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A SURVEY OF RESEARCH DEALING WITH PERSONAL ADJUSTMENT
IN PROTESTANT HOMES FOR THE AGED AND AN
EXPLORATORY STUDY OF THE PROBLEM

being

A Master's Report Presented to the Graduate Faculty
of the Fort Hays Kansas State College in
Partial Fulfillment of the Requirements for
the Degree of Master of Science

by

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Fort Hays Kansas State College

Date July 31, 1963 Approved Robert R. Shutt
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Approved Ralph L. Coder
Chairman, Graduate Council

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E. M. S.

ABSTRACT

Schmidt, Esther M. (M. S., Department of Sociology)

A SURVEY OF RESEARCH DEALING WITH PERSONAL ADJUSTMENT IN
PROTESTANT HOMES FOR THE AGED AND AN EXPLORATORY STUDY OF
THE PROBLEM

Master's Report Directed by: Mr. Robert Witt

The purpose of this paper was to determine the frequency of occurrence of seven factors which tend to aid personal adjustment of residents in a Protestant home for the aged. The seven factors were: (1) presence of good physical health, (2) feeling of economic security, (3) favorable relations with relatives, (4) number of friends and visitors, (5) participation in religious activities, (6) participation in leisure-time activities, and (7) feelings of security and independence.

The findings indicated that the better-adjusted elderly persons in this Home had acquired these factors. Those who were not so well adjusted had acquired them to a lesser degree.

In order to obtain this information the following procedure was adopted:

1. Eleven residents of a Protestant home for the aged were selected as subjects for this study. Only resi-

dents who had lived in the Home for one year or more were included.

2. Information was obtained through interviews.

In view of these findings provisions for "old age" should be begun before the individual reaches that period of life. It is possible that this might be done through adult programs sponsored by educational, religious, and other organizations.

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CHAPTER I

INTRODUCTION

In every community there are elderly persons who can no longer adequately care for themselves and must enter an institution which provides the needed care. It is often difficult for these individuals to leave their homes and adjust to life in an institution which cares for the aging.

I. THE PROBLEM

Statement of the problem and purpose of the study.

This paper consists of a survey of research dealing with personal adjustment of the aged and an exploratory investigation of seven factors which appear to be important considerations in the personal adjustment of older people living in a Protestant home for the aged.

From such research as is available on the topic the following seven factors appear to aid in the personal adjustment of elderly persons: (1) presence of good health, (2) feeling of economic security, (3) favorable relations with relatives, (4) number of friends and visitors, (5) participation in religious activities, (6) participation in leisure time activities, and (7) feelings of security and independence. These factors have been studied in var-

ious surveys of elderly people which will be discussed in the following chapter.

One purpose of this study is to investigate the occurrence of each of these factors in a selected Protestant home in order to find whether or not the absence of one or more could have acted as a deterrent in any subject's personal adjustment. In other words, is it possible that any of the subjects could be better adjusted emotionally, and if so, is it likely that a lack of one of these factors contributed to this lack of adjustment?

Another purpose is to secure information which is essential to a better understanding of these institutionalized older persons.

Limitations and scope. This study is not designed to be an exhaustive investigation of all of the problems faced by older persons who must adjust to living in a home for the aged, but is limited to an investigation of the prevalence of seven factors which could be outstanding elements in contributing to emotional adjustment of these individuals. No claim is made that this is a complete study of these seven factors. Eleven persons, who are residents of a selected home for the aged maintained by a Protestant denomination, were chosen for the exploratory study. The findings of this study do not apply to elderly people in

all Protestant homes, but only to the interviewees in the selected home. The general conclusions that can be drawn from so small a sample are tentative, but the study may serve to stimulate future research.

II. DEFINITION OF TERMS USED

Aged. Since the rapidity of the aging process varies from one individual to another, the designation of any chronological age as a dividing line between middle age and old age is arbitrary. However, to avoid confusion in discussing "the aged" or "elderly persons" a definition is necessary. The age group of 65 years and older is the one which is most frequently used. Therefore, for the purpose of this study, the term "aged" means any person 65 years or more of age.

Personal adjustment. For the purpose of this paper, personal adjustment is considered to be the condition or state of being in which the individual is in harmonious relationship with a given social situation. The process of achieving personal adjustment involves a series of adaptive changes in behavior when the individual is confronted with new social situations.

Resident. The term, as used here, refers to an in-

dividual who has been dwelling in the Home for a period of one year or more.

The selected home. The home for the aged which was chosen for the exploratory study is located in the western part of Kansas and is maintained by the Mennonite Church.

III. METHODS OF PROCEDURE

The interview schedule. With these seven factors suggested as being operative at least to some extent in aiding elderly persons to make an adequate adjustment to the environment of a Protestant church home, it was necessary to choose a method of obtaining information as to whether or not the residents in a selected home had acquired these elements of adjustment.

Landis found that many old people have poor eyesight or other infirmities which handicap them; and failing physical energy often places a limitation upon the ability of an older person to fill out a questionnaire that is at all extensive. But many old people like to talk.¹ It therefore seemed that the best method of obtaining information on social-psychological adjustment is the personal

¹Judson T. Landis, "Some Observations on Special Problems Encountered in Studying the Aged," American Sociological Review, 10:427, June, 1945.

interview with a schedule filled out by the interviewer. In order to assure uniform information on each factor, an interview and information guide was prepared by the writer and sufficient copies were made so that a separate guide could be filled in for each individual interviewed. The schedule was divided into twelve sections covering information about the following: personal data, health status, feelings of economic security, relations with relatives, visits by friends, retention of former possessions, participation in leisure-time activities, feeling of independence and security, present problems, and whether or not all needs were being met by the Home. During an interview with the administrator of the selected home, it was found that the administration does not encourage bringing personal property, such as furniture, to the Home. This section was then omitted from the interviews. The questions asked were primarily of a self-evaluation type. They were focused not only on getting facts, but also on getting the respondents subjective feelings which are considered to be highly important in determining adjustment.

Drake says that personal adjustment is a subjective situation and perhaps the best measure and the easiest method of testing is to have the person himself answer questions which are designed to determine whether he thinks he

is well-adjusted or not.²

Personal interviews. Permission for the interviews was granted by the administrator of the Home. The eleven subjects selected for study were suggested by the administrator and a nurse as being those who would be most able to respond to the interviewer. The individuals selected had resided in the Home for one year or more so that they had had sufficient time to make adjustment. None of them refused an interview; in fact, they seemed pleased to talk with someone.

The interviewer spent from 30 to 45 minutes with each respondent. An effort was made to establish a good relationship (rapport) before introducing the schedule. The interviewer extended greetings and introduced herself to each interviewee. In each case, an explanation was given of the purpose of the interview and each person was assured that his (or her) name would not be used and that all information would remain confidential. No pressure was used to get the person to answer any question which he seemed reluctant to answer. The interviewer was careful to avoid fatigue in each respondent. In addition to recording the answers to the questions (usually by use of a check

²Joseph T. Drake, The Aged in American Society (New York: The Ronald Press Company, 1958), p. 320.

mark), the writer's observations and comments made by the individual which seemed to add insight on attitudes or social relationships were also recorded.

Difficulties encountered in interviewing. A few difficulties were encountered in obtaining information. One subject was so hard of hearing that it was difficult to communicate with her. The interviewer wrote some of the questions on paper and then helped her read them. However, when the resident understood the question she was quite interested and cooperative in making response. Another subject became rather emotional in telling of his wife's illness and how he became so crippled with arthritis that he could no longer care for her before they both entered the Home. Two others were rather "touchy" when the interviewer inquired about their economic situation. The group as a whole was interested and cooperative and would have visited longer, but time was limited and the interviewer thought it unwise to let anyone talk until he became fatigued or emotionally upset.

CHAPTER II

REVIEW OF THE LITERATURE

Until recent decades, the aged were not considered of sufficient importance to merit much study. They were relatively few in number. Traditionally, each family was responsible for its own aged. This was not a serious problem when the majority of our population lived in rural communities.

I. HISTORICAL BACKGROUND FOR THE STUDY

There is now a growing interest in the years of later life. Today our literature abounds with articles and books about growing old. There are several practical reasons for this growing interest in older people. In the first place, the number of the aged in the general population is growing very rapidly. In 1900 there were only a little more than three million persons in this country over sixty-five years of age. The Bureau of the Census, in Statistical Abstracts of the United States, 1962, lists the number of persons over sixty-five as 16,658,000 in 1960.³

³United States Department of Commerce, Bureau of the Census, Statistical Abstracts of the United States, 1962, prepared under the direction of Edwin Goldfield (Washington: Government Printing Office, 1962), p. 6.

Furthermore, the average life expectancy for our white population has risen steadily from 47.3 years in 1900 to 70.5 in 1959. The average life expectancy in 1959 was greater for white females (73.9) than for white males (67.3).⁴

Then, too, there appears to be a decreasing feeling of responsibility for the old folks on the part of their children and other relatives.

At present approximately 9.2 per cent of our population is over sixty-five years of age. The state of Kansas is ahead of the nation in this trend with 11 per cent of the residents having reached the age of sixty-five.⁵ These older people, like any other part of our population, are not merely statistics. They are individuals and our society is beginning to be more interested in them as such.

Along with the increase in years of life come many problems. These include retirement, inadequate income, ill health, limited civic and social activity, too much leisure time, and lack of adequate housing and suitable living arrangements.

⁴Ibid., p. 60.

⁵United States Senate, Special Committee on Aging, New Population Facts on Older Americans, 1960 (Washington: Government Printing Office, 1961), p. 14.

Several cultural changes in recent decades have contributed to the housing problems of our elderly people. The dissolution of the three-generation family into one- or two-generation households, the modern apartment and small-house living accommodations, our compulsory retirement system, a growing proportion of older people, and a longer life-span make it necessary that we give more attention to adequate low-cost housing for the aged in our population.

Housing and living arrangements for the elderly have recently been recognized as one of the major phases of the problem of caring for the aged. In the past our conception of housing for older persons was very limited. Ernest Burgess, a prominent sociologist, says:

At first it was confined almost entirely to the indigent aging who had either no kinfolk or none who would take them into their homes. The almshouse or poor farm provided by the community was the place of last resort and no return. Old people's homes, under private and generally religious auspices, for the deserving aging were later established and carried less social stigma than the public institutions.⁶

Today our conception of housing for the aging has more flexibility, taking in a variety of forms of housing to meet the needs and interests of those in different so-

⁶Ernest W. Burgess, "Aging in Western Culture," Aging in Western Societies, Ernest W. Burgess, (ed.), (Chicago: The University of Chicago Press, 1960), p. 23.

cial and economic classes and in different conditions of health. These housing accommodations include rooming houses, boarding and nursing homes, senior apartment hotels, residence clubs, foster homes, general and mental hospitals, trailer and cottage camps, and homes for the aged operated by private, philanthropic, organizational, or church auspices. Considerable progress has been made during the past decade in providing housing for the aged.

There was more progress in housing for group living--a national increase of 72 per cent as compared with 24 per cent increase in the old-age population. Most of this was in the form of private, non-profit homes for the aged--in which religious groups accounted for approximately two-thirds of the total increase--or of commercial convalescent, rest, or nursing homes.⁷

About five per cent of older people live in congregate living quarters. The White House Conference on Aging made the following comment:

Less than a million elderly people live in group housing--approximately 400,000 in quasi-households such as hotels, residence clubs, large rooming houses, and flop houses; about 500,000 in institutions such as the home for the aged, the nursing home, or the mental hospital.⁸

⁷White House Conference on Aging, 1961, Aging in the States: A Report of Progress, Concerns, Goals, prepared by the National Advisory Committee (Washington: Government Printing Office, 1961), p. 76.

⁸White House Conference on Aging, 1961, Background Paper on Housing, prepared by the National Advisory Committee on Housing (Washington: Government Printing Office, 1961), p. i.

The chief interest of this paper is in Protestant church homes. They are one of the oldest forms of specialized housing for the aged. Many have been long-established and offer a home-like atmosphere; others are strongly institutional in their orientation. There are homes for the aged where residents receive good care and can enjoy companionship with others of their age. A majority of these homes do not accept the ill--they must then go to a nursing home; but more and more homes for the aged, usually supported by religious organizations, are adding infirmaries.

These homes vary in cost and entrance requirements, but they provide comfort and security, good food, sufficient care, recreation, and comradeship. In most instances the residents are free to come and go, have visitors and go visiting, go shopping or to the movies. They may live just about as they would on their own, but in case of accident or illness, there is someone ready to give immediate help.

Many homes restrict admittance to those who belong to the denomination or religion owning the home. These homes are financed by gifts, donations, or assessments on individuals or members of the organization which is responsible for the home, or by the fees which are paid by the occupants or their families.

The next section of this chapter will discuss some previous surveys of adjustment of elderly persons.

II. PREVIOUS RESEARCH

While a great deal of literature of a general nature has been published in the last few decades about the aging process and the aged; studies made of adjustment of old age, either in or outside institutions are comparatively few.

Cavan and Associates report a study made in 1933 by Christine Morgan of 170 men and 211 women aged 70 or over, whose names were drawn consecutively from the files of old persons receiving public assistance in certain communities in the state of New York. Information was secured through the use of a printed schedule and personal interviews. The schedule included questions on health, family and organizational relations, employment, general activities and happiness. In this study the following five factors were found to be associated with good adjustment and happiness: (1) good health, and freedom from physical liabilities; (2) pleasant social and emotional relationships with friends and members of one's family; (3) possession of hobbies and outside interests; (4) the quiet, privacy, and independence of action provided by living in their own homes; and (5) some form of work, or useful work-like activity, as distinguished from the more recreational activity of a hobby.⁹

⁹Ruth Shonle Cavan et al., Personal Adjustment in Old Age (Chicago: Science Research Associates, Inc., 1949), pp. 35-36.

Another study of adjustment reported by Cavan et al. was done by Helen Brunot. An analysis was made of more than 3,000 requests for assistance that came to the Welfare Council of New York City during the period of time from May, 1939 to November, 1941. These requests concerned the problems of the elderly persons and available facilities for health and social services.

A few of the situations that Mrs. Brunot found to be related specifically to the personal and social adjustment of the old are: (1) lack of understanding of the problems of the old on the part of the younger members of the community, including relatives, contributed to their lack of adjustment; (2) the welfare of the old person was often a secondary issue; (3) dependency of the old was accepted by younger persons but resented by the old. Other problems brought out by Brunot included: (1) the emotional disturbance of the old who were no longer able to care for a home; (2) the loss of status and self-respect of the unemployed who wished to continue working; (3) the feeling of being unwanted by sons or daughters and in community activities.¹⁰

A study was made by Judson T. Landis in 1942 to determine how dependent aged people differ from non-dependent

¹⁰Ibid., pp. 37-38.

aged people and what the criteria are which make for happiness in old age. The study was carried out through the use of a schedule. By random sampling 450 people ranging in ages from 65 to 98 were selected and interviewed. Half of the interviewees were recipients of Old Age Assistance, the other half were supporting themselves. In order to get a picture of the more normal old people, the sample was taken from the group still living outside institutions. Sixty-eight per cent were maintaining their own homes and 32 per cent were living with children or someone else. This study revealed: (1) Nondependent aged people are better adjusted than dependent aged people and females are better adjusted than males. (2) Dependents spend more on medical care, have had poor lifetime health, have poorer health now, and developed their first chronic ailment earlier in life than nondependents. Health is one of the most important factors in adjustment. (3) The feeling of having enough to do each day is one of the most important indices of adjustment of elderly persons. (4) People with hobbies are better adjusted in old age. Hobbies increase as people approach old age, but have a slight tendency to decrease after the aged period is reached. There is a shifting of interests to activities requiring less physical vigor. (5) The aged who visit frequently are better adjusted than those who visit less frequently. (6) Dependents do not and never

have attended church as frequently as nondependents. Those who attend church are better adjusted than those who do not go to church.¹¹

Ethel Shanas made an analysis, in 1949, of the personal adjustment of a group of 388 individuals, 65 years of age and over, who were recipients of Old Age Assistance living in Chicago. By using responses given on questionnaires she arrived at the following conclusions: (1) A higher proportion of the best-adjusted than of other groups reported their present living arrangements are the result of choice rather than of necessity; and that they have a greater number of friends. (2) Those in the group with poor adjustment reported their health more often as "poor" and they had more physical problems. (3) The greater the number of leisure activities, the higher the adjustment category as shown by the greater proportion of the better-adjusted reported having hobbies. (4) The proportion of individuals who never read is inversely related to adjustment. (5) Regular church attendance and Bible reading and a feeling of economic security are all related to good adjustment. (6) Individuals who report that life has treated them badly

¹¹Judson T. Landis, "Social-Psychological Factors of Aging," Social Forces, 20:468-470, March, 1942.

have lower adjustment scores than do others.¹²

A group studied by Ruth S. Cavan in 1949 included 105 women in institutional homes but only 11 men. Since the number of men was so small they were omitted. The information came from schedules secured through the mail or by interviews. When compared with women living in their own homes, institutionalized women are: (1) older (median age 77.6); have poorer health and lower economic status; (3) are more detached from family life and have less personal companionship with friends; (4) have more free time but fewer activities, except that they exceed home women in religious activities (62 per cent as compared with 35 per cent read the Bible every day). Attitudes showing adequate adjustment are unfavorable and zest for living is low.¹³

Several of the factors to be discussed in the present writer's study were also found to be associated with personal adjustment in 730 old people in Protestant homes for the aged in the northern part of the United States who were subjects for a study conducted by Ju-Shu Pan in 1951. Pan

¹²Ethel Shanas, The Personal Adjustment of Recipients of Old Age Assistance (Chicago: The University of Chicago, 1949), p. 67.

¹³Ruth S. Cavan, "Family Life and Family Substitutes in Old Age," American Sociological Review, 14:80-82, February, 1949.

lists the following items which were found to be positively associated with personal adjustment:

Good or excellent health, higher health activities score, absence of neurotic symptoms, less than four physical problems, fifty or more friends, visits to friends, once a week or more, absence of health care, activity in one or more organizations ten years before, favorable comparison with siblings, comfortable economic status, no more than one thing given up, higher security score, church attendance more than ten years ago, lack of an unhappy period of life, higher leisure-time activities score, economic status better than ten years ago.¹⁴

Similar findings were reported in a survey of the aged in a Central Illinois Mennonite community conducted by Smucker and Steiner in 1960. The subjects of this research lived outside institutions. Information from a group of 278 persons (100 males and 178 females) ranging in ages from 65 to 94 was obtained from personal interviews with schedules.

In the Smucker and Steiner report over half of the men had done no formal retirement planning and those who did make plans tended to start thinking about this when near retirement age. Furthermore, over 90 per cent of the group considered their health to be at least "fair" or better. The group averaged 1.5 health problems of such sever-

¹⁴Ju-Shu Pan, "Factors in the Personal Adjustment of Old People in Protestant Homes for the Aged," American Sociological Review, 16:379-381, June, 1951.

ity that they hindered them in performing normal activities. It was found that mobility decreases with increasing age and loneliness tends to increase as mobility decreases. Seventy-five per cent had contact with relatives at least once a week, but lack of sufficient friends was encountered by one of every three persons. About half the group claimed they never felt lonely while the other half claimed loneliness at least "sometimes." Financial adequacy was the predominate picture as a whole, but a number were concerned about having sufficient resources in the future.

Smucker and Steiner further note that about half the group felt they were doing all they wanted to in their free time. A trend toward a decrease in church attendance was noted on the part of almost half the respondents especially as a comfort and assurance to the older person.¹⁵

Similar to Smucker and Steiner's study is a survey made by Dick and Penner in 1961 of the needs of the elderly in institutions for the aging. They visited six homes for the aged under the auspices of the Mennonite Church in Central Kansas, and interviewed 15 per cent of the elderly guests in each home which made a total of 36 interviews.

¹⁵Carl F. Smucker and Robert L. Steiner, A Research Study of the Aged in a Central Illinois Mennonite Community, (Newton, Kansas: General Conference Mennonite Church-Board of Christian Service, 1960), pp. 37-39.

The authors of this study found that old people are entering a home mainly because of ill health and their inability to manage alone. Many of the residents felt they had come to a Home to rest; 50 per cent did not care to participate in organized leisure activities. Loneliness was a problem--watching what is going on in the halls was one of the major pastimes of the aging resident. Attendance at religious services was about the same as before coming to the Home. Seventy-five per cent claimed their Christian faith was a comfort and assurance.¹⁶

¹⁶Louise Dick and Katherine Penner, Needs and Aspects of the Aged as Revealed in This Study of Six Homes for the Aged, (Newton, Kansas: General Conference Mennonite Church-Board of Christian Service, 1960), pp. 34-35.

CHAPTER III

THE EXPLORATORY STUDY

The previous chapter summarized the findings of surveys made by other writers. This chapter gives descriptions of the selected Home and of the subjects used in the exploratory study for this paper.

I. DESCRIPTION OF THE HOME

The Home selected for this study was opened in 1949 and is maintained by the Mennonite Church. It is located in Western Kansas in a town with a population of approximately 800. Farming is the predominating industry in the community. The Home has a capacity of 51 when crowded. When this study was made there were 36 guests--4 males and 32 females.

The Home has an office, small reception room, chapel, kitchen, and dining room in addition to single and double rooms for occupants. Several rooms have private bathrooms; other bathrooms are shared by two persons. Most elderly people prefer single rooms. At the time of interviewing, thirty persons were in single rooms and six shared double rooms.

Rooms are furnished by the Home; however, if a res-

ident has a favorite piece of furniture, such as a rocker or chair, he is allowed to bring it with him. Two of the women in this study had brought their sewing machines, one a chair that she liked very much, and another had her refrigerator in her room. The rooms have bright-colored paint on the walls and good, colorful linoleum on the floors. Window air-conditioners in the rooms provide comfort in summer. The rooms are kept neat and clean. There are no radios or television sets in this Home due to a decision made by the residents.

The staff consists of an administrator, one registered nurse, eight practical nurses, and a chaplain. The chaplain comes to the Home after lunch each Tuesday and stays until eight o'clock. He is available as a counselor to any resident who may desire his help. Observations of the writer and comments made by respondents indicated the Home is well-managed.

Residency is not limited to members of the Mennonite Church; several other Protestant denominations are represented among the residents. Applicants are not required to be members of any church or to have Christian attitudes and behavior, but they must follow the rules of the Home which include no smoking and remaining at the table for daily devotions. The administrator returns thanks before meals and the nurses sing a hymn. Religious services are

conducted each Sunday morning and a group of people comes in to sing for the occupants of the Home every Tuesday evening. Residents have a choice in attending the Sunday morning and Tuesday evening services. Each resident has the privilege of having his (or her) minister come to visit as long as other guests are not disturbed.

The residents who need the most care are placed on the upstairs floor. Elevators accommodate wheel-chair occupants. Those who are more able to care for themselves are placed on the ground floor and in the basement.

Each resident makes a monthly payment of approximately one hundred dollars. Part of the expenses of maintaining the Home are taken care of by contributions.

Responsible residents are allowed freedom in going down town, going visiting, or going to church services outside the Home, but they must let the staff know where they are going and return by a designated time. Relatives or friends may take residents for an outing. During the summer they enjoy sitting out on the porch after the evening meal.

Meals are served and eaten in family style which helps to give a home-like atmosphere. Those who are unable to walk are taken to the table in wheel chairs.

II. SELECTION OF SUBJECTS

The sample for this exploratory study was limited

to persons with the following characteristics.

1. "Sixty-five years of age and over" was used as an arbitrary definition of old age.
2. Only mentally competent persons were included.
3. Only persons who had resided in the Home one year or more were interviewed.

III. DESCRIPTION OF THE RESPONDENTS

Older persons in institutions are much like those in the general population in that they differ in their personal adjustments. A brief description of each interviewee will enable the reader to have a better understanding of the subjects in this study. These descriptions are based on the respondents' answers and attitudes during interviews and on observations made by the interviewer.

Ju-Shu Pan used five criteria of general adjustment which were arbitrarily classified as: (1) very good adjustment, (2) good adjustment, (3) fair adjustment, (4) poor adjustment, (5) very poor adjustment. Those classified as having "very good adjustment" had many friends, led an active social life, were mentally alert, and were active in home, religious, and world affairs. Those classified as having "good adjustment" possessed these characteristics to a lesser degree. Persons classified as having "fair ad-

justment" expressed dissatisfaction with their life conditions but demonstrated their ability to accept and resign themselves to these conditions. Those who were emotionally unstable or unsociable were classified as having either "poor" or "very poor" adjustment depending upon the degree to which the subjects possessed these negative factors of adjustment.¹⁷

The first three of these categories--(1) very good adjustment, (2) good adjustment, and (3) fair adjustment--have been adopted for the brief descriptions of the subjects which are given here.

1. Very good adjustment--1 case (9 per cent)
 - a. Eighty-five, female, no physical defects, mentally alert, has many friends, enjoys visiting, reads, weaves rugs and pieces quilts to sell, has a firm religious faith, and is interested in all that is going on in the Home and in world affairs, is well-satisfied with living conditions in the Home, says the staff is "kindness personified."

¹⁷Ju-Shu Pan, A Comparison of Factors in the Personal Adjustment of Old People in the Protestant Church Homes for the Aged and the Old People Living Outside of Institutions (Chicago: University of Chicago, 1951), p. 24.

2. Good adjustment--8 cases (73 per cent)
 - a. Seventy-four, female, has hardening of the arteries and dizziness, cannot lift right foot, but is able to get around slowly in the Home, spends time in reading and in writing letters to son and grandchildren, visits other residents, has a strong Christian faith, thinks each day "passes so fast."
 - b. Eighty-one, female, mother of seven children who visit and write quite often, has crippling arthritis which confines her to a wheel chair, also has defective hearing and impaired sight, able to carry on a conversation, attends religious services in the Home, and says, "There is no better place in which to live."
 - c. Seventy-four, female, mother of five sons and five daughters, some of whom come to see her every week, has gall-stone attacks and a chronic cough, not able to get around much, attends the Sunday morning services and Tuesday night singing, reads the Bible, living in the Home gives her a feeling of security.

- d. Eighty-eight, female, confined to wheel chair with arthritis, reads only with the aid of a reading glass, is a member of the "home department" of a Sunday School and studies her lesson each week, enjoys having callers and going out on the porch in summer evenings, visitors infrequent, never lonely.
- e. Seventy-six, female, mother of two sons and six daughters who do not live near, but visit occasionally and write often, not many close friends, but never lonely, has arthritis, not able to get around much, wants wheel chair --doctor wants her to wait, has deep Christian faith, reads Bible.
- f. Seventy-six, female, fair health with no serious physical defects, has a sister and many friends who visit often, reads, embroiders, does not like to live alone or do things alone, is never lonely in the Home.
- g. Eighty-four, male, confined to wheel chair with crippling arthritis, has frequent visits from son and two daughters, reads the Bible a little while at a time because of failing eyesight, can't use hands much, types

letters to children by "pick system," Christian faith is a comfort and assurance, after thirteen years residence says, "One could get nothing better than this Home."

- h. Seventy-eight, female, mother of four sons and four daughters, unable to get around much because of arthritis, very hard of hearing which is a handicap in visiting with others, frequent visits by relatives living close, yet lonely at times, not many visits by friends, reads newspapers, books, and the Bible, has a very pleasing personality, after four years residence she comments, "I like it here; I like our boss, too; he keeps order; we really have no trouble that way."

3. Fair adjustment--2 cases (18 per cent)

- a. Seventy-five, female, says her health is poor, named no serious physical defect other than crippling arthritis, confined to wheel chair, infrequent visits by relatives and friends, attends religious services occasionally, does little reading, can't remember what she reads, came to the Home to be

near her doctor, but did not plan on staying, enjoys the good meals, doesn't like to get up at 7:00 and wait until 8:00 for breakfast, says, "It's as near like a home as it could be."

- b. Eighty, female, came to the Home eight years ago with a broken hip to be near a doctor, did not plan on staying, claims a niece took things out of her home while she was gone so she had no place to go, walks with a cane, has no relatives outside the Home, has few visitors, seldom visits others, is sometimes lonely, says, "It's not like home, of course, but it's all right."

IV. WHAT THE INTERVIEWS REVEALED

With the data acquired in the interviews, tables were made showing the number and percentage of interviewees making response to questions concerning each factor of personal adjustment in this exploratory study.

Presence of good health. Old age is often characterized by waning physical strength and various physical handicaps. Health problems are one of the chief sources of worry for elderly persons. Many aging people fear their

bodies will fail them and they will become helpless. They fear a heart attack, a stroke, or crippling arthritis will make them an invalid.

The factor of health was found to be an important cause of entering the Home. Table I reveals that nine of

TABLE I
REASONS FOR ENTERING THE HOME

	Number	*Per cent
Inability to get around	9	81
Had no one to take care of me	5	45
Didn't like to live alone	1	9
Had no other place to go	1	9

*Columns add to more than 100 per cent because of multiple responses.

the eleven respondents (81 per cent) were unable to get around well, if at all. Five of them had no one to take care of them so it was necessary for them to have sheltered care of some kind.

It is considered important for good adjustment that the individual entering an institution should be the one to make the decision as to what kind of institution he enters and where.¹⁸ Table II indicates who made the decision among

¹⁸This general topic is discussed by Evelyn Hart in Making the Most of Your Years (New York: Public Affairs Committee, 1958), p. 25.

these respondents. It will be noted that more than 50 per

TABLE II
WHO MADE THE DECISION ABOUT ENTERING THE HOME?

	Number	Per cent
The respondent	6	55
The respondent and relatives	5	45
Relatives or others	0	0
Total	11	100

cent had made a voluntary choice of entering the Home selected for this exploratory study.

Since an individual's adjustment is influenced by his subjective feelings, the interviewees were asked to self-evaluate their health status. Table III presents this

TABLE III
SELF-EVALUATION OF HEALTH STATUS

	Number	Per cent
Good	1	9
Fair	8	73
Poor	2	18
Total	11	100

data. Eighty-two per cent considered their health as "fair" or better while 18 per cent thought of their health as being

"poor." The group averaged 1.4 health problems per person of a severity that hindered them in performing normal activities.

TABLE IV
NUMBER OF HEALTH PROBLEMS

Number of Problems	Number	Per cent
None	2	18
One	5	46
Two	2	18
Three	2	18
Total	11	100

The type of physical problem may also have a bearing upon adjustment of elderly persons. Impaired sight and hearing make it more difficult to read, do handwork and crafts, and to communicate with others. Lack of mobility may confine a person to his bed or chair and tend to make him more lonely. The types of physical problems encountered by this group are listed in Table V. It will be seen by reading this table that almost two-thirds of the group suffered with crippling arthritis. Several were not able to walk while others were unable to use their hands to do writing or sewing as they would liked to have done. The other health problems occurring most often in this group of

TABLE V
TYPE OF PHYSICAL DEFECTS

Defect	Number	*Per cent
Crippling arthritis	7	64
Defective hearing	2	18
Impaired sight	2	18
Hardening of arteries	1	9
Dizziness	1	9
Gallstone attacks	1	9
Walks only with cane (result of broken hip)	1	9

*Columns add to more than 100 per cent because of multiple responses.

persons were defective hearing and impaired sight.

Feeling of economic security. Finances are also a cause of worry for many elderly people, and the presence or absence of worry is a very important factor in their adjustment. It has been found that nondependent aged people are better adjusted than dependent aged persons.¹⁹ The modest but regular cash incomes, as provided by social insurance benefits, by industrial and government pensions, by annuities, and also by old-age assistance have given many of our older citizens a new feeling of independence. From this assistance they make their monthly payments to the Home. However, because of the decreasing dollar value, some of these payments are not large enough to prevent concern as to

¹⁹Landis, Social Forces, 20:468.

their adequacy in the future. Table VI shows that seven persons (64 per cent) of the respondents in this survey felt they had an adequate income for their present needs while the remaining four (36 per cent) stated they had just enough to get along on.

TABLE VI
FEELING OF ECONOMIC SECURITY

Economic Status	Number	Per cent
Able to get along nicely on income	7	64
Just enough to get along on	4	36
Not enough to get along on	0	0
Total	11	100

Only four of the eleven had saved financially for this period of their lives. One had developed an activity that brought in a small amount of money. The sources of income for this group of respondents are given in Table VII.

TABLE VII
SOURCES OF INCOME

Source	Number	*Per cent
Pensions, insurance, savings, etc.	5	46
Social Security	4	36
Old Age Assistance	2	18
County welfare	2	18
No response	1	9

*Columns add to more than 100 per cent because of multiple responses.

Several had more than one source of income.

Favorable relationships with relatives. A good relationship with close relatives is essential to good adjustment of elderly persons in a home for the aged.²⁰ If this relationship is not good, the elderly person might feel that he is not wanted and is being "put away." There seemed to be fairly frequent contact with relatives for the group as a whole. Five of the eleven (46 per cent) reported seeing relatives once a week or oftener. Some of the relatives live at a distance and could not visit as much as they would like to.

TABLE VIII
VISITS BY RELATIVES

Frequency of Visits	Number	Per cent
Daily	1	9
Weekly	4	37
Monthly	2	18
Yearly	1	9
Occasionally	1	9
Seldom	1	9
No relatives outside Home	1	9
Total	11	100

²⁰Pan, A Comparison of Factors in the Personal Adjustment of Old People, p. 13.

The relationship with relatives appeared good as none of the interviewees felt neglected by their kin. Table VIII shows the frequency of visits by relatives as related by the subjects.

Number of friends and visitors. Companionship is one of the most valuable things we can give our older people.²¹ Lack of sufficient friends was a problem encountered by approximately half of the respondents. Forty-six per cent of the total group reported they never felt lonely while 27 per cent claimed loneliness "sometimes" and another 27 per cent admitted they were often lonely.

TABLE IX
FEELING OF LONELINESS

Frequency	Number	Per cent
Never	5	46
Sometimes	3	27
Often	2	18
Most of the time	1	9
Total	11	100

Socially these respondents seemed to lead rather isolated lives, as some of them tended to stay in their rooms

²¹Dick and Penner, op. cit., p. 2.

resting, reading, or doing handwork. However, since meals are served and eaten in family style, the residents of this Home see each other at the table three times each day. In the evenings, when the weather is favorable, they go out on the porch and may stay from 6:00 until 8:00 o'clock.

The aged who visit with others frequently tend to be better adjusted than those who live isolated lives.²² It appears that there is a need for more outside contacts for this group.

Participation in religious activities. Religion may play an important part in the lives of the aging. Those who have a strong Christian faith and attend church services appear to be much better adjusted than those who do not go to church. Smucker and Steiner found that as a

TABLE X
ATTENDANCE AT RELIGIOUS SERVICES

Frequency of Attendance	Number	Per cent
Once a week	4	36
Two times a week	5	46
Whenever able	2	18
Total	11	100

²²Ibid., p. 10.

person becomes older there seems to be a tendency to consider his faith as a source of comfort and assurance rather than as a challenge and inspiration.²³

The residents of the selected Home read their Bibles and most of them attend church services whenever they are able. Services are held in the Home, but residents have a choice in attending. They may also attend services outside the Home if they wish.

Participation in leisure-time activities. Although there may be some impairment of strength and bodily processes, many of the aged can live active lives. The more interesting life is, the less inclination there will be for living in the past. Old age should not be a period of idle sitting with nothing interesting to do. Activities in homes for the ill and aging help residents to feel secure, useful and wanted. Inactivity leads to a more or less vegetative existence and hastens the process of disintegration.

Landis found that the feeling of having enough to do each day is one of the most important factors of adjustment for elderly persons. This was true for both males and females. People with hobbies are better adjusted in old age. Males shift from sports to visiting, reading, and the radio. Women generally follow the same activities in the aging

²³Smucker and Steiner, op. cit., p. 32.

period since their lifetime interests are not dependent upon physical vigor as are those of men.²⁴

If the program of a home is properly planned, there will be group activities, projects to be developed, and the opportunity to be of service to others. All of these experiences tend to build up the individual's sense of being wanted and useful. The Home in which this exploratory study was done had no planned recreation program. Individuals pursue activities on their own initiative. The type of leisure-time activities engaged in by this group are given in the following table.

TABLE XI
FREE-TIME ACTIVITIES

Activity	Number	*Per cent
Reading the Bible	10	90
Reading books and newspapers	3	27
Piecing quilts and weaving rugs	1	9
Embroidering	1	9
Typing letters (pick system)	1	9
Worrying about non-Christian relatives and the threat of Communism	1	9
Just sitting and resting	1	9

*Columns add to more than 100 per cent because of multiple responses.

²⁴Landis, Social Forces, 20:469.

Hobby and recreational activities, usually quite popular among elderly people, were rated rather low by the respondents in this exploratory study. Ninety-one per cent said they wished nothing more in activities. One person (9 per cent) said she would like to sew, but was not able because of crippling arthritis in her hands.

Feelings of security and independence. The resident is happier when given the degree of independence that he is capable of handling.²⁵ Capable residents in this Home are given freedom in going down town or going out with relatives and friends. The Home supplies good food, shelter, laundry, medical and nursing care. The elderly persons, knowing that their basic needs will be provided for, seem to have a deep sense of physical security. Each of them reported that living in the Home gave him a sense of security.

²⁵Jeanne G. Gilbert, Understanding Old Age (New York: The Ronald Press Company, 1952), p. 384.

CHAPTER IV

SUMMARY OF FINDINGS OF THE EXPLORATORY STUDY

The subjects for the exploratory study consisted of 11 persons, 1 male and 10 females, ranging in ages from 74 to 88 years with an average age of 79.2 years.

I. SUMMARY OF FINDINGS

All of the respondents were either widows or widowers at the time of the interviews; however, three of them had a spouse at the time of entry. Each had had a part in the decision about entering the Home. The average length of residence in the Home for the group was 5.6 years.

The chief reason for entering the Home was inability to get around and take care of self. The majority (82 per cent) listed their present health as fair or better. There was an average of 1.4 physical defects per person. The physical trouble occurring most often was crippling arthritis. Next in frequency came defective hearing and impaired sight.

Respondents received their support from several sources; however, the two main ones were; (1) pensions, insurance, savings, and (2) Social Security. Approximately 64 per cent of the persons interviewed were able to get along nicely on their

income, while the remainder had just enough to get along on. One seemed a bit uneasy about her income in the future.

None of the interviewees claimed to feel neglected by relatives. There appeared to be favorable relations and fairly frequent contact with relatives for the group as a whole. Nearly 50 per cent reported seeing a relative once a week or oftener. Others seemed to be understanding for they said that their relatives lived too far from them, were too busy, or not physically able to come oftener. Although the group as a whole did not feel neglected by relatives and had some friends; yet 54 per cent admitted times of loneliness.

All of the respondents maintained that their Christian faith was a comfort and assurance to them. All of them participated in religious services which are held in the Home. Few of them were physically able to attend activities outside the Home.

Four (36 per cent) of the interviewees had made plans for the time of old-age through financial savings and one through the development of creative hobbies; four made no plans and two made no response to the question.

The majority of the residents spent their free time in reading. Due to failing eyesight, one used a reading glass while several others could read only for short periods

of time. Other activities included piecing quilts, weaving rugs, embroidering, typing letters to relatives (by "pick system," learned at the age of 83). One spent much time in worrying about non-Christian relatives and the threat of Communism, while another just sat and rested. Ten of the eleven persons interviewed did not care to be doing anything more than they were doing at the present time. One said she would like to sew, but could not because of crippled hands.

Nine of the eleven claimed to have no problem of consequence other than health problems. In contradiction to many studies made of elderly persons, only one mentioned too much free time as a problem. There seems to be a strong tradition among these people which emphasizes work rather than leisure. The writer of this report is of the opinion that these residents feel that their life's work is done and their greatest desire is to rest.

The majority of the respondents appeared to be well-adjusted and looked upon the Home as a good place in which to live; all stated that living there gave them a feeling of independence and security.

II. PRESENT TRENDS

In summarizing the data of this study the writer

realizes that these findings cannot be regarded as conclusive due to the small number of residents interviewed. However, certain trends appear in the data of the interviews and they may be listed as follows:

1. Older people enter a Home mainly because of ill health and their inability to take care of themselves. Few come to be with people of their own age.

2. A greater proportion of residents are women, the majority of whom are widows.

3. Few American people are making adequate plans for their period of "old-age."

4. Although most authorities suggest hobbies and other leisure-time activities, most of the elderly persons interviewed in this study did not express a desire for activities.

5. Finances could become a problem for some residents, especially if they have doctor and medical expenses.

6. The aging in institutions are lonely and should have more contacts with relatives and non-relatives.

7. The majority of residents in the selected Home are satisfied with their living accommodations and the administration; the general attitude was not one of pessimism or worry.

CHAPTER V

CONCLUSIONS

Each research study involves accumulating and interpreting data. There are indications in this exploratory study and in other studies that much can be done to aid elderly persons in making a good adjustment to life in homes for the aged.

Extensive reading and study have disclosed some generalizations which might be helpful in the thinking of all persons who work to improve the adjustment of elderly persons in homes for the aged. These generalizations which were a basis for the exploratory study are that the better-adjusted elderly people living in a Protestant church home will be: (1) those who have good physical health, (2) those who feel economically secure, (3) those who have a favorable relationship with their relatives, (4) those who have numerous friends and visitors, (5) those who have a firm religious faith and participate in religious activities, (6) those who participate in leisure-time activities, and (7) those who have a feeling of security and independence.

Due to the small sample and the fact that the subjects of this exploratory study were possibly not representative of the residents of all Protestant church homes, the find-

ings should be considered as tentative. They do, however, indicate that in general:

1. The persons having good health adjust better to life in a Protestant church home.

2. Economic security was found to relieve the subjects of one of the chief causes of worry, thus aiding in their adjustment.

3. The majority of the subjects in this study had favorable relationships with children and other relatives which promote good adjustment.

4. Those who had many friends and visitors and visited with others had more contact outside the home which helped to prevent the tendency to withdraw.

5. Those who had a firm religious faith appeared to have a feeling of strength, comfort, and assurance that enabled them to live each day without anxiety.

6. Leisure-time activities rated rather low with this group of subjects, but those with the most activities indicated better adjustment than those with fewer activities.

7. Those who felt that their income was sufficient to meet their needs appeared to feel secure and independent.

Of the two persons with "fair adjustment" one listed her health as "poor," the other as "fair." The first of the

two of these individuals had few friends and visitors, attended church only occasionally and participated in no leisure-time activities other than doing a little reading. The second respondent with fair adjustment also had few friends and visitors, no leisure-time activity other than reading, and her relationships with a niece outside the Home had not been altogether favorable. It appears that the possession of an inadequate degree of (1) health, (2) favorable relations with relatives, (3) number of friends and visitors, (4) participation in religious activities, and (5) participation in leisure-time activities could have interfered with these two individuals making good adjustment to life in a Protestant home for the aged.

On the basis of the interviews, it would appear that good health (including the ability to see and hear well and to move about freely) tends to promote social participation on the part of the elderly person. Data from interviews also suggest that inadequate economic security and poor health are the two main causes of worry. The elderly person seems to adjust better to life in a home for the aged if there has been friendly relationships with relatives so the resident won't have the feeling that he is being "put away." Lack of friends, visitors, and contacts outside the Home lead to loneliness. A firm religious faith appeared to reflect a

feeling of purpose in life. Participation in leisure-time activities also appear to be favorably related to adjustment.

After making the exploratory study, the following recommendations might be made:

1. Individuals should begin preparing for the period of later life early by protecting their health, making many social contacts and cultivating friendships which could last in the aging period, developing a sense of humor and disciplining themselves to be content with their status in life. By learning to accept hardships and disappointments in early life, they could better be able to meet changes later in life situations without great frustration. Saving money and developing creative hobbies that might continue in later life would also tend to aid personal adjustment.

2. Educational facilities could be used for adult education classes which would help to prepare for the later years of life.

3. Churches and other organizations might promote activities for older people that could be carried on after these persons enter an institution for the aged.

4. The Home itself could provide leisure-time activities, permit capable residents to aid with tasks in the Home which would help to give the individual a feeling of

being of use to society, and encourage frequent visits by relatives and friends.

Although society may aid in adjustment to old age, personal adjustment is ultimately an individual responsibility.

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INFORMATION AND INTERVIEW GUIDE

I. PERSONAL CHARACTERISTICS OF RESIDENT

1. Name: _____ Age _____ Sex _____
Room number _____ Lived in Home how long? _____
Married? _____ Spouse living? yes _____ no _____
Divorced? yes _____ no _____ Widowed? yes _____ no _____
Do you have children? _____ Boys _____, Girls _____
Other relatives? _____ Brothers _____, Sisters _____
2. Who made the decision about coming to the Home?
Yourself _____, Relatives _____, Others _____
3. Reason for coming to the Home:
Had no one to care for me _____
Inability to get around _____
Did not want to impose on relatives _____
Wanted to be with people my own age _____

II. HEALTH STATUS

1. How would you rate your health at present?
Very good _____, good _____, fair _____, poor _____
2. Do you have any serious physical defects?
Heart trouble _____ Diabetes _____
Crippling arthritis _____
Defective hearing _____
Impaired sight _____

III. FEELING OF ECONOMIC SECURITY

1. Are you able to get along nicely on your income?
Not able to make ends meet _____
Just enough to get along on _____
More than needed to get along on _____

2. How are your living expenses met?

Pensions, insurance, savings, etc. _____
Social Security _____ relatives _____
O. A. A. _____

3. Do you have any spending money? yes _____, no _____

IV. RELATIONS WITH RELATIVES

1. Do you feel neglected by relatives? yes _____, no _____

2. How often do they come to see you?
never _____ monthly _____
daily _____ yearly _____
weekly _____

3. Do they write to you often? _____

V. FRIENDS

1. Do you have many close friends? _____ About how many? _____

2. How often do you have visitors? _____

3. How often do you visit others? _____

4. Do you ever feel lonely? _____
never _____ often _____
sometimes _____ most of the time _____

VI. RETENTION OF FORMER POSSESSIONS

1. Do you own any of the furniture in your room?
yes _____, no _____

2. Did you bring any pictures or other keepsakes with you? yes _____, no _____

VII. PARTICIPATION IN RELIGIOUS ACTIVITIES

1. How often do you attend religious services?

seldom_____ once a month_____
once a week_____ several times a week_____

2. What does your Christian faith mean to you?

My faith is a comfort and assurance to me_____
My faith has lost much of its meaning for me_____
My faith has no meaning now_____
Unable to say_____

VIII. PARTICIPATION IN LEISURE-TIME ACTIVITIES

1. What do you enjoy doing in your free-time?

Reading newspapers, books, & magazines_____	Sewing or embroidering _____
Reading the Bible_____	Crocheting or knitting _____
Playing games_____	Weaving_____
_____	Crafts_____

2. What would you like to be doing in your free time that you are not doing now?

Nothing more_____	Social activity_____
Recreation_____	Church activity_____
Hobby_____	Visiting_____
Work activity_____	_____

IX. FEELING OF INDEPENDENCE

1. Can you go shopping or go visiting when you wish? _____

2. Do you go out often? yes_____, no_____

3. Do you "sign out" when you go out? yes_____, no_____

4. Do you feel that you have enough privacy? yes_____
no_____

X. Did you make any plans for the time of retirement?
yes_____, no_____

Saving financially_____

Developing hobby or activity_____

XI. PROBLEMS

1. What do you consider as your greatest problem?

No problem _____ Lack of transportation _____
Not enough money _____ Not enough social contacts _____
Loneliness _____
Too much free time _____

XII. Are there ways in which you think the Home could meet your needs more effectively?

All needs are being met _____
Provide more suitable reading material _____
Provide more recreational activities _____
Provide for more social contacts _____
Organize social or discussion groups _____
Provide more opportunities for counsel _____
Provide transportation to church, etc. _____