychological Health

The following section attempts to provide an adequate definition of psychological health. Viewing aging from the framework of positive mental health or the holistic perspective is an approach that has been argued against by some theorists because of its unwieldy character (Bruhn, 1971). It has been made clear however, that the prevalent theories of "successful aging" lack comprehensiveness and consensual validation. As Havighurst points out, we must examine our values in an effort to be more explicit in our definitions of healthy behaviour. An adequate definition of "successful aging" must originate within the framework of positive mental health. In the foregoing discussion, the two terms are treated as synonymous and are used interchangeably.

An operational definition of positive mental health poses a new and possibly more complex problem than did "successful aging." The problem is recognized by psychologists of human behaviour such as Allport (1960) and Maslow (1968). Marie Jahoda (1958) in "Current Concepts of Positive Mental Health" arrives at the conclusion that,

... the number of ideas is relatively limited, they can be reasonably well grouped under a few headings. In spite of diversified theoretical positions taken by authors in the field, one gains the impression that there is among them a large overlap in meaning and intent when they talk about mental health; certainly, there are few, if any, contradictions between the various proposals. A case could be made that several of them tap identical concepts on different levels of concreteness.

Positive mental health seems ultimately tied to several different aspects or characteristics of the personality. Those features that most often appear and reappear in writings on the subject are listed by

Jahoda as:

- (a) attitudes of the individual toward himself
- (b) degree to which the person realizes his potentialities through action
- (c) unification of function in the individual's personality
- (d) Individual's degree of independence of social influences
- (e) How the individual sees the world around him
- (f) The ability to take life as it comes and master it (1958 XI)

The different aspects just specified imply a number of things. Firstly, mental health need not be a fixed state of well-being. One could be healthy, then become unhealthy for instance; when potentialities are frustrated by external forces. Secondly, mental health does not mean adjustment or what society deems normal. Thirdly, it needn't be an enduring function of personality (Jahoda, 1958).

Understanding and predicting human behaviour has proven a formidable task. Two important and legitimate variables have however, been designated. They are man's subjective motivation and the effects of environmental forces.

Both variables have been stressed by the neo-freudians, humanistic psychologists and the ecological psychologists. It was Lewin (1951) who finally contrived

the formula: Behaviour = Function of Person X The Environment, he wrote,

... whether or not a certain type of behaviour occurs depends not on the presence or absence of one fact or of a number of facts as viewed in isolation but upon the constellation (structure and forces) of the specific field as a whole. Person and environment are parts of one dynamic field. (pp. 44 - 45).

Positive mental health is not a behavioural phenomenon that occurs in isolation or as a function of any one factor. A knowledge of both human motivation and interaction in the environment are functional prerequisites in understanding healthy behaviour. As Lewin points out

... the transition from phenotypical concepts to dynamic (genetic, conditional-reactive) constructs based on interdependence is one of the most important prerequisites for any science which wishes to answer questions of causation. (1951 p. 146).

The realization that behavioural development is a function of a constellation of forces is similar to physiological models proposed in biology. Von Bertalanffy says,

The most important result of the investigations of recent years is the recognition of the fact that "development" is not simply a unitary process but rather a complex of relatively independent (but not unrelated) component processes which can to a large extent be experimentally isolated but cannot be reduced to the same terms. (p. 129, 1962).

The physiological model serves as a good paradigm for psychological development.

Psychological health (ie. healthy behaviour) has been called a wide variety of names such as developmental actuality, self-development or self-actualization. The terms mean much the same and are based on the premise that man continually moves toward "perfection of being" or healthy functioning. One of the most explicit writers on the subject of psychological health has been Abraham Maslow who defined self-actualization generally as,

... ongoing actualization of potentials, capacities and talents, (as fulfillment of mission, or call, fate, destiny or vocation) as a fuller knowledge of, and acceptance of the person's own intrinsic nature, as an unceasing trend toward unity, integration or synergy within the person. (1968, p. 25)

Psychological health in the humanistic sense is a general motivational process passing through hierarchical need levels to self-actualization. A human being is never really satisfied except in a relative or one-step-along-the-path fashion. According to Maslow,

Our needs are arranged on the principle of relative potency. Gratification of these needs submerges them and allows the next higher set of needs to emerge, dominate and organize the personality. (1970, p. 59).

Thus, psychological health is attained in a developmental manner as a function of human motivation. Maslow lists various levels of needs hierarchically, these are:

1. physiological needs
2. safety needs
3. love needs
4. belongingness needs

5. esteem needs
6. self-actualization needs
(1970, pp. 35-58)

Understanding how we become psychologically healthy is basic to our understanding of how we become psychologically unhealthy. If a theory of need gratification is the most important principle underlying healthy human development, it is axiomatic in any theories of neurosis or psychological disease.

It is apparent that if basic needs are frustrated or endangered, man regresses backwards to the basic foundation. Maslow's (1970) studies have shown that threat to the lower order needs stimulates reactive tendencies toward selfishness, hatred, aggression, destructiveness, dependence, weakness and a generalized sense of anxiety about one's place in the world. He expresses it this way,

The deficiency motivated man must be more afraid of the environment since he is dependent on it and there is always the chance it will fail or disappoint him. (1968, p. 34)

Horney's (1964) investigations of the neurotic personality indicate needs similar to Maslow's which when not present, frustrated or threatened,

... bring about an insiduously increasing, all pervading feeling of being lonely and helpless in a hostile world. It is out of this feeling or attitude that a definite neurosis may develop at any time. Because of the fundamental role this attitude plays in neurosis I have given it a special designation: the basis anxiety; it is inseparably interwoven with a basic hostility. (p. 89).

Providing further support for the regression theory in unhealthy human development, Horney claims

The more unbearable the basic anxiety, the more thorough and protective one becomes. There are in our culture four principal ways in which a person tries to protect himself against the basic anxiety: affection, submission, power, withdrawal. (1964, p. 96).

Briefly summarizing, healthy functioning is determined by satisfaction of the various needs described by Maslow. When the basic needs are satisfied the potentiality that heretofore has remained hidden becomes actuality. When the needs are thwarted or left unsatisfied the individual personality becomes crippled or stunted.

New and higher needs emerge as the lower needs achieve fulfillment by being sufficiently gratified. (1968 p. 55).

Up to this point, very little mention has been made of the manner in which our needs are satisfied or frustrated. Referring to Lewin's (1951) formula described earlier, it becomes clear that a person's satisfying or frustrating relationship to the environment and persons in the environment determine the outcome of his behaviour. The sine qua non of all behaviour, healthy or unhealthy, is then, interaction. It is the means by which each individual achieves self-expression and development, it is the one method of truly attaining psychological health.

Supporting this idea, Martin Buber writes:

... In human society the basis of man's life with man is twofold, and it is one - the wish of every man to be confirmed as what he is, even as what he can become, by men; and the innate capacity of man to confirm his fellow man in this way. That this capacity lies so immeasurably fallow constitutes the real weakness and questionableness of the human race: Actual humanity exists only where this capacity unfolds. (Buber quoted in Watzlawick, 1967, p. 85).

Hebb's (1955) work on sensory deprivation stresses the importance of interaction with our environment and objects in that environment. His experiments indicated that interaction is a functional prerequisite to maintain and preserve emotional stability.

According to Hampden-Turner (1971) man's behaviour can only be understood as it exists in relation to other people. From this perspective, Maslow's levels have been restated in a manner that emphasizes the intricate interdependence of the person and their environments. Healthy psychological development progresses through satisfaction of:

- Basic Existence Needs - food, sleep, air, elimination
- Nonshared Relating Needs - safety, protection, security, power, control, dominance.
- Shared Relating Needs - love, trust, co-operation
- Growth Needs - autonomy, achievement.

These represent modifications of categories formulated by Bennett (1967). Healthy psychological functioning is a systemic problem and can only be understood in the context of interaction.

The large body of knowledge in the mental health field indicates that psychological well-being is not an all-or-none phenomenon. Psychologists describe healthy behaviour as interacting in a sharing, trusting and growth oriented way. Viewing healthy behaviour as an interaction problem is in direct contradiction to the elemental notion that there are simple, direct causal relations for healthy or unhealthy behaviour.

Summary and Statement of Hypotheses

At the beginning of this paper, the two theories of "successful aging" were described. The disengagement theory proposed by Cumming maintains that disengagement or the withdrawal of the older individual from society has a biological and psychological base. Disengagement, according to Cumming, is the modal pattern of behaviour for the older person and when it is complete, results in a changed basis of equilibrium and a new sense of solidarity.

Two studies were described that failed to confirm the disengagement theory and indicated to the contrary, that most older people preferred high levels of activity. Neugarten and Havighurst have been the most critical opponents of the disengagement theory. Their research denies the universality of the disengagement process but does support Cumming's contention that society and the older individual seem to mutually disengage. They argue however, that the older person who exhibits the greatest amount of psychological well-being is the engaged person and,

... given a permissive social environment the older individual will choose the roles and combinations that offer him the most ego-involvement (1972 p. 12).

Cumming (1969) concludes from her studies that more rigorous research must be done, while Neugarten and Havighurst (1969) state that the prevailing concern should

be with more adequate definitions of psychological well-being.

An overview of the theories and research on psychological health suggest that healthy psychological functioning is determined by the laws of human motivation (satisfaction of need deficiencies or avoiding frustration of these needs) and the manner in which the environment with its varying energies and abilities, affects the individual. The necessity of viewing these components as part of a larger system governed by the laws of systemic interaction was stressed. When healthy behaviour was discussed (coping and adapting to the environment in a trusting and growth oriented way) the role of interaction was most prominent.

In retrospect, theories of successful aging would seem to support an unnecessarily restricted view of the older person. The analysis of psychological health would seem to point up the unreasonableness of using either engagement or disengagement as a criterion for "successful aging" and emphasizes that they are certainly not a criterion for psychological well-being.

The first task of this paper was to provide a critical analysis of the current theory and concepts in old age. It has had a constructive function by bringing to light the intermingling of what appear to be contradictory points of view and theories. The review of the mental health literature suggests that achieving psychological health in old age (behaving in a healthy

manner, successfully aging) is in principle the same kind of process that occurs during other periods of the life cycle. If such is the case the two prevalent theories of "successful aging", engagement and disengagement, might well be compassed within the more comprehensive framework of psychological health and systemic interaction.

The disengagement theory propounded by Cumming supposes that this particular behaviour pattern is biologically and psychologically determined for the older person. If the disengagement theory is an accurate description of life in the later years, the phenomenon of disengagement would occur independently of behaviour setting and interactional level.

In contrast to the disengagement theory, engagement proposes that man is a social animal in old age as well as in youth and that if the environment provides the opportunity for engagement, the older person would remain involved.

Based on the research of the ecological psychologists (Barker, 1968) and the engagement theorists (Neugarten, Havighurst 1969) the hypothesis to be tested is:

1. Patterns of engagement and disengagement in old age are dependent upon the varieties and characteristics of a behaviour setting.

Descriptions of psychological health outlined by **theorists** in the mental health field do not agree with the idea that engagement or disengagement is necessarily beneficial to the older person or a criterion of healthy behaviour. For example, research undertaken in humanistic psychology

(Maslow, 1968) and the literature of social systems theory (Watzlawick, 1967) predicts that the individual who is engaged with persons at low levels of psychological development may become unhealthy themselves. In such a context, disengagement would become a viable alternative for the individual and thus more conducive to healthy functioning. Based on this research, the hypothesis to be tested regarding the engagement and disengagement theories is:

2. Patterns of engagement and disengagement in old age vary with the levels of interactions.

Since both hypotheses one and two are derived from general theories of human behaviour, it would seem logical to propose that both are applicable to other populations. In this study, two new hypotheses have been formulated about staff behaviour patterns within a home for the aged. The new hypotheses are:

3. Staff patterns of engagement and disengagement depend upon the varieties and characteristics of a behaviour setting.
4. Staff patterns of engagement and disengagement vary with the level of interaction.

If the hypotheses stated are verified within one home for the aged, it would suggest that older individuals are not different from other age groups and that differences between engagement and disengagement can be reconciled within a more encompassing framework. Verification of the hypotheses would definitely raise the issue of employing either engagement or disengagement as developmental norms for the elderly.

Method

The hypotheses stated in the first section of this paper were tested within one home for the aged in the Kitchener-Waterloo area. This section deals with:

- (a) The nature of the institutional community.
- (b) The development of scientific instruments and operational definitions.
- (c) Training of observers.
- (d) Reliability of Scientific Instruments.
- (e) Analysis of data.

Nature of the Institutional Community

The home selected for the study was located in a small town 10 miles outside of Kitchener, Ontario. The number of older persons in the home was 93, with an average age of 84. This particular institution employed 65 full and part-time staff with an average age of 33. Resident religious and ethnic backgrounds have been broken down into the following proportions.

<u>RELIGION</u>		<u>ETHNIC ORIGIN</u>	
Mennonite	26%	Germanic	64%
Lutheran	23%		
United	18%	Anglo-Saxon	22%
Roman Catholic	7%		
Other	26%	Other	14%

Thirty-four percent of the resident population was male and sixty-six percent female. The home tries to admit any person over the age of 60 who expresses an interest in taking up full time residency. There is no discrimination on the basis of race, religion or

social status.

The fees for residence in the home are based on a daily charge depending upon the type of facility desired and also the level of care required. The rate structure is based on normal care or nursing care; with normal care offering either private or semi-private rooms and nursing care offering semi-private rooms only. During the period of observation, about 15% of the resident population were not present in any of the settings studied because of their particular care requirements.

Development of Scientific Instruments and Definitions

The present investigation studied the behaviour of persons within the home along two dimensions. Firstly, behaviour was described as characteristic of an interactional level and secondly, whether it occurred in an engaging or disengaging manner. A method of systematic observation was devised along the lines of the Bales Borgatta Interaction Profile (1962). The four interactional levels specifically studied were:

1. Basic Existence Level
2. Nonshared Relating Level
3. Shared Relating Level
4. Growth Level

The basic existence level refers to any behaviour that is a functional prerequisite for survival. Such

behaviours would include eating, sleeping, breathing, taking medicine, **and** all physiological needs.

Operational definitions of the remaining three interactional levels were constructed using Murray's (1967) list of manifest and latent needs. **Ninety** behavioural units were written on individual cards and judged a priori as belonging to one of the three categories. Each category had 30 units although there was considerable overlap **among** them. Five individuals employed in the mental health field were asked to sort the cards with these instructions.

Instructions For Mental Health Professionals

In addition to performing certain behaviours for their physical survival, people relate to others around them and their environment for a variety of different reasons. **The** 90 cards you are being asked to sort are units of **behaviour**. Each unit of **behaviour** can be viewed as satisfying one of three needs. These are as follows:

Nonshared Relating Needs - (safety, protection, security, power, control, dominance)

Shared Relating Needs - (trust, co-operation, love)

Growth Needs - (autonomy, creativity, achievement)

Could you please read each unit of behaviour carefully and assign it to the category to which you think it belongs. Any units you feel are not descriptive enough should be assigned to the category marked "none of these."

The mental health workers were required to complete the task twice as a check on reliability. An item had to be included 4 out of 5 times before it was used in the instrument. Items that were assigned to the "none of these" category were rejected. The purpose of the

sorting task was to develop psychologically specific and operational definitions of the various interactional levels. These definitions were used as referents for the categorization of behaviour.

Definitions of Interactional Levels and Behaviour Patterns

An interaction is defined as a sequential process of action and reaction between two or more people or a person and object in the environment. In this study, all behaviour was viewed as a meaningful type of interaction although it need not have involved an actual communication with another person.

An interactional level is a category in a hierarchy where a specific type of behaviour occurs. The following definitions were developed:

1. Basic Existence level refers to any behaviour that is performed for the survival of the individual i.e. eating, sleeping etc.

Analysis of the sorting procedure carried out by the mental health professionals defines the remaining three levels as:

2. Nonshared Relating level - This level refers to interactions that stem from our individual needs of safety, protection, security, power, control, dominance. Thus, behaviour that would belong to this category would be:
 - (a) Any behaviour that exhibited feelings of weakness or inferiority. A need for support from someone stronger than yourself, any behaviour that demonstrates an inability to cope or adapt.
 - (b) Any behaviour that is characterized by withdrawal and avoidance, insistence on sameness or order in the environment, fearfulness and vigilance.

- (c) Any behaviour that exhibits a need to exercise power over other people or assume the role of leader and taking responsibility for other persons. Any behaviour illustrating a need to influence other people.
 - (d) Any behaviour that uses autocratic power such as force, hostility, and aggression to manipulate another person. Any behaviour that depreciates another through sarcasm, jokes etc.
3. Shared Relating Level - This interactional level stems from our individual need for love, mutual respect, and self-esteem. Shared relating type interactions are:
- (a) Sharing thoughts and feelings with another person, co-operating, collaborating, trusting, and enjoying the company of other people.
 - (b) Identifying and empathizing with another person, understanding, showing solidarity with a person or group.
 - (c) Being nonevaluative, aiding another person by attempting to provide new insight, giving procedural suggestions for the benefit of another person.
 - (d) Playing with someone.
4. Growth Level - This interactional level stems from our individual needs of autonomy, creativity and achievement.
- (a) Creating something of value or of importance to the individual, mastering something difficult, excelling oneself.
 - (b) Trying new experiences, inquisitiveness, exhibiting appreciation for the world around you, enjoying oneself and having fun with day-to-day tasks.
 - (c) Dealing with problems in a realistic and problem-centred manner.

Definitions of Behavioural Patterns

The two behavioural patterns of interest in this study are engagement and disengagement.

Engagement is defined as the interpenetration of the individual and the society to which he belongs. In this study, communicating with other persons was the criterion for engagement behaviours. The engaged person is one who is actively involved with other people.

Disengagement is defined as the tendency to withdraw or detach oneself from people in the environment. A lack of communication between persons or amongst people in a setting was used as the criterion for disengagement behaviours. The disengaged person would exhibit a minimum of involvement with other people.

Training of Observers

Observers were recruited from the resident and staff populations of the home. A meeting was held with potential observers where the essence of the study was described. Observations of behaviour required the observer to make two different types of decisions. First, each behaviour was assigned to one of the four interactional levels. In addition, an observer had to make a dichotomous decision as to whether or not a behaviour was manifested in an engaging or disengaging manner.

Observers were provided with the operational

definitions of the various interactional levels and behavioural patterns. Hypothetical situations were devised so that observers had the opportunity to perform simulated-type observations before the actual study began. Ninety per cent agreement was required on the simulated observations. Discussions were held to solve any problems in comprehension.

A systematic observation sheet was designed upon which the observer could record data. Observations were made once during one minute intervals. The sheet allowed a single observer to record the behaviour of a maximum of 15 people. In settings with more than 15 people, two or more observers were used. One set of coordinates on the observation sheet represented the one minute time intervals (maximum of 15 per sheet), the other coordinate, the number of persons in the setting. All persons were identified with their initials, staff people were identified in an additional way.

Thus, the observation sheet provided three pieces of information. First, the name of the person interacting, second, the level of interaction coded as levels 1 (basic existence), 2 (Nonshared relating), 3 (Shared relating), 4 (Growth level), third, how the behaviour manifested itself in an engaging or disengaging manner, coded as engagement = X, disengagement = ✓. Observations were based on responses that were visible ie. talking, facial expressions, bodily movements.

An action at the growth level but disengaging would be coded as 4✓. An example of an observation sheet has been provided in Appendix C. Observers did one week of recording as a practice exercise.

Reliability of The Scientific Instruments

Lindzey and Aronson (1968, p. 358) define systematic observation as "any technique that serves to improve the skill of observation." Any discussions of reliability of an observational tool center on construction of categories and training of observers. Since the present study employs inhabitants of the setting as data collectors there is also the concern of contamination of results. The following section tries to deal with these problems.

Research instruments are always fallible especially when they attempt to categorize complex events. There is no ready definition for acceptable levels of reliability in any category system. This investigation described four interactional categories. The first category, basic existence level was self-evident; any behaviour performed for the physical survival of the individual. The remaining three levels were operationalized by asking five individuals in the mental health field to sort 90 units of behaviour into three categories. Intercoder agreement was computed by percentage of agreement on each unit. Using the units agreed on, the categories were formulated and operationalized. Observers

in this study had the additional task of describing how a behaviour manifested itself, in an engaging or disengaging manner. Since this was a dichotomous task correlation coefficients were calculated to determine differences between observers.

When observer trainees were learning the operational definitions of the interactional categories, a description of how definitions evolved was provided. When an observer could not make a categorization for some reason they were asked to write down the behaviour for post-categorization. In settings of longer than 45 minutes duration, observers alternated to reduce problems of habituation. Two observers were used in the investigation to record observations, an older resident and the author.

Although the fear of contamination is a legitimate one, Argyris (1970) argues that involving subjects in research that they see as relevant and of consequence to their lives, impresses on people the need to provide reliable and honest data.

Behaviour Settings

Observations were made on a variety of behaviour settings within the institution. A behaviour setting, as defined by Barker (1968, p. 18), "is a standing pattern of behaviour and milieu, with the milieu circumjacent and synomorphic to the behaviour." In this context, circumjacent means surrounding or enclosing a specific type of behaviour. For example, there are temporal

and physical boundaries that surround the kinds of behaviour that occur in the craft room. The craft room exists from two-thirty until four-thirty in the afternoon every day Monday through Friday. It is physically located on the main floor across from the dining hall. Synomorphic describes the fundamental relationship between a given environment and a particular type of behaviour. Using the craft room again as an example, the limits of certain types of behaviour that occur within the craft room extend only to the craft room and would not be visible in the dining hall, for instance. In effect, the types of behaviour that occur within a setting are very much determined by the nature of the behaviour setting.

The three tests used to identify the behaviour settings are:

1. Structural test
2. Internal dynamics test
3. External dynamics test

The structural test excludes as behaviour settings community features such as mores and customs, social classes, organizations, ethnic groups, geographical areas, roles, legal codes etc.

The internal dynamics test excludes as behaviour settings any behaviour milieu synomorph that is not to a certain extent interdependent with other synomorphs in the community.

The external dynamics test excludes as behaviour settings those that are not to a certain extent independent of other behaviour-milieu synomorphs.

The following behaviour settings were investigated in this study:

1. The pool room - this setting exists every day from 10:00 - 11:30 in the morning excepting Sundays. A variety of people inhabit the setting including residents and staff.
2. The main lobby areas before each meal. This setting is inhabited mainly by residents and a minimal number of staff. It occurs three times daily.
3. The craft room occurs Monday through Friday from 2:30 until 4:30 in the afternoon. Inhabitants again include residents, staff, volunteers, and periodically, visitors.
4. The tuck shop occurs every Monday, Wednesday and Friday from 2:00 until 4:00 in the afternoon. The setting is inhabited by residents, staff and visitors.
5. Spontaneous Settings are those which occur spontaneously such as lounge gatherings for meetings, games etc.

During the initial entry phase, a period of one month was spent determining the frequency and duration of each setting for a typical week. The following table provides the mean number of hours per day a setting occurred, the total number of days it occurred each week and finally, the total number of hours each setting occurred per week.

TABLE I

TOTAL NUMBER OF HOURS SETTINGS WERE OBSERVED

SETTING	HRS. PER DAY	DAYS PER WEEK	TOTAL HRS.
Pool Room	1½ hrs.	6	9
Lobby	2 hrs. 25 min.	7	17
Craftroom	2 hrs.	5	10
Tuck Shop	2 hrs.	3	6
Spontaneous Setting	50 minutes	7	6

Thus, ongoing behaviour in the five different settings constituted a grand total of 48 hours. Each setting was systematically observed in the proportions that represented their actual duration and frequency for one typical week. The observations were carried out over a two month period. During this time, a grand total of 17,412 resident interactions were observed and 1,858 staff interactions.

Analysis of Data

Both hypotheses I and II were tested with the chi-square test. Percentage distributions of resident behavioural patterns within settings and interactional levels provide a descriptive explanation of the results. Also, the findings are described graphically.

In addition to testing resident patterns two more hypotheses were derived from one and two and tested on the

staff population. Hypotheses III and IV are the same as I and II but applied to staff. Data analysis was carried out in the same manner as that described for the resident population.

A comparison and contrast of resident and staff behaviour patterns in the form of percentage distributions is provided. General trends of the distributions for both groups are also described.

Results

This section describes and analyzes the data collected within one old age home. Data is presented in three parts.

The first part deals with resident patterns of engagement and disengagement within the five behaviour settings and the four levels of interaction. The second portion presents staff behaviour patterns for the five behaviour settings and the four levels of interaction. Finally, a comparison and contrast of the two populations is provided. Both residents and staff behaviour patterns within the four levels of interaction are looked at for each behaviour setting.

Resident Data

Behaviour Setting

Table 2 provides the percentage distributions of behaviour patterns according to setting. These distributions are depicted graphically in figure 1.

FIG. 1. Percentage Distributions of
Behaviour Patterns for Settings
(Residents.)

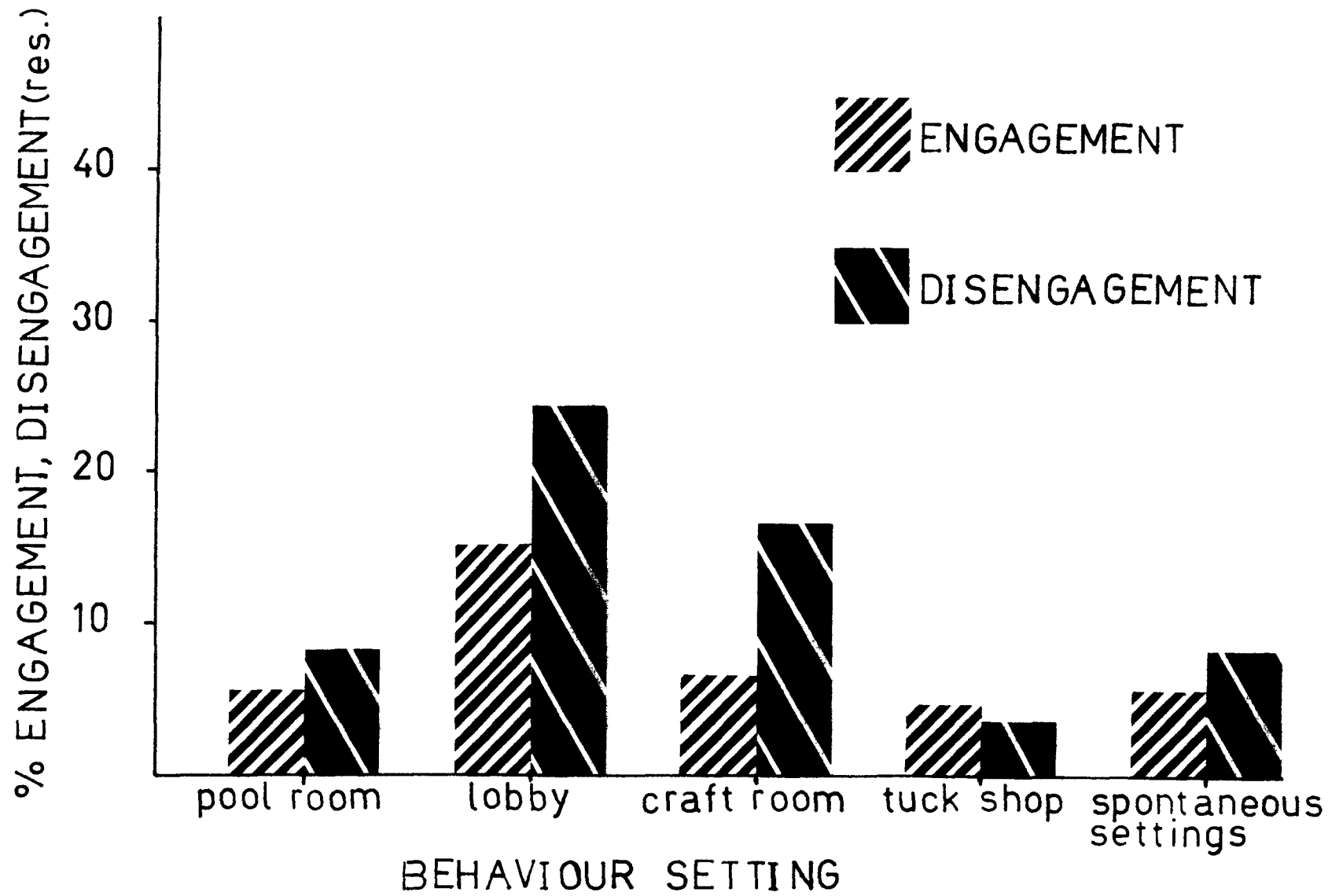


TABLE 2

Percentage Distributions of Patterns Per Setting (Residents)

Behaviour Setting	Engagement	Disengagement	Totals
Pool Room	5.86%	8.33%	14.19%
Lobby	15.14%	24.51%	39.65%
Craft Room	6.88%	16.78%	23.66%
Tuck Shop	4.72%	3.66%	8.38%
Spontaneous Settings	5.66%	8.47%	14.13%
Totals	38.26%	61.75%	

The table shows that the largest percentage of resident interaction occurs in the lobby. In four out of five settings, the disengaging pattern dominates, but only by a small percentage in the pool room and spontaneous settings. The tuck shop is the single instance where a predominance of engaging behaviour patterns occurred. The tuck shop is also the setting where the lowest percentage of overall resident interaction takes place.

A chi-square test was performed on the observed frequencies of resident behaviour patterns within settings. Table 3 represents the observed frequencies of behaviour patterns within settings and the chi-square value.

TABLE 3

Observed Frequencies of Patterns Within Settings (Residents)

Behaviour Setting	Engagement	Disengagement
Pool Room	1020	1451
Lobby	2636	4267
Craft Room	1194	2922
Tuck Shop	822	638
Spontaneous Settings	987	1475

Chi-square (4) = 363.50 p. < .001

The results indicate that patterns of engagement and disengagement are dependent upon the varieties and characteristics of the behaviour setting. Calculations of chi-square and expected frequencies are presented in Appendix B.

Interactional Levels (Residents)

Table 4 represents the percentage distribution of behaviour patterns within interactional levels. The distributions are represented graphically in figure 2.

FIG. 2 Percentage Distributions of
Behaviour Patterns for
Interactional Levels. (Residents.)

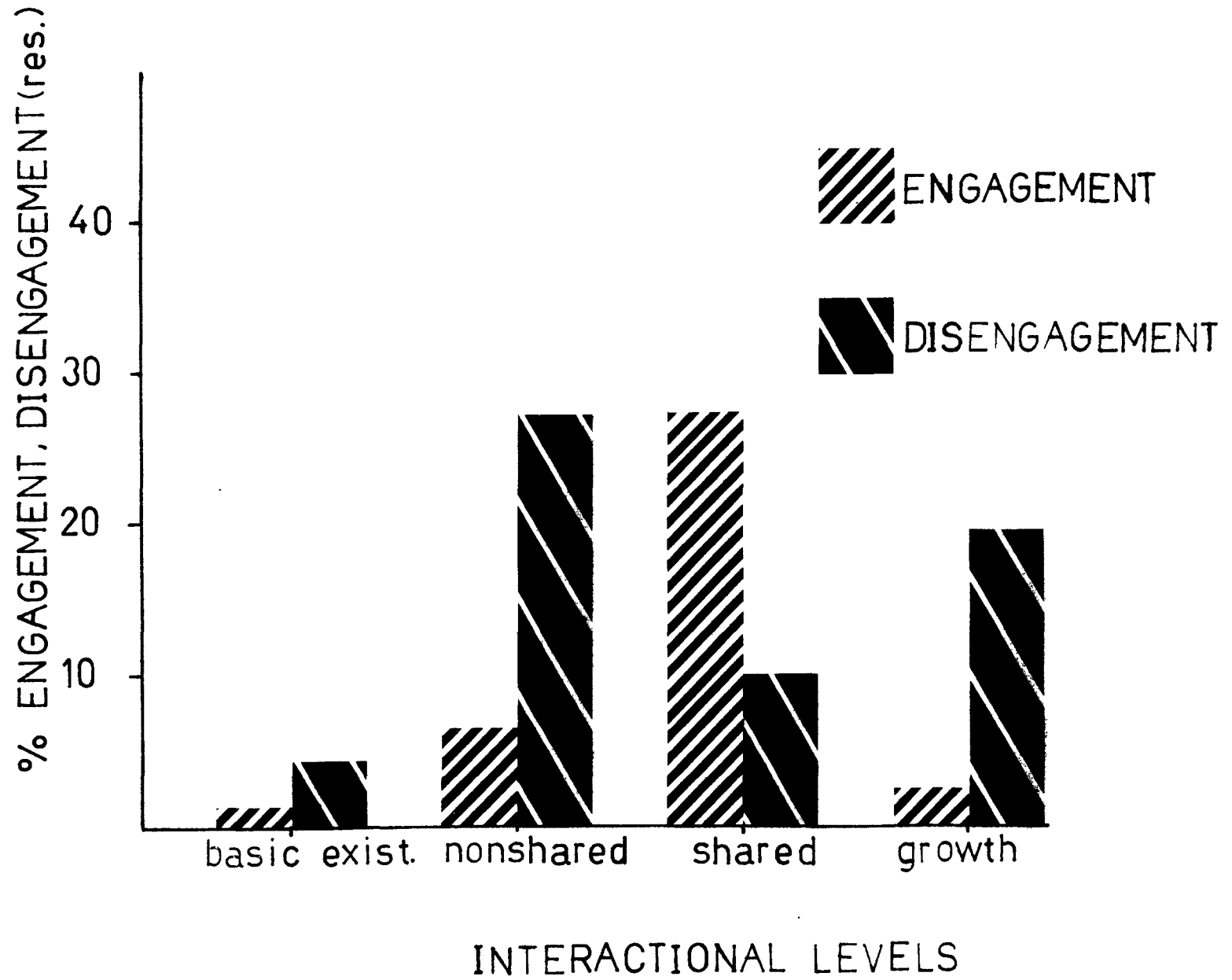


TABLE 4

Percentage Distribution of Patterns Within Levels

Interactional Levels	Engagement	Disengagement	Totals
Basic Existence	1.32%	4.45%	5.77%
Nonshared Relating	6.82%	27.36%	34.18%
Shared Relating	27.49%	10.17%	37.66%
Growth	2.62%	19.77%	22.39%

From the table it may be seen that the shared level of interaction occurs most frequently followed by the nonshared relating level, the growth level and finally, basic existence.

An examination of table 4 reveals that within the basic existence level, the nonshared relating level and the growth level, disengagement is the dominant pattern of behaviour. The shared relating level is the only exception exhibiting a predominance of engagement behaviours.

A chi-square test was performed on the observed frequencies of resident behaviour patterns within the four interactional levels. Table 5 provides the observed frequencies of patterns within interactional levels and the chi-square value. See Appendix B for calculation of expected frequencies and chi-square.

TABLE 5

Observed Frequencies of Pattern Within Levels

Interactional Level	Engagement	Disengagement
Basic Exist. Level	229	770
Nonshared Relating Level	1187	4776
Shared Relating Level	4786	1772
Growth Level	457	3445

Chi-square (3) = 5,456.39 $p < .001$

The results again indicate that the hypothesis of independence, patterns of engagement and disengagement being independent of interactional level, can be rejected. Behaviour patterns are dependent upon the interactional level.

Staff Data
Behaviour Settings

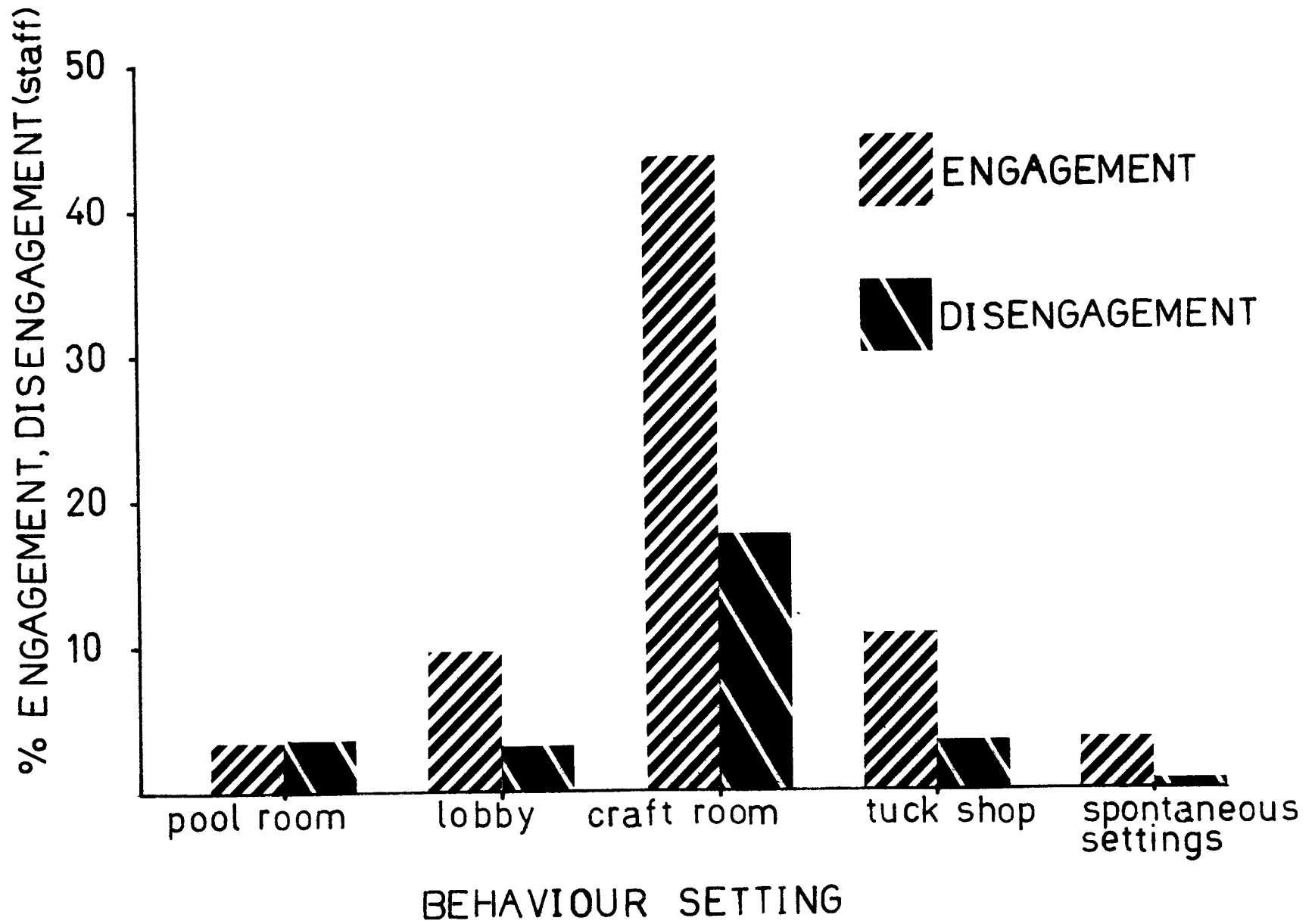
Table 6 represents the percentage distributions of staff patterns according to setting. Figure 3 shows these distributions graphically.

TABLE 6

Percentage Distributions of Patterns Per Setting (Staff)

Behaviour Setting	Engagement	Disengagement	Totals
Pool Room	3.50%	3.66%	7.16%
Lobby	9.90%	3.07%	12.97%
Craft Room	43.76%	17.81%	61.59%
Tuck Shop	10.71%	3.34%	14.05%
Spontaneous Settings	3.55%	.70%	4.25%
Totals	71.42%	28.57%	

FIG. 3. Percentage Distributions of
Behaviour Patterns for Settings.
(Staff).



The largest percentages of staff interaction occurs in the craft room and the tuck shop. In all but one behaviour setting, engaging behaviour patterns predominates. In the pool room, disengagement dominates but only minimally.

A chi-square test performed on the observed frequencies of staff patterns within settings showed that the hypothesis of independence, staff patterns are independent of setting, can be rejected. Behaviour patterns **are** dependent on the behaviour setting. Table 7 represents the observed frequencies of staff patterns within settings and the chi-square value (Appendix B).

TABLE 7

<u>Observed Frequencies of Patterns Within Settings (Staff)</u>		
Behaviour Setting	Engagement	Disengagement
Pool Room	65	68
Lobby	184	57
Craft Room	813	331
Tuck Shop	199	62
Spontaneous Settings	66	13

Chi-square (4) = 26.89 p < .001

Interactional Levels

Table 8 provides the percentage distributions of staff behaviour patterns within interactional levels. Figure 4 displays the patterns within the four levels.

TABLE 8

<u>Percentage Distribution of Patterns Within Levels</u>			
<u>Interactional Levels</u>	<u>Engagement</u>	<u>Disengagement</u>	<u>Totals</u>
Basic Existence	.27%	.59%	.86%
Nonshared Relating	11.52%	9.20%	20.72%
Shared Relating	45.53%	2.85%	48.38%
Growth	14.10%	15.93%	30.03%

An examination of the table reveals that the shared level of interaction occurs most frequently followed by the growth level, nonshared relating level and finally, basic existence. The basic existence level occurs infrequently in staff interaction.

Within the staff population engagement is the dominant behaviour pattern with both the shared and nonshared levels of interaction. Disengagement is predominant within the growth level but by a very small percentage.

The chi-square test on the observed frequencies of staff behaviour patterns within interaction levels indicates that the hypothesis of independence, staff patterns are independent of interactional level, can be rejected. Behaviour patterns are dependent on the level of interaction.

FIG. 4. Percentage Distributions of
Behaviour Patterns According to
Interactional Levels. (Staff).

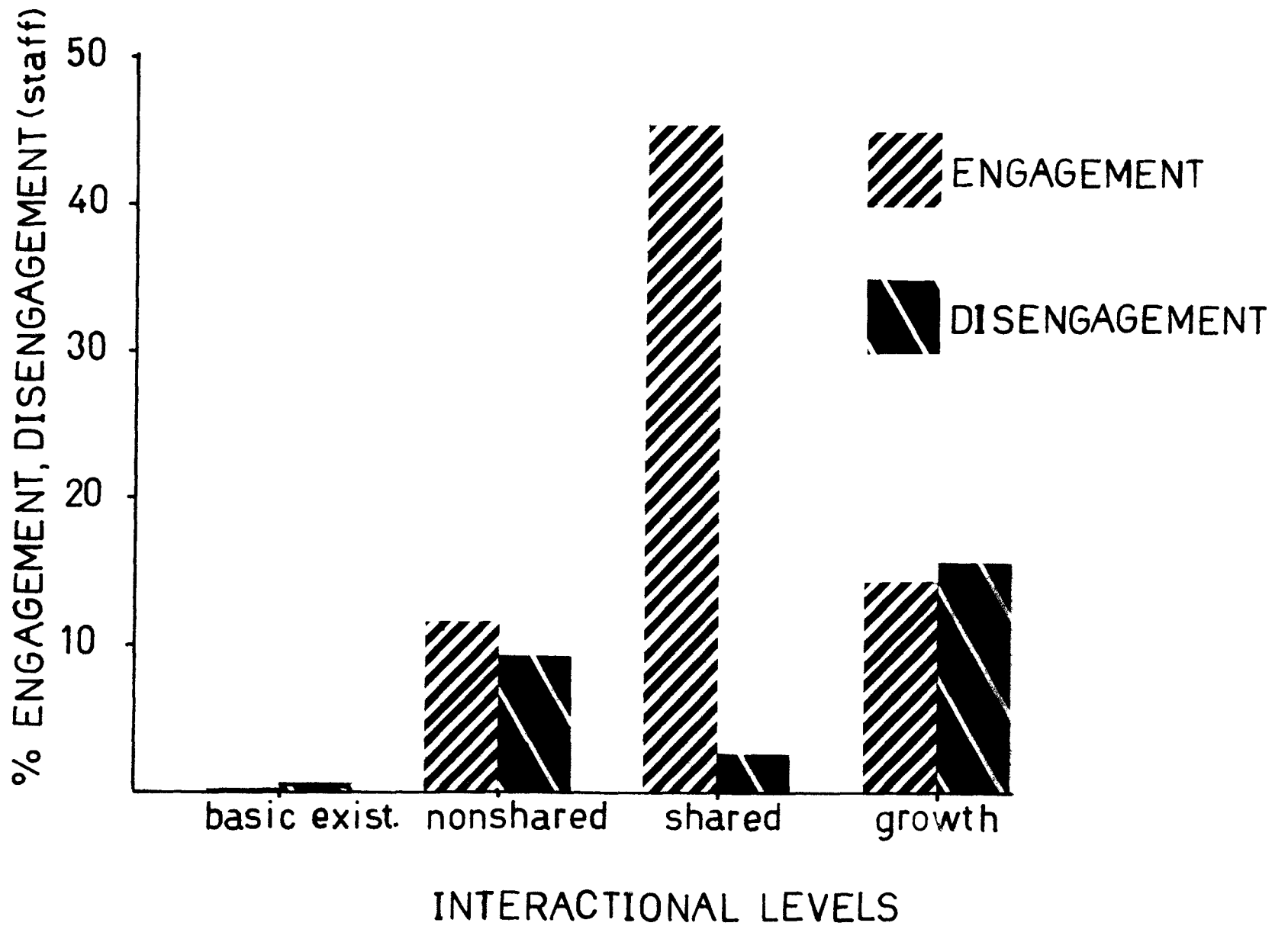


Table 9 provides the observed frequencies of patterns within interactional levels and the chi-square value (Appendix B).

TABLE 9

Observed Frequency of Patterns Within Levels (Staff)

Interactional Levels	Engagement	Disengagement
Basic Exist. Level	5	11
Nonshared Relating Level	214	171
Shared Relating Level	846	53
Growth Level	262	296

Chi-square (3) = 277.64 $p < .001$

After all the data for the experimental hypotheses was collected and analyzed, further analysis in the form of comparisons between the two populations seemed warranted. Inspection of overall behavioural patterns showed large differences between the two groups. Figure 5 depicts these differences graphically.

A chi-square test was performed on the percentage distributions of behavioural patterns within both populations, using a corrected formula (Senders, 1958). Table 10 represents the percentage distributions of behaviour patterns for both groups and the chi-square value. See Appendix B for calculation of chi-square using correction formula.

FIG. 5. Percentage Distributions of
Engagement and Disengagement
Within Resident and Staff
Populations.

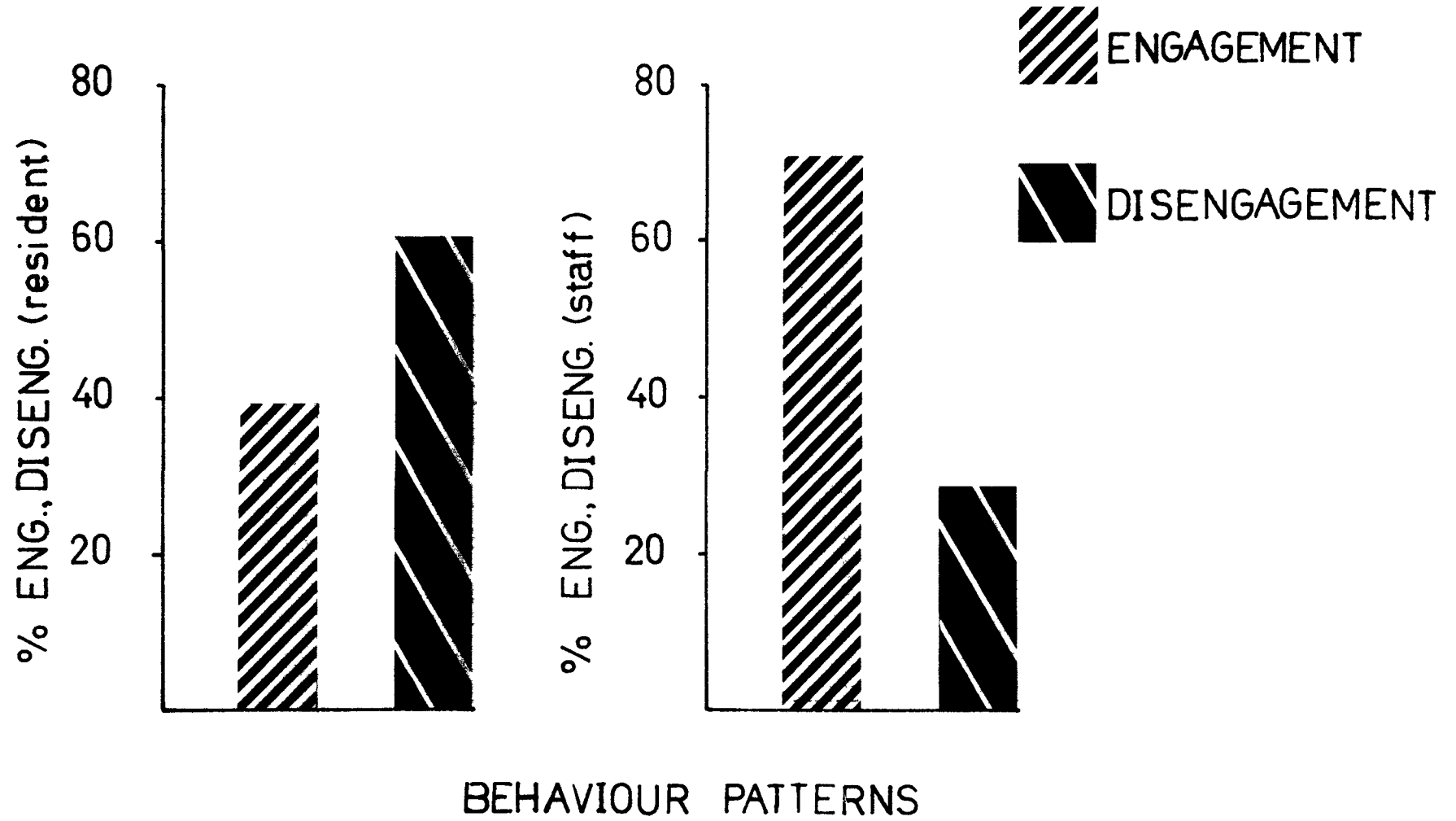


TABLE 10

Percentage Distributions of Patterns Within Populations

Population	Engagement	Disengagement
Residents	38.24%	61.76%
Staff	71.42%	28.57%

Chi-square (1) = 23.593 p. < .001

Patterns of engagement and disengagement are not independent of the resident and staff populations.

Inspection of the four interactional levels within resident and staff populations exhibits some differences. Figure 6 represents the percentage distributions of the levels of interaction for both residents and staff.

A chi-square test was performed on the percentage distribution of the interactional levels for both populations. Table 11 reports these percentages distributions and the chi-square value.

TABLE 11

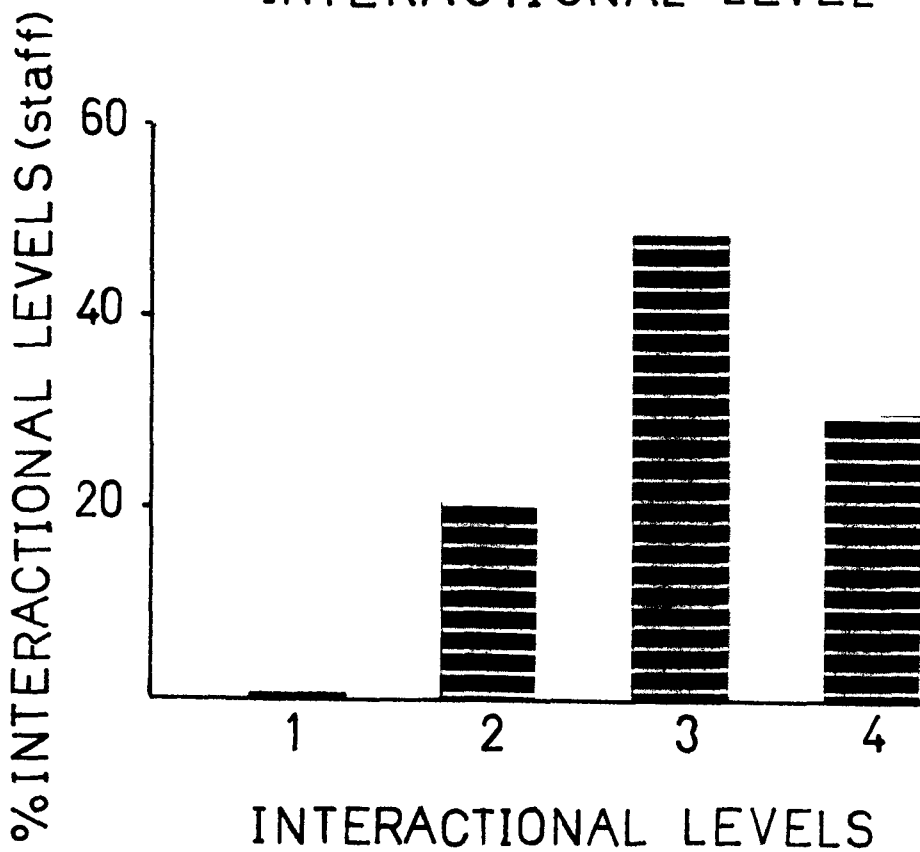
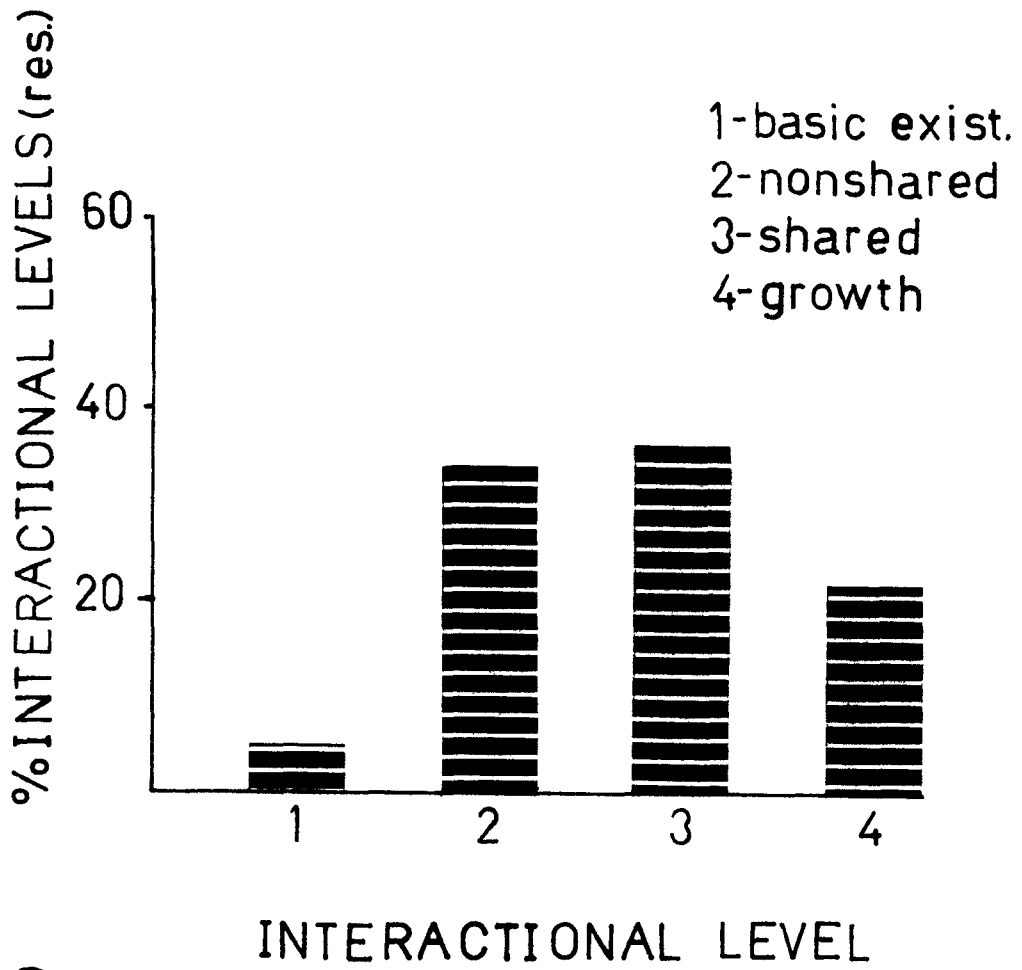
Percentage Distribution of Interactional Levels Within Groups

Population	Basic Ext.	Nonshared	Shared	Growth
Residents	5.78%	34.19%	37.66%	22.41%
Staff	.86%	20.72%	48.39%	30.03%

Chi-square (3) = 9.39 p = .05 (Appendix B)

The four interactional levels are not independent of the resident and staff populations.

FIG. 6. Percentage Distributions of The
Four Interactional Levels Within
Resident and Staff Populations.



Finally, Table 12 and 13 provide the percentage distribution of the four interactional levels for residents and staff per setting. Interactional levels within settings have been broken up into the respective behaviour patterns.

An examination of Table 12 for residents, reveals that within specific settings certain interactional levels occur with a much higher frequency than do others. The lobby for instance, exhibits a higher frequency of both the shared and nonshared levels of interaction. The craft room exhibits a higher frequency of growth interaction disengaged.

Table 13 represents a similar breakdown for staff data. Both tables suggest that interactional levels and behaviour setting may be interdependent.

TABLE 12
 Percentage Distributions of Patterns
 Within Interactional Levels for Each Setting (Residents)

Setting	Basic Exist. Nonshared		Shared		Growth			
	Eng	Dis	Eng	Dis	Eng	Dis		
Pool Room	.07	.60	.39	2.66	5.39	5.08	-	-
Lobby	.16	1.62	2.39	19.01	12.54	.84	.05	3.03
Craft Room	.04	.05	1.71	.75	2.56	.11	2.53	15.86
Tuck Shop	1.01	1.44	1.04	1.66	2.67	.16	-	.40
Spont.	.03	.71	1.29	3.29	4.39	3.99	.03	.48

TABLE 13
 Percentage Distributions of Patterns
 Within Interactional Levels for Each Setting (Staff)

Setting	Basic Ex.		Nonshared		Shared		Growth	
	Eng	Dis	Eng	Dis	Eng	Dis	Eng	Dis
Pool Room	.16%	.59	.21	1.56	3.12	1.51	-	-
Lobby	-	-	1.99	3.01	7.91	-	-	.05
Craft Room	.11	-	5.31	.81	24.27	1.18	14.10	15.82
Tuck Shop	-	-	2.75	3.18	7.97	.11	-	.05
Spontaneous	-	-	1.29	.64	2.26	.05	-	-

Summary of Results

The major findings of the present study are:

1. Behaviour patterns of the older individual are dependent on the behaviour setting.
2. Behaviour patterns of the older individual are dependent upon the level of interaction.
3. Staff patterns are dependent on behaviour setting.
4. Staff patterns are dependent upon the levels of interaction.

Other findings indicate that:

1. Behavioural patterns of engagement and disengagement are not independent of the nature of the population.
2. The four interaction levels are not independent of the nature of the population.
3. Interactional levels may be interdependent with behaviour setting.

Discussion

The following discussion provides an interpretation of the results presented in the previous section and a summary of the conclusions and research questions generated on the basis of the study.

Hypothesis I stated that patterns of engagement and disengagement in old age are dependent upon the varieties and characteristics of a behaviour setting. This hypothesis was confirmed, thereby supporting the predictions of the ecological psychologists (Barker 1968) and the engagement theorists (Neugarten, Havighurst 1972).

The percentage distributions of overall interaction and behavioural patterns within settings offer some explanations for the result. Large differences existed in the duration and frequency of occurrence of the five behaviour settings. In addition, some settings had a consistently high number of persons present whereas others had a repeatedly low representation. All of these factors tended to inflate the overall interaction within some settings as compared to others. As a consequence, behaviour patterns of engagement and disengagement varied considerably from setting to setting. The lobby provides an example. Activity occurred more often here than in any other setting and the lobby always had the highest number of persons present.

Patterns of engagement and disengagement within

settings were also related to the specific nature of the setting. The existence of the tuck shop was influenced by home policy. Residents were encouraged every Monday, Wednesday, and Friday to come to the tuck shop and share in free drinks and conversation with other residents. This probably explains the higher percentage of engaging behaviours within this setting. Since the setting was small, groups of conversants would remain in the setting for only short periods to allow for the arrival of newcomers. The limited space in the tuck shop in conjunction with its lower frequency of occurrence lessened the overall interaction in contrast to other settings.

The lobby possessed decidedly different characteristics from that of the tuck shop. Not only was it larger but it provided more seating space for resident use. During the course of observation it was noted that when the resident entered the lobby setting, they usually did so singly rather than in groups. As a result, the setting would fill up with individuals of different backgrounds and personalities. Research carried out on the effects of mixed or heterogeneous settings indicates that disengagement is the modal pattern of behaviour. (Berken, 1972). Disengagement was the predominant pattern of behaviour in the lobby.

One finding that contradicts this explanation is the activity in the craft room. The setting was large and provided enough space for a considerable number of residents

to be present, The setting was most often comprised of individuals who were like one another in their desire to work on craft projects. In this sense, they were a very homogeneous group. Again, the disengaging behaviour patterns dominated. The data would seem to indicate that a knowledge of the nature of the behaviour setting (i.e. it's size, type of people within it, general characteristics) does not sufficiently account for the patterns of behaviour that occur. A possible explanation of the disengaging patterns in the craft room is proposed in the final portion of this discussion.

Hypothesis II stated that patterns of engagement and disengagement in old age vary with the levels of interaction. This hypothesis was also confirmed suggesting that both engagement and disengagement are related to the interactional levels. This finding has important implications because it indicates that both engagement and disengagement occur at all four levels of interaction. Each level is mutually exclusive but the psychologically healthy person uses each in varying amounts. The results would seem to indicate that each interactional level is comprised of substantial portions of both engaging and disengaging behavioural patterns.

Within the home, differences in the percentage distributions of the four levels were considerable in all but the shared and nonshared levels. Behaviour patterns of engagement and disengagement also differed radically for

each level. The older person in this investigation exhibited a high percentage of disengaging behaviours at the nonshared level of interaction. This result may have been caused by a number of substantive possibilities.

The large number of older persons (95) living within a highly concentrated area may make it difficult for the individual to interact with others in a more engaging manner. This explanation is related to the fact that as the number of persons increases in a setting so does the degree of heterogeneity. It becomes increasingly difficult for the individual to find acceptance and satisfaction of their needs.

Another possibility is that the older persons in this investigation were acting on one of the fundamental principles of group living. The ability for a large group of people to live together harmoniously, depends to a great extent on the ability of single individuals to relegate their own needs to a minor position. This explanation was quite frequently born out in conversations with residents and is best demonstrated in the expression, "I wouldn't want to cause any trouble."

A final explanation has been suggested by Kastenbaum (1965). The situational dynamics of being a resident in an old age home accentuates the role losses that occur as the individual grows older. The older individual may view his residency as one more affront to his self-concept.

Disengagement in this instance would be a protective behaviour or fatalistic resignation. It should be stressed that in this institution the **shared** level of interaction occurred most frequently which may mean that Kastenbaum's explanation accounts for only a very small percentage of the disengagement patterns.

Within the shared level of interaction engagement behaviours predominated. As stated previously, this interactional level constituted a significant portion of overall interaction in this setting. It is **probable** that this finding may not be **generalizable** to other old age homes but may be related to some specific attributes of this home in particular. Almost thirty per cent of the resident population of the home was composed of individuals whose religious background was Mennonite. A significant number of staff persons were also Mennonite. One important aspect of the Mennonite religion is the emphasis they place on developing a close knit sense of community and brotherhood amongst people. This philosophy was reflected in the day-to-day interactions in the home. During the observation period, there were many examples of individuals relying on one another for mutual support or showing genuine concern for each others problems.

Within the resident population, the shared relating and growth levels provide the most conspicuous examples of interactional levels determining behaviour patterns. The

shared level exhibited a predominance of engagement behaviours where the growth level exhibited a predominance of disengagement. The occurrence of these patterns within these particular levels indicates that engagement and disengagement are amenable to the holistic approach described in the literature of positive mental health. Allport (1960) points out that growth is inevitably a process of socialization and individuation. A similar scheme is proposed by Halmos (1966) who describes the basic dualism of life as consisting of the forces of growth and cohesion, forces which he argues are both antithetical and complementary. Engagement and **dis**engagement occurred with this older population in a manner that parallels the process described by both Allport and Halmos.

Although this investigation dealt mainly with the older individuals in the home, data was also collected and analyzed for staff interaction. Systematic observation of staff interaction allowed the author to determine whether there were any essential differences between the way the staff population interacted in contrast to the resident population. To this end, hypothesis III and IV were derived from I and II and applied to staff interaction. It should be noted that resident interaction was almost **ten** times more prevalent than that of staff. In addition, more than half of the staff interaction occurred in the craft room with repeated observations on the same staff persons. A discussion of staff results

are undertaken with these limitations in mind.

Hypothesis III stated that staff patterns of engagement and disengagement depend upon the varieties and characteristics of a behaviour setting. The results confirm this hypothesis. It is probable that one source of significance was attributable to the observed frequencies within the craft room.

One noticeable trend in staff patterns within settings was their tendency to exhibit a predominance of engaging behaviours within all the settings except the pool room. A tentative explanation can be offered for this result. Most of the behaviour settings within the institution were viewed by the staff person as the place of his or her work. Evidence based on observations of staff in the pool room suggests that they viewed it differently from other settings. Staff persons quite frequently took their "coffee breaks" in this setting and simply relaxed and enjoyed the game. Their departure from the setting at the end of their break was usually prefaced by a remark such as, "Well, back to work."

Hypothesis IV stated that staff patterns of engagement and disengagement vary with the four levels of interaction. This hypothesis was also supported. Percentage distributions of the four interactional levels offer some explanations for the results. There was considerable difference in the percentage distributions of the four levels. Patterns of

engagement dominated in all but the growth level and even here, disengagement dominated by only a small percentage. Within the nonshared relating category engagement patterns dominated. One provisional explanation for this phenomenon is that engagement is actually an artifact of the role definition of a staff person. Since it is their job to provide a service for persons living in the home, they may judge it their responsibility to provide direction and make decisions. Indeed, this behaviour is often reinforced by the residents.

The shared level occurs most often with the staff and may again be related to the religious philosophy of the home. The shared level manifested a predominance of engaging behaviour and the growth level a predominance of disengaging behaviours. This is a repetition of the same patterning that occurred within the resident population and would seem to substantiate the contention that growth is a dialectical process of socialization and individuation.

An examination of resident and staff data show considerable differences between the patterns of engagement and disengagement. A chi-square test on this data indicated that the differences were significant. In addition, there were differences among the four levels of interaction between both groups, this data was also significant. The results suggest that neither the patterns or levels are

independent of the population in which they occur.

The percentage distributions of behaviour patterns are complete opposites in resident and staff populations. In view of the large discrepancies between patterns, the underlying model of disengagement in old age would seem to be supported. This however, would be a dangerous interpretation to make in the light of results discussed in the earlier portions of this section. Engagement and disengagement patterns were found to be dependent on the behaviour setting and interactional level. It should again be emphasized that staff percentages are based on a much lower number of observed interactions.

The finding that levels of interaction were not independent of population may provide further understanding into the differences between groups. One likely explanation is that both groups view themselves and one another as different. If this is an accurate portrayal of their relationship it may explain the residents' higher percentage of disengaging behaviours at the nonshared level, while their staff counterparts displayed a higher percentage of engaging behaviours at this level.

One aspect of a social system is that the interactions of the people within it influence one another. (Watzlawick, 1967). If differing patterns of behaviour are a function of role definitions (i.e. staff person as caretaker, old person

as resident), it would be logical to propose that their definitions of one another are constrained by, conditioned by and dependent on, the others view of them. Important changes might occur in the patterns and interaction levels of both groups if they came to view their life in the setting as a mutual enterprise. Specifically, this might mean allowing the resident person more opportunity to define the rules and conditions under which he lives. This could serve the dual purposes of taking the onus of responsibility off the staff person and putting more responsibility in the hands of the resident.

The purpose of this study was to illustrate that patterns of engagement and disengagement in old age are not necessarily the end points of an historical evolution but a means of responding to a complexity of ecological forces. Although no a priori hypotheses were formulated, the data indicate that for both residents and staff, large differences exist among the four interactional levels within the five behaviour settings. These differences indicate that interactional level and behaviour setting are interdependent.

Since this thesis deals mainly with old age, an example of resident levels and patterns within settings serves to illustrate the importance of this finding. Very early in the discussion it was pointed out that disengagement was the

predominant pattern of behaviour in the lobby setting. One explanation offered for this result was the heterogeneous nature of the setting. People tended to interact in a nonshared disengaging manner. The craft room posed a problem however, since it was characterized as homogeneous, yet it too exhibited a high percentage of disengaging behaviours. It was **also** shown that within the craft room the highest percentage of interaction occurred at the growth level disengaging. This finding is important because it describes the occurrence of a phenomenon that social gerontologists might mistakenly call equivalent patterns of disengagement existing within two different settings at decidedly different levels of interaction. In this **study**, disengagement at the growth level was clearly more productive and more the exemplar of "successful aging" than the withdrawn type of disengagement evidenced in the lobby area. This result is supported by Rich (1967) who maintains that both engagement and disengagement should be treated as transactional patterns, the outcome of persons in reciprocal interaction with their environments.

The results confirm the argument that both patterns possess substantial situational and psychological components, as such, they should not be used as developmental norms for the aged person.

Summary and Implications

Theoretical models are essential for a practitioner to guide him in deciding when, how and for what purposes to enter a system. In social gerontology, the models that are used would seem to be based on the notion that old age is very different from other stages of the life cycle. This section summarizes the major findings of the study and hopefully, provides new insight into the behaviour of the older person and the conditions that foster their psychological health. The findings of this investigation indicate that:

1. Behaviour patterns of engagement and disengagement within this older population are dependent upon (a) the behaviour setting and (b) the level of interaction.
2. Behaviour patterns of engagement and disengagement within this staff population are dependent upon (a) the behaviour setting (b) the level of interaction.
3. Other results indicate that interactional level and behaviour settings may be interdependent and that a knowledge of the level of interaction and type of behaviour setting may provide a more descriptive account of the individual's psychological health.

Theories of successful aging, engagement and disengagement, are very different from notions of psychological health described by the humanistic position on personal growth. Because of the undeniable changes that do occur, psychologists and social gerontologists view old age as a unique developmental stage. The tendency to treat old age as different predisposes gerontologists and people in general to treat the "aged" and "aging" with common stereotypes.

Stereotyping of any group provides a simplified understanding of the group's nature, an understanding that is not always accurate.

Dwelling on the differences that exist between older and younger persons has had some unfortunate outcomes. The psychologically healthy old person is described as an individual who adjusts adequately to his advancing age and the termination of his life. "Old age" is envisioned as an adjustment to losses where few new beginnings or gains can be made.

Although it is important and necessary to delineate the special needs and circumstances of specific groups, it is equally as important to describe the characteristics and traits that emphasize the commonality and essential similarities amongst them. This has not been done in the psychology of old age and consequently, a large body of knowledge in the mental health field has been neglected or missed in work with the aged person. This statement implies that professionals who seek to help the older person achieve psychological health must become more cognizant of the theories on personal growth advanced in other areas of psychology. When this happens, gerontologists will make a significant contribution in creating the conditions that will enable the elderly to reach their full human potential.

Findings one and two, summarized briefly at the beginning of this section, indicated that both resident and staff behaviour patterns were influenced by behaviour setting

and the level of interaction. It appears that what affects the individual personally in a setting may be generalizable to other individuals. Also, the general principle of human behaviour (i.e. psychological development through satisfaction of need deficiencies) asserted itself within this older population in a manner similar to its manifestation in the staff population.

This is an important point to make because it reiterates the premise that older individuals are not different in any fundamental ways from other human beings. The essential needs of man, the needs for safety, security, belongingness, love, self-esteem and growth, are present in the older person and do not atrophy or disappear with age. Based on observations and experience within the setting, healthy behaviour was governed by satisfaction or frustration of these visible needs which occurred within the dual contexts of behaviour setting and interaction. When threatened physically or psychologically, the older person would protect and defend themselves, when encouraged or supported they would reach out for fulfillment, enlargement and the opportunity to move in positive directions.

One other observation on the older persons' behaviour is important to note. Within this home, there existed individual variation in the apparent importance of certain needs. While some individuals functioned at high levels of interaction (i.e. were more trusting, collaborative, growthful, inquisitive, courageous) other persons exhibited a tendency to

dwell on satisfaction of lower order needs (ie. were more withdrawn, defensive, hostile, more needful of support, encouragement and security). People in most settings are at different levels and stages of psychological development and an old age home is clearly no exception. It would be wise to pay special attention to the variation that does exist because of the profound consequences it implies for the general level of psychological health within the setting.

Life within a home for the aged should approach the pattern of life that is a natural part of human existence. The environment or setting that recognizes the importance of satisfying the variety of human needs manifested by its members will be the setting that enables the older person to move closer to positive mental health in old age. Such a setting could properly be described as a therapeutic community. Individuals in this type of community can develop a positive and continuous self-image through socially valuable work, love and mutually defined goals. Each individual is better able to obtain gratification of their needs, develop identity and generally learn that life can be a self-validating experience.

The articulated goal of the setting investigated in this study was founded on the Mennonite tradition of communal sharing and fellowship, a goal that many members of the setting worked hard to promote. It was a surprise to discover that even

in this context the incidence of persons attempting to satisfy lower order needs (nonshared relating) was as prevalent as the shared and growth levels of relating. That this very special home was not always successful in achieving its goals has important implications for old age homes that are not so deliberate and self-conscious in their efforts. Building a therapeutic community necessary for individual growth is a difficult process requiring hard work and the ability to postpone immediate gratification. The truthfulness of this statement is demonstrated in the successes and failures of the home investigated herein.

It was pointed out earlier in this investigation that fifteen percent of the resident population was never present in any of the behaviour settings during the course of observation. The absence of these persons appeared to be related to a specific handicap (ie. deafness, inability to speak English) that rendered them incapable of coping with normal day-to-day living in the various settings. It may be that these residents experience a real loss in the fulfillment of their emotional needs and in their active participation within the community as a consequence of their disability. Alternatively, it is possible that these residents had found satisfaction and contentment through other means and were actually experiencing a high degree of positive mental health. Only a future follow-up study can determine the meaning of life for these particular individuals within the home.

This thesis has attempted to provide a new model for the understanding of "successful aging". Many issues have been raised that contribute directly and indirectly to the development (or non-development) of psychological health in the older person. The findings of this study would suggest that the older person is very similar to other people. They need nurturance and love yet they also desire the freedom to function independently making contributions to those in their environment. Problems in old age may be accelerated inadvertently by the societal tendency to view their behaviour as age-related. If an individual is not expected to grow forward in old age, they may not evolve to healthy levels of human functioning.

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Appendix A

History of the Nithview Setting

Immersion of the Researcher in the Setting

History of the Nithview Setting

Nithview is owned and operated by Tri-County Homes Associated which holds a charter as a charitable, non-profit organization responsible to the Western Ontario Mennonite Conference. In 1968, new legislation requiring extensive changes in nursing home operation were implemented by the provincial government. This prompted the Western Ontario Mennonite Conference to terminate the operation of the two of its nursing homes and replace them with the Nithview Home for the Aged.

Although the administration of Nithview is Mennonite, emphasis is placed on Christian brotherhood and a nonsectarian outlook. The goal of the conference was to provide security, comfort and fellowship in a Christian atmosphere. The Mennonite brotherhood saw their project as a service to the total community of New Hamburg. Helping the aged in their development was only one aspect of serving the whole man.

New Hamburg, Ontario is a small town 10 miles outside of Kitchener with a population of 3,200 people. It was chosen by the Mennonite conference for two reasons. It was central to Perth, Waterloo and Oxford counties and because New Hamburg had no similar facility.

The original construction of Nithview was supposed to begin late in 1968. The Ontario government was to provide a grant of \$495,000.00 with the remainder \$500,000.00 being

supplied by the Mennonite brotherhood and donations. At this same time however, the provincial government declared a halt on the grant prolonging construction for two years.

Construction of the Nithview Home finally began in April, 1971 on the North side of Boulee Street, New Hamburg. The structure overlooks the Nith River to the west and a proposed church and new housing project to the north. Directly across the river is the New Hamburg race-track and auditorium. Still in the planning stages is the Boulee Street bridge that will give easy access to the town.

Nithview is a four storey structure designed architecturally so that the rooms of all the residents face the Nith river. The bottom two floors of the home are for persons who do not require medical attention.

Nithview provides three different categories of care - normal, special and bed. The top two floors of the home are equipped with nursing stations for residents who need medical attention. The top floor itself has a "sick bay" for bedridden residents. The number of residents the home can comfortably handle is 99, two spaces being used exclusively for the sick bay.

The home opened its doors to the first resident on April 7, 1972. Employees were hired from the local community with openings for 50 - 60 full and part time people. Currently, there are about 65 people employed. The resident population is 93 with an average age of 84.

Immersion In The Setting

Entrance to the setting was initiated by writing to the director of the home and explaining the purpose of the research. This letter was followed up by a telephone conversation arranging an interview.

Before actually meeting the director of the home, Mr. Rae Nafziger, a great amount of preliminary work had to be completed. One of the genuine fears about doing research in an outside setting is the real possibility of confronting "closed ranks in the microcosm". Personal experience and the documented experience of others made me cognizant of how easy it is to be misunderstood and thus rejected from the setting. I consciously tried to avoid conveying an image of being an expert or possessing a superior knowledge of the psychology of old age.

During these preliminary stages, I made an effort to anticipate some of the problems and consequences of being a researcher and outsider. It made sense to ask myself the following questions.

1. Would I be viewed as an outside critic?
2. If I am accepted into the setting, How do I relate to the older person and to the staff?
3. Can I make the director comfortable with the kinds of activities I propose and confident of my abilities?
4. In what ways would the director be defensive and in what ways would I?
5. Can I conduct myself as a person so that it is not at variance with their expectations of me as a researcher?

The first meeting with the director was spent discussing the ramifications of these types of questions. I briefly described the state of **theory** in social gerontology and some of the notions on psychological health. I indicated my desire to do the kind of research that treated the participants more as collaborators than as subjects. In my mind, this approach was the most congruent with the theories of healthy development.

During this first session with the director I was impressed by his interest in anticipating some of the same problems with which I had been struggling. The issue of building trust seemed to resolve itself very quickly as a result of having simultaneously shared in some common fears and goals. We spent some time on the historical background of the Nithview community and the principles it was founded on. It **appeared** to me that the administration really wanted to help themselves

... change and learn to feel that they were growing in their understanding of where they've been, where they are and what they are about.
(Sarason, 1970)

I expressed the hope that we could include as many people as possible in the planning and implementation of this study. It seemed reasonable that we could use both staff and the older residents to collect data thereby utilizing action research in the best sense of the term. I believed that this was the most sensible approach if the experience was to be meaningful for the here and now at Nithview. My impression at the end of this meeting was that

the director was willing, but the next hurdle was to get the "go ahead" from the advisory board.

At our second meeting, Rae Nafziger informed me that he had spoken with his advisory board and they had approved the proposed research. At this point, we began to talk about the best ways to introduce the study so that it promoted the maximum amount of interest and participation from the staff and residents. We arranged a meeting for the following week with the management team. They were to be given the final decision on whether or not the research would be permitted.

The Nithview management team is comprised of five individuals, the director, chaplain, head nurse, head of maintenance and the dietician. During this meeting with them, I tried to give a precis of the research in old age and what I hoped to accomplish at Nithview. I discussed with them essentially the same things I had with Rae Nafziger.

The management team approached my proposal with what I'll characterize as a mixture of caution and interest. It became very clear to me that my acceptance into the setting depended on how I respected matters of importance to them. I found the team very helpful in raising questions that would inevitably arise from the older residents and other staff.

- (a) What do you mean by research?
- (b) How will it be done?
- (c) Are we being used as guinea pigs?

- (d) What's in it for us?
- (e) What if you discover negative aspects about the home?

Most of these kinds of questions seem to be generic to the issue of trust. The team wanted very much to be part of the planning, to learn and grow from the experience. They definitely did not want to be a means to an end in a far distant future, even if it was a worthwhile end. I repeated my desire that the research serve their purposes in the "here and now" and that by open sharing of my activities we could make the first step in growing together. Based on this interview, the team agreed to accepting the research and taking a calculated risk. It was also decided if any problems arose both sides had the prerogative of terminating the relationship. A meeting was arranged for the following week with the whole staff at Nithview. I left feeling that Nithview was beginning to see my research as their research.

At the large staff meeting time was spent on some of the same questions raised at the team meeting. I described my research and attempted to answer in a meaningful way some of their questions. I pointed out that the research meant carrying out systematic observation for an unlimited period of time and that I **hoped** some of the staff and resident population could aid in **this** process. It was my intention to be in the setting for a month first so that I could become better acquainted with everyone and have a

better opportunity to explain the project in greater detail to those who were interested. It was decided at this meeting that the best way to explain my presence to the residents of the home was in a one-to-one fashion. If a staff person was asked "who I was" they explained the research and encouraged the resident to talk with me.

The following week I became an official member of the Nithview setting remaining there for an average of six hours daily. During this time I endeavoured to build trust with residents and staff. I was concerned at the outset of the research of being a "marginal man" with both groups and wondered if I would ever be accepted by either. If the older residents in the setting had any misgivings about my presence, it appeared to center around their incredulity at "the young person who says he's interested in old age." The staff population had a legitimate reason to suspect and mistrust my motives. They were well aware I was doing an observational study and that meant observing them at their work. Some of their apprehension probably stemmed from this awareness.

It's difficult to say at what point in the research I was considered a member of the setting. As it turned out, I was in Nithview almost two and one half months before I felt comfortable with starting the systematic observation. As time passed, it was gratifying to discover that both residents and staff viewed me as "one of them." If I came

late on any particular day, a staff person would inevitably say "You're late today, I wouldn't mind having your hours." If I missed a day at Nithview a resident would always ask, "Where were you yesterday? I didn't see you here?" I interpreted both kinds of comments as showing acceptance and concern for me as a person in their life. It was around this time that both residents and staff began to express an interest in "just exactly what this research is trying to show." The implicit message seemed to be "I wouldn't mind helping if I could."

An important element of this research was my hope that it would mean something not only for the literature in social gerontology but more importantly for the persons living within the setting and myself. I wanted primarily to interact in a manner that facilitated a growth process with the people with whom I became involved. This meant disclosing the details of the study and being honest in my relationships with residents and staff.

A fundamental principle that I learned at Nithview was that in any relationship, people want to know that "you're like them" and that you can identify and empathize with their thoughts, problems and ideas, that you're a person first rather than a researcher, student etc. Trust cannot be built without a mutual sharing and as a corollary in this study, reliable research could not have been done unless the researcher as person was trusted.

My personal experience at Nithview has been one of

the single most important aspects of this thesis. Through it, I have developed strong personal relationships with a large number of residents and staff. I can safely say that both my observations and experiences in the setting have shown me that the older persons' struggle for positive mental health was not essentially different from the younger staff or myself. I think we all realized that for each of us to grow in positive ways there had to be a shared and mutual interaction. There were many examples of our having achieved this important goal.

Appendix B

Expected Frequencies and Tables of Chi-Square

Summary Data for Residents and Staff

TABLE I

EXPECTED FREQUENCIES OF PATTERNS WITHIN SETTING (RES.)

	<u>Engagement</u>	<u>Disengagement</u>
Pool Room	<u>2471 X 6,656</u>	<u>2471 X 10,753</u>
	17,412	17,412
Lobby	<u>6900 X 6,656</u>	<u>6900 X 10,753</u>
	17,412	17,412
Craftroom	<u>4116 X 6,656</u>	<u>4116 X 10,753</u>
	17,412	17,412
Tuck Shop	<u>1460 X 6,656</u>	<u>1460 X 10,753</u>
	17,412	17,412
Spontaneous Setting	<u>2462 X 6,656</u>	<u>2462 X 10,753</u>
	17,412	17,412

TABLE 2

CALCULATION OF CHI-SQUARE WITHIN SETTINGS (RESIDENT)

	Fe	Fo	Fo - Fe	(Fo-Fe) ²	$\frac{(Fo-Fe)^2}{Fe}$
Pool Room Eng.	944.58	1020	75.42	5688.18	6.02
Pool Room Diseng.	1525.99	1451	-74.99	5623.50	3.69
Lobby Eng	2637.63	2636	- 1.63	2.67	.001
Lobby Diseng.	4261.18	4267	5.82	33.87	.008
Tuck Shop Eng.	558.11	822	263.80	69,637.93	124.77
Tuck Shop Disen.	901.64	638	-263.64	69,506.05	77.09
Craft Eng.	1573.40	1194	-379.40	143,944.36	91.49
Craft Diseng.	2541.89	2922	380.11	144,483.61	56.84
Spontan. Eng.	941.14	987	45.86	2,103.14	2.23
Spontan. Diseng.	1520.44	1475	-45.44	2,064.80	1.36

Chi-square (4) = 363.50 P < .001

TABLE 3

 EXPECTED FREQUENCIES OF PATTERNS WITHIN LEVELS (RES.)

	Engagement	Disengagement
Basic Exist.	<u>999 X 66659</u>	<u>999 X 10,753</u>
	17,412	17,412
Nonshared	<u>5953 X 66659</u>	<u>5953 X 10,753</u>
	17,412	17,412
Shared	<u>6558 X 6659</u>	<u>6558 X 10,753</u>
	17,412	17,412
Growth	<u>3902 X 6659</u>	<u>3902 X 10,753</u>
	17,412	17,412

TABLE 4

CALCULATION OF CHI-SQUARE WITHIN LEVELS (RES.)

LEVELS	Fe	Fo	Fo-Fe	$(Fo-Fe)^2$	$\frac{(Fo-Fe)^2}{Fe}$
Level One Eng.	382.05	229	-153.05	23,424.30	61.31
Level One Dis.	616.95	770	153.05	23,424.30	37.97
Level Two Eng.	2276.65	1187	-1089.65	1,187,337.12	521.53
Level Two Dis.	3676.35	4766	1089.65	1,187,337.12	322.97
Level Three Eng.	2508.02	4786	2277.98	5,189,192.88	2069.04
Level Three Dis.	4049.10	1772	-2277.10	5,185,184.41	1280.58
Level Four Eng.	1492.27	457	-1035.27	1,071,783.97	718.22
Level Four Dis.	2409.73	3445	1035.27	1,071,783.97	444.77

Chi-square(3) = 5456.39 P < .001

TABLE 5

EXPECTED FREQUENCIES OF PATTERNS WITHIN SETTINGS (STAFF)

	Engagement	Disengagement
Pool Room	<u>133 x 1327</u> 1858	<u>133 x 531</u> 1858
Lobby	<u>241 x 1327</u> 1858	<u>241 x 531</u> 1858
Craft Room	<u>1144 x 1327</u> 1858	<u>1144 x 531</u> 1858
Tuck Shop	<u>261 x 1327</u> 1858	<u>261 x 531</u> 1858
Spontaneous Setting	<u>79 x 1327</u> 1858	<u>79 x 531</u> 1858

TABLE 6

CALCULATION OF CHI-SQUARE WITHIN SETTING (STAFF)

	Fe	Fo	Fo - Fe	(Fo - Fe) ²	$\frac{(Fo-Fe)^2}{Fe}$
Pool Room	94.99	65	-29.99	899.40	9.47
Pool Room Dis.	38.01	68	29.99	899.40	9.47
Lobby Eng.	172.12	184	11.88	141.13	.82
Lobby Dis.	68.88	57	-11.88	141.13	.82
Tuck Shop Eng.	186.40	199	12.60	158.76	.85
Tuck Shop Dis.	74.59	62	-12.59	158.51	2.13
Craft Eng.	817.05	813	- 4.05	16.40	.02
Craft Dis.	326.95	331	4.05	16.40	.05
Spont. Eng.	56.42	66	9.58	91.78	1.63
Spont. Dis.	22.58	13	- 9.58	91.78	1.63

Chi-square (4) = 26.89 p < .001

TABLE 7

EXPECTED FREQUENCIES OF PATTERNS WITHIN LEVELS (STAFF)

	Engagement	Disengagement
Basic Exist.	<u>16 x 1327</u> 1858	<u>16 x 531</u> 1858
Nonshared	<u>385 x 1327</u> 1858	<u>385 x 531</u> 1858
Shared	<u>899 x 1327</u> 1858	<u>899 x 531</u> 1858
Growth	<u>558 x 1327</u> 1858	<u>558 x 531</u> 1858

TABLE 8

CALCULATION OF CHI-SQUARE WITHIN LEVELS (STAFF)

STAFF	Fo	Fe	Fo-Fe	(Fo-Fe) ²	$\frac{(Fo-Fe)^2}{Fe}$
Level I Eng.	11.43	5	-6.43	41.34	3.62
Level I Disen	4.57	11	6.43	41.34	3.62
Level Two Eng	274.97	214	-60.97	3717.34	13.52
Level Two Diseng.	110.02	171	60.98	3718.56	33.80
Level Three Eng.	642.07	846	203.93	41587.44	64.77
Level Three Dis.	256.93	53	-203.93	41587.44	64.77
Level Four Eng	398.53	262	-136.53	18640.44	46.77
Level Four Dis	159.47	296	136.53	18640.44	46.77

Chi-square (3) = 277.64 p < .001

TABLE 9

 CALCULATION OF CHI-SQUARE WITHIN POPULATIONS

	Engagement	Disengagement	Total
Residents	38.24 (A)	61.76 (B)	100 (P)
Staff	71.42 (D)	28.57 (C)	100 (Q)
	109.66 (R)	90.33 (S)	200 (N)

Formula For chi-square with correction for continuity.

$$= \frac{N(1bd - ac1 - N/2)^2}{PQRS}$$

PQRS

Chi-square (1) = 23.593 p < .001

TABLE 10
 EXPECTED FREQUENCIES OF
 INTERACTIONAL LEVELS WITHIN POPULATIONS

	Residents	Staff
Basic Existence	<u>6.64 x 100</u>	<u>6.64 x 100</u>
	200	200
Nonshared Relating	<u>54.91 x 100</u>	<u>54.91 x 100</u>
	200	200
Shared Relating	<u>86.05 x 100</u>	<u>86.05 x 100</u>
	200	200
Growth Level	<u>52.44 x 100</u>	<u>52.44 x 100</u>
	200	200

TABLE 11

CALCULATION OF CHI-SQUARE FOR INTERACTIONAL LEVELS WITHIN POPULATIONS

	Fe	Fo	Fo-Fe	(Fo-Fe) ²	$\frac{(Fo-Fe)^2}{Fe}$
Level One Res	3.32	5.78	2.46	6.05	1.82
Level One Staff	3.32	.86	-2.46	6.05	1.82
Level Two Res	27.46	34.19	6.73	45.29	1.65
Level Two Staff	27.46	20.72	-6.74	45.42	1.65
Level Three Res.	43.02	37.66	-5.36	28.73	.68
Level Three Staff	43.02	48.39	5.37	28.84	.67
Level Four Res.	26.22	22.41	-3.81	14.52	.55
Level Four Staff	26.22	30.03	3.81	14.52	.55

Chi-square (3) = 9.39 p. = .05

TABLE 12

SUMMARY OF RESIDENT BEHAVIOUR PER SETTING

Setting	Total Eng Dis			One Eng.Dis Basic Ex.			Two Eng. Dis Non			Three Eng.Dis Shared			Four Eng. Dis. Growth		
Pool Room	2,471	1020	1451	117	13	104	531	68	463	1823	939	884	-	-	--
Lobby	6,903	2636	4267	311	28	283	3726	416	3310	2329	2183	146	537	9	528
Craft Room	4,116	1194	2922	15	7	8	429	298	131	467	447	20	3205	442	2763
Tuck Shop	1,460	822	638	427	176	251	470	181	289	493	465	28	70	-	70
Spont. Sett.	2,462	987	1475	129	5	124	797	224	573	1446	752	694	90	6	84

TABLE 13

SUMMARY OF STAFF BEHAVIOUR PER SETTING

Sett.	Total Eng	Dis	One Basic Eng Dis Ex.	Two Non Eng Dis shared	Three Shared Eng Dis	Four Growth Eng Dis									
Pool Room	113	65	68	14	3	11	33	4	29	86	58	28	-	-	-
Lobby	241	184	57	-	-	-	93	37	56	147	147	-	1	-	1
Craft Room	1144	813	331	2	2	-	113	98	15	473	451	22	556	262	294
Tuck Shop	261	199	62	-	-	-	110	51	59	150	148	2	1	-	1
Spont. Sett.	79	66	13	-	-	-	36	24	12	43	42	1	-	-	-

TABLE 14
 PERCENTAGE DISTRIBUTION OF RESIDENT INTERACTION LEVELS
 PER SETTING

SETTING	BASIC EXIST.	NONSHARED	SHARED	GROWTH	TOTAL
Pool Room	.67%	3.04%	10.47%		14.19
Lobby	1.79%	21.40%	13.37%	3.08%	39.65
Craft Room	.09%	2.46%	2.68%	18.41%	23.64
Tuck Shop	2.45%	2.70%	2.83%	.40%	8.39
Spontaneous Setting	.74%	4.58%	8.30%	.52%	14.14

TABLE 15
 PERCENTAGE DISTRIBUTION OF
 STAFF INTERACTIONAL LEVELS PER SETTING

SETTING	BASIC EXT.	NONSHARED	SHARED	GROWTH	TOTAL
Pool Room	.75%	1.78%	4.63	0%	7.16
Lobby		5 %	7.91	.05%	12.97
Craft room	.11%	6.08%	25.46	29.92%	61.57
Tuck Shop		5.92	8.07	.05%	14.05
Spontaneous		1.94	2.31	0%	4.25

Appendix C
Instructions for Observers
Sample Observation Sheet

Instructions for Observers

Each observer has been given a sheet which defines and describes the various interactional levels and behavioural patterns of interest in this study. You don't have to be university educated to recognize them, with practice your ability will improve. In addition to the various terms, you each have been given sample observation sheets and some hypothetical situations that are to be used for practice purposes. The first week of observation will be a practice exercise.

Data collection will begin next week. Observations will be carried out in the following settings.

1. The pool room
2. The craft room
3. The tuck shop
4. The lobby
5. Any setting that occurs spontaneously such as a lounge gathering or what have you. Tuesday evening gatherings.

When an observer goes into a setting for observation purposes the first thing you should do is write down the initials of everyone present in the behaviour setting. There is a place on the observation sheet for initials. Each observation sheet can accommodate up to 15 people. If you don't know the names of the people in the setting it will be your responsibility to learn them. If there are more than 15 people in the setting there should be more than one

observer. You are required to make observations on the behaviour of all people in the setting whether they are residents, or staff. Observations are made once at one minute intervals. For those who don't have a minute hand on their watches or don't have watches, you will be supplied with stop watches.

Your observation sheets are broken into one minute time intervals (total of 15). It will provide 3 pieces of information.

First, the name of the person interacting, second, the level of interaction coded as levels, 1 (basic existence), 2 (nonshared relating), 3 (shared relating) and 4 (Growth level). Third, how the behaviour manifested itself in an engaging or disengaging manner, coded as engagement = X, disengagement = ✓.

Your observations should be based on responses that are visible i.e. talking, facial expressions, bodily movements. If you see a behaviour that you are unable to analyze, write it down and we'll try to analyze it later.

The following definitions will serve as a reference while you record observations in a setting.

Definitions of Interactional Levels and Behaviour Patterns

An interaction is defined as a sequential process of action and reaction between 2 or more people or a person and object in the environment.

An interactional level is a category in a hierarchy where a specific type of behaviour occurs.

The following definitions were developed:

1. Basic Existence level refers to any behaviour that is performed for the survival of the individual i.e. eating, sleeping etc.

Analysis of the sorting procedure carried out by the mental health professionals defines the remaining three levels as:

2. Nonshared Relating level - This level refers to interactions that stem from our individual needs of safety, protection, security, power, control, dominance. Thus, behaviour that would belong to this category would be:
 - (a) Any behaviour that exhibited feelings of weakness or inferiority. A need for support from someone stronger than yourself, any behaviour that demonstrates an inability to cope or adapt.
 - (b) Any behaviour that is characterized by withdrawal and avoidance, insistence or sameness or order in the environment, fearfulness and vigilance.
 - (c) Any behaviour that exhibits a need to exercise power over other people or assume the role of leader and taking responsibility for other persons. Any behaviour illustrating a need to influence other people.
 - (d) Any behaviour that uses autocratic power such as force, hostility, and aggression to manipulate another person. Any behaviour that depreciates another through sarcasm, jokes etc.

3. Shared Relating Level - This interactional level stems from our individual need for love, mutual respect, and self-esteem. Shared relating type interactions are:
 - (a) Sharing thoughts and feelings with another person, co-operating collaborating, trusting and enjoying the company of other people.
 - (b) Identifying and empathizing with another person, understanding, showing solidarity with a person or group.
 - (c) Being noevaluative, aiding another person by attempting to provide new insight, giving procedural suggestions for the benefit of another person.
 - (d) Playing with someone.
4. Growth level - This interactional level stems from our individual needs of autonomy, creativity and achievement.
 - (a) Creating something of value or of importance to the individual, mastering something difficult, excelling oneself.
 - (b) Trying new experiences, inquisitiveness, exhibiting appreciation for the world around you, enjoying oneself and having fun with day-to-day tasks.
 - (c) Dealing with problems in a realistic and problem-centred manner.

Definitions of Behavioural Patterns

The two behavioural patterns of interest in this study are engagement and disengagement.

Engagement is defined as the interpenetration of the individual and the society to which he belongs. In this study, communicating with other persons was the criterion for engagement behaviours. The engaged person is one who is

actively involved with other people.

Disengagement is defined as the tendency to withdraw or detach oneself from people in the environment. A lack of communication between persons or amongst people in a setting was used as the criterion for disengagement behaviours. The disengaged person would exhibit a minimum of involvement with other people.

