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Adjustment of the Elderly in Retirement Homes in Eastern South Dakota

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BULLETIN 501
DECEMBER 1961

Adjustment of the Elderly
in Retirement Homes
in Eastern South Dakota

RURAL SOCIOLOGY DEPARTMENT
AGRICULTURAL EXPERIMENT STATION
SOUTH DAKOTA STATE COLLEGE, BROOKINGS

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Adjustment of the Elderly in Retirement Homes in Eastern South Dakota

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STATEMENT OF THE PROBLEM

To say that the problems of aging are universal, touching all men of all cultures at one time or another, appears to be something of a truism. Yet, short of birth and death, scarcely any part of the pattern of living affects all mankind to so great a degree. With added years come decrease in physical vigor, declining health, and increased imminence of death—all conditions to which the aging must adjust.

In American society these problems are particularly acute, largely because of the predominantly urban and industrial character of our culture. A large proportion of aging Americans face mandatory retirement with its attendant reduced income and lower standard of living, coupled with increased periods without meaningful activity to occupy their time. Many of these aging citizens must face isolation through the death or the removal of members of their families, their friends, or their peers.

Moreover, chronological old age with its complex problems is now faced by a larger number of Americans and a proportionately larger

share of Americans than ever before. In 1900, there were in the United States 3,080,498 persons 65 years old and older, 4.1% of the total population.¹ By 1958, the number 65 years of age and over had increased to 14,047,000 persons, or 8.8% of the total population.²

In South Dakota, particularly, growing numbers of older citizens give cause for increasing concern with their problems. While the total population of South Dakota declined by 5.8% between 1930 and 1950, during the same period the number of persons 65 years old and older increased by 49.8%.³ By 1958, 10.1% of the state's total population

¹U. S. Bureau of the Census, *U. S. Census of Population*, vol. II, *Characteristics of the Population*, Part I, United States Summary, Table 39, U. S. Government Printing Office: Washington, D. C., 1950.

²*Current Population Reports, Population Estimates*, Series P-25, No. 214, Table 1, Bureau of the Census: Washington, D. C., March 25, 1960.

³John P. Johansen, *The Influence of Migration Upon South Dakota's Population, 1930-1950*, Rural Sociology Department, Agricultural Experiment Station Bulletin 431, South Dakota State College, Brookings, South Dakota, July 1953.

was 65 years old and older, compared with the national figure of 8.8%.⁴

A consideration of the preceding discussion makes understandable the increasing interest in life in the later years. This increased interest has stimulated research, concerned not only with problems like medical care, housing, and finances, but concerned also with more subtle problems involving the maintenance of the older person as an integrated, well-functioning personality.

More and more communities in South Dakota are giving attention to group living arrangements such as homes for the aged and nursing homes. Living in a home for the aged is, for most people, a radical departure from their usual way of life and, consequently, places a severe strain on their capacities for adjustment.

Because of limitations of time, distance, and money, it was necessary to confine this study to homes for aged in the eastern part of this state. The study seeks to contribute toward an answer to the following question: "What are the relationships between such factors as health, isolation, activities, and economic circumstances, and the personal adjustment of older people who are residing in homes for the aged?"

This study is part of a larger investigation of the problems of aging persons in South Dakota being carried on by the Rural Sociology Department of South Dakota State College. The present study parallels one completed by Denton

E. Morrison in 1958.⁵ It follows the design of Morrison's study as closely as possible in order that, at a future time, comparisons may be drawn between personal adjustment of noninstitutionalized older persons, the study completed by Morrison, and institutionalized older persons in South Dakota, the present study and a thesis prepared by Darlien Klug.⁶

PREVIOUS STUDIES

A study of adjustment among aging persons made by Folsom and Morgan in 1937 brought the following findings:

1. Adjustment was positively related to condition of health.
2. The "happiest" people had on the average, two years more schooling than the "unhappy" group.

⁴Curren Population Reports, *op. cit.*, Table 4.

⁵Denton E. Morrison, "The Relationships of Selected Factors to the Personal Adjustment of a South Dakota Rural Non-Farm Community's Older Population" (unpublished Master's thesis, Rural Sociology Department, South Dakota State College, 1958). For a concise statement of Morrison's approach, see: Denton E. Morrison and G. Albert Kristjanson, *Personal Adjustment Among Older Persons, A Study of Adjustment Problems of Persons 65 and Over in a South Dakota Community*, Agricultural Experiment Station, South Dakota State College, Technical Bulletin 21, South Dakota State College, Brookings, South Dakota, June 1958.

⁶Darlien G. Klug, "The Relationship of Selected Factors to the Personal Adjustment of Residents of Homes for Aged in Eastern South Dakota" (unpublished Master's thesis, Rural Sociology Department, South Dakota State College, Brookings, South Dakota, 1960).

3. The "unhappiest" people were more apt to have large families (over three children) than the others; however, there was no relationship between adjustment and marital status nor between adjustment and frequency with which they see their children.
4. No significant relationship was found between adjustment and religious tendency, nor present church attendance.
5. Only a moderate correlation was observed between employment status and happiness.
6. Number of hobbies and number of interesting activities were found to be positively related to adjustment.⁷
4. Living arrangements with spouse.
5. "Choice" in living arrangement.
6. More than 25 friends and more than 10 intimate friends.
7. Health at least fair.
8. Six or more leisure-time activities.
9. Membership in and attendance at one or more organizations.
10. Church attendance and positive interest in religion.
11. Comfortable financial situation—a feeling of permanent economic security.
12. A self-conception of being middle-aged.
13. Having at least one plan for the immediate future.
14. Belief in an after-life.

In 1949 Cavan and her associates⁸ made a study which showed adjustment to be positively related to marital status, to health, and to degree of social participation in activities. Adjustment was shown to be negatively related to actual age, to lack of religious affiliation, and to past adjustment difficulty. No relationship was found between adjustment and Old Age Assistance as a chief source of income.

Shanas⁹ found, after studying a large sample of persons 65 and over residing in an area in Chicago's South Side, the following favorable to good adjustment:

1. Native-white.
2. Married.
3. High degree of family intimacy.

Albrecht¹⁰, in a study of a sample

⁷Joseph K. Folsom and C. Margaret Morgan, "The Social Adjustment of 381 Recipients of Old Age Assistance," *American Sociological Review*, vol. 2, 223-229, American Sociological Society: Albany, New York, 1937.

⁸Ruth S. Cavan, Ernest W. Burgess, Robert J. Havighurst, and Herbert Goldhamer, *Personal Adjustment in Old Age*, pp. 149-187, Science Research Associates, Inc.: Chicago, Illinois, 1949.

⁹Ethel Shanas, "The Personal Adjustment of Recipients of Old Age Assistance," *Journal of Gerontology*, vol. 5, 249-253, The Gerontological Society, St. Louis, Missouri, 1950.

¹⁰Ruth Albrecht, "The Social Roles of Older People," *Journal of Gerontology*, vol. 6, 138-145, The Gerontological Society: St. Louis, Missouri, 1951.

of persons over 65 in a midwestern community, found good adjustment related to independence of and from the children, close companionship with grandchildren, interest and pride in the great-grandchildren, home responsibilities, frequent contact with kinship group, active participation in at least one social organization, regular church attendance, and active civic interest more than just casting a vote.

Scott¹¹ found that among institutionalized old people in Texas, satisfaction with living arrangements in nursing homes was significant to good adjustment. He found that the physical conditions of the nursing homes made no difference.

Ju-Shu Pan¹² found that in the northern part of the United States older persons living in their own homes had better adjustment than those living in Protestant religious homes for the aged.

Taietz¹³, in a study of institutionalized aged, found these items related to good adjustment in old people's homes:

1. Length of residence in the home: between three and five years.
2. Ten or more friends, both inside and outside the home.
3. Reason for present living arrangement: choice rather than necessity.
4. No feelings of having been discriminated against.
5. Economic security: about the same or better than at age 55;

no decline in social position.

A study by Mason¹⁴ of St. Louis residents showed that an aged institutionalized group viewed its self-worth in a more negative fashion than an aged independent group, and this group, in turn, viewed its self-worth in a more negative fashion than a group of young adults.

In Morrison's study of a sample of persons 65 and over residing in a South Dakota rural nonfarm community, factors positively related to adjustment were self-evaluation of health, marital status, economic circumstances, and self-conception of age. No relationship was found between adjustment and employment status, involvement in activities, chronological age, or social isolation as measured by frequency of visiting with friends,

¹¹Frances G. Scott, "Factors in the Personal Adjustment of Institutionalized and Non-Institutionalized Aged," *American Sociological Review*, vol. 20, 538-546, American Sociological Society: Albany, New York, 1955.

¹²Ju-Shu Pan, "Factors in the Personal Adjustment of Old People in Protestant Homes for the Aged," *American Sociological Review*, vol. 16, 379-381, American Sociological Society: Albany, New York, 1951.

¹³Philip Taietz, *Administrative Practices and Personal Adjustment in Homes for the Aged*, Cornell University Agricultural Experiment Station, Bulletin 899, New York State College of Agriculture: Ithaca, New York, July 1953.

¹⁴Evelyn P. Mason, "Some Correlates of Self-Judgements of the Aging," *Journal of Gerontology*, vol. 9, 324-327, The Gerontological Society: St. Louis, Missouri, 1954.

children, and relatives other than children.

THE SAMPLE AND TECHNIQUE

Data were secured by personal interviews with a random sample of persons who were residing in homes for the aged, which in turn represented a random sample of the homes for aged in eastern South Dakota. Persons in the sample were 60 years of age or older. One hundred ninety-two usable schedules were taken.

Licensed homes for the aged used in the study, their location, and the number of usable schedules obtained from each are listed in the Appendix.

In the present investigation, personal adjustment is conceived of as success in dealing with changing life problems. Adjustment is measured by an eight-question index of morale. Morale is taken to mean a continuum of responses to life and living problems which reflect the presence or absence of satisfaction, optimism, and expanding life perspectives.

The eight-question index follows:

1. In general, how satisfied would you say you are with your way of life today?
2. As you get older would you say things seem to be better or worse than you thought they would be?
3. How much do you plan ahead the things that you will be doing next week or the week after? Would you say you make many

plans, a few plans, or almost none?

4. All in all, how much unhappiness would you say you find in life today?
5. How often do you find yourself regretting the way things turned out for you?
6. How much do you regret the chances you missed during your life to make the most out of life?
7. How often do you feel there's just no point in living?
8. I would like to know whether you agree or disagree with the statement: "Things just keep getting worse and worse for me as I get older."

It is assumed in this study that a measurement of the attitudes which contribute to morale will also measure, to a considerable degree, the life adjustment of the individual. The method for measuring attitudes used in this study is the index of morale, which is employed to construct an attitude scale. An attitude scale indicates whether a person is higher or lower, more favorable or less favorable than other persons in regard to a single attribute. In this situation the attribute is morale.

It was thought that a relationship might exist between attitudes of home managers toward aging and the aged and the adjustment of residents of the homes. In order to measure manager attitude, the error-choice technique¹⁵ was used.

¹⁵Kenneth R. Hammond, "Measuring Attitudes by Error-Choice: An Indirect

(Footnote continued on p. 8)

This is an indirect technique which forces the manager to choose one of two incorrect statements, his choice being made to fit his own frame of reference. The attempt is thus made to determine the effect of his attitudes by measuring the constancy of the direction of the error into which he has been forced. If the majority of choices is in the positive direction, the manager is judged to have favorable attitudes toward old persons; if the majority of choices is in the negative direction, the manager is judged to have negative attitudes toward old persons.

THE FINDINGS

Health and Adjustment

A health index of five questions was used to evaluate the health of each old person. Each positive evaluation of health was given one point. As an example, one question asked was: "Do you think your health is better or worse or about the same as other people your age?" One point was given for an answer of "better" or "the same." No points were given for an answer of "worse."

Self-evaluation of health, as measured by the health index and dichotomized into "good" and "poor" health categories, is found not to be significantly related to adjustment (see Table 1).

The question may be raised as to the validity of self-evaluation of health. It is logical to assume that

(Continued from p. 7)

Method," *Journal of Abnormal and Social Psychology*, vol. 43, 38-48, American Psychological Association, Inc.: Albany, New York, 1948.

Table 1. Adjustment According to Health Index Rating

Health index rating	Personal adjustment	
	High %	Low %
Good	56	47
Poor	44	53
	100	100
Number of cases.....(88)		(104)
$\chi^2=1.40$ NS*		d.f.=1

*NS=Not significant.

when an individual's health is threatened, as it may be in old age, there will be a significant rise in the individual's consciousness of his general condition. It may be argued that older people tend to ignore warning signs and symptoms of illness or degeneration, since they do not expect good health in old age—that older people tend to be unrealistic, to turn away from their health problems by ignoring or failing to recognize them.

On the other hand, older people may develop hypochondriacal tendencies as their range of activities and interests begins to narrow. Perhaps the mere fact of institutionalization tends to influence adversely their view of the condition of their health. Or perhaps some are simply ignorant of their physical condition. All of these considerations may leave gaps between the respondent's subjective evaluation of his health and more objective health evaluations which medical practitioners might provide. Certainly, self-evaluation techniques for measuring health condition should not be thought of as superceding in value other more objective and pre-

cise methods. However, Kutner and associates concluded that "older people cannot be said to be ignorant of their health conditions."¹⁶

Marital Status and Adjustment

Characteristics of the present sample made it impossible to compare adjustment of married and widowed persons, since 83% of the persons interviewed were either widowed or single.

It was thought that there might be differences in adjustment between those persons who have remained single and those who have been widowed. However, the findings indicate no significant difference (see Table 2). Neither does

length of widowhood appear to have any influence (see Table 3). Both of these conclusions deny what might appear to be logical. Perhaps with advancing age there is a certain adjustment toward both widowhood and being single which tends to erase any differences which might be expected to be operative.

Economic Circumstances and Adjustment

Public opinion appears to support the idea that a goodly proportion of the problems of older persons can be related in one way or another to reduced economic circumstances. This feeling is reflected in increasing governmental attempts to provide financial assistance for persons over 65 years of age. Indeed, the hypothesis that economic security is related to personal adjustment in old age is supported by the research findings of Jean and Joseph Britton, Ju-Shu Pan, Kutner, Shanas, and Morrison.¹⁷

The task of gathering reliable income data in any study is difficult and this is particularly true when older persons are being interviewed. In this study residents in homes for aged appeared not to be acutely aware of either their economic circumstances in general or the sources of their income. Managers of the

Table 2. Adjustment According to Marital Status

Marital status	Personal adjustment	
	High %	Low %
Widowed	75	71
Single	25	29
	100	100
Number of cases	(75)	(85)
$\chi^2 = .33$ NS* d.f. = 1		

*NS—Not significant.

Table 3. Adjustment According to Length of Widowhood

Length of widowhood	Personal adjustment	
	High %	Low %
5 years or less	14	25
6-10 years	23	25
Over 10 years	63	50
	100	100
Number of cases	(56)	(60)
$\chi^2 = 2.51$ NS d.f. = 2		

¹⁶Bernard Kutner, David Fanshel, Alice M. Togo, and Thomas S. Langner, *Five Hundred Over Sixty*, Russel Sage Foundation: New York, 1956, p. 146.

¹⁷See "Previous Studies" of this article.

homes, who were questioned as to amount of income of the old people, knew only the amounts of money paid to them by, or for, each older person. As a consequence, information as to level of income was highly unreliable and does not lend itself to comparison.

However, information as to source of income was readily available through home managers. It was thought that individuals who were dependent on children, friends, or Old Age Assistance (O. A. A.) for support might be considered in more adverse economic circumstances than persons who derived their income from Social Security (Old Age and Survivors Insurance, O.A.S.I.), savings, investments, and/or rents.

The respondents were therefore divided into independent and dependent categories on the basis of sources of income. Included in the independent group were those whose major sources of income were Social Security payments, savings, investments, and/or rents; included in the dependent group were those whose major sources of income were Old Age Assistance and/or assistance from family or friends. Being financially dependent on either family or public assistance appears to have no bearing on adjustment of the older persons living in homes for aged (see Table 4).

Another indication of the economic circumstances of those interviewed was derived by obtaining evaluations of their present standards of living and economic circumstances as compared with their evaluations of standards of

Table 4. Adjustment According to Source of Income*

Source of income	Personal adjustment	
	High %	Low %
Independent	39	41
Dependent	61	59
	100	100
Number of cases	(88)	(104)
$x^2 = .015$ NS d.f. = 1		

*Independent indicates income from O.A.S.I., savings, investments, rents. Dependent indicates support from O.A.A. and/or from family or friends.

living and economic circumstances enjoyed throughout their lives. Two questions were asked: "Do you find that you have enough spending money for the various things which you may wish to purchase, such as clothing, gifts for friends, etc.?" "Would you say that your standard of living is better today, that is, are you better off now, or worse off than during most of your lifetime?" One point was given for a "yes" answer to the first question; one point was given for answer of "same" in the second question, and two points for an answer of "better."

A disproportionately large share of the old people who felt they had a high standard of living is in the high adjustment group, while a disproportionately large share of respondents who felt they had a low standard of living is in the low adjustment group (see Table 5). The findings are significant at the 1% level and are in the expected direction.

The people interviewed appeared relatively unconcerned about

finances. Perhaps this lack of awareness is partly a function of advanced chronological age. The average age of respondents in this study was 79 years. Has one learned by that time to accept a dependent role, or are people of this age by and large simply unaware of many of the details of living? Perhaps a pertinent suggestion might be that the fact of institutionalization is operative here. The everyday physical needs are taken care of, and less and less concern is felt as to the source of this security.

Interestingly enough, a standard of living index indicating the extent to which old people felt their incomes were adequate in relation to their average lifetime standard of living showed a significant relationship to adjustment. This suggests that adequacy of income is in large measure dependent on what the individual considers to be his economic needs. The general hypothesis that the individual's evaluation of the adequacy of his income is more significant than the actual amount or source of the income bears further research consideration.

Table 5. Adjustment According to Standard of Living

Standard of living index rating	Personal adjustment	
	High %	Low %
High	67	45
Low	33	55
	100	100
Number of cases	(88)	(104)
$x^2 = 9.20$ $P < .01$ $d.f. = 1$		

Activities and Adjustment

To measure the degree of involvement in activities, each respondent was given one point for each activity in which he was participating. Included in the list of activities were such things as working in the garden or yard, writing letters, attending clubs or lodges, other meetings, helping in church work, going shopping, reading, and playing cards and other table games.

Involvement in activities is found to be significantly related to adjustment of the older persons. The findings are statistically significant at the 1% level (see Table 6).

Table 6. Adjustment According to Total Activities Index Rating

Total activities ratings	Personal adjustment	
	High %	Low %
High	66	38
Low	34	62
	100	100
Number of cases	(88)	(104)
$x^2 = 15.40$ $P < .01$ $d.f. = 1$		

One limitation of the present findings on activities and adjustment should be acknowledged. The present activities index measures involvement in activities only in terms of the number of activities in which the old person is involved and fails to take account of the intensity of the involvement. Nor does it give consideration to the meaning of these activities to the individual. Both intensity of involvement in activities and the meaning of those activities to the

individual would appear to be parts of the problem which might be explored in the interest of further insight into the elderly person's activity status.

Isolation and Adjustment

Certain factors inherent in the process of growing old carry potential for increased isolation. For nearly every old person, infirmity and death are claiming more and more of his peers. In addition, many friends move away. Close friends are not easily acquired, and with the years it becomes increasingly difficult to form new friendships comparable with those enjoyed over a considerable number of years. Widowhood tends further to encourage isolation, since the survivor is usually less able to continue social contacts without the spouse. Added factors that tend to isolate the older person are chronic illness, unemployment, retirement, and, more and more frequently, residence in a home for aged. All of these create situations in which the range of potential relationships is reduced as the individual is cut off from contact with work associates, with old friends and neighbors, and with relatives.

From the above discussion it would be easy to assume that reduced social contacts may often result in loneliness, in loss of morale, and in accompanying poorer adjustment. However, the research evidence on this point is controversial.

Social isolation in the present study was measured by an index of isolation made up of three ques-

tions: "Would you say that most of the people who have been your close friends are living, only some of them, or almost none?" "Do you think that older people have more difficulty in making friends than younger folks, or is it easier for older folks to make friends?" and "Do you ever find yourself wishing you could meet new friends?" Social isolation showed no significant relationship to adjustment (see Table 7).

Table 7. Adjustment According to Isolation Index Rating

Isolation index rating	Personal adjustment	
	High %	Low %
More isolated	36	41
Less isolated	64	59
	100	100
Number of cases	(88)	(104)
$\chi^2 = .50$ NS	d.f. = 1	

A further picture of the relationship between social isolation and adjustment is provided by consideration of adjustment and visiting frequencies of children and relatives. There was found to be no relationship between visiting frequencies of children and relatives and adjustment (see Tables 8 and 9).

Although it might be expected that frequent social relationships with children, relatives, and friends would be conducive to good adjustment, the evidence of this study does not support this position. We can only speculate as to the factors operative here. Kutner et al. makes this suggestion:

Involved perhaps is friction between generations or about

suggestions to the older person for maintaining the youthfulness and health which are highly prized among this group. Or, perhaps, the contrast between the two generations may emphasize for the older person that which he would deny—his own aging.¹⁸

In a society such as ours where emphasis is on youth and change—on what is “new”—where the

word “old” has a negative connotation, the elderly may well find themselves at an overwhelming disadvantage in contact with those who are younger and more vigorous, with those who have greater psychological and economic resources for keeping up with the pace of change. In other words, what we have termed “isolation” may for many older persons be a defensive measure. Not to be neglected, also, is the possibility that some older individuals may prefer the state of isolation. Perhaps some are living out cultural traditions and values.

Table 8. Adjustment According to Visiting Frequency of Children

Visiting frequency of children	Personal adjustment	
	High %	Low %
Visits once a week or more	23	21
Visits less than once a week	45	42
Respondent with no children	32	37
	100	100
Number of cases.....(88)	(88)	(104)
$\chi^2 = .47$ NS d.f. = 2		

Table 9. Adjustment According to Visiting Frequency of Relatives*

Visiting frequency of relatives	Personal adjustment	
	High %	Low %
Visits once a week or more	8	7
Visits less than once a week	27	37
Respondent with no relatives	65	56
	100	100
Number of cases.....(88)	(88)	(104)
$\chi^2 = 2.26$ NS d.f. = 2		

*Includes only relatives other than children.

Age, Age-Concepts, and Adjustment

The findings of this study show no consistent tendencies for persons of advanced age to exhibit low adjustment (see Tables 10 and 11); however, the age-conceptions of older people seem to be definitely related to adjustment.

To obtain an indication of the respondents' self-conception of their age, the following question was asked: “I'd like to know how you think of yourself as far as age goes: Do you think of yourself as middle aged, elderly, old or what?”

The results are in the expected direction: a disproportionately large share of respondents who conceived of themselves as middle-aged or younger is in the high adjustment category, while a disproportionately large share of respondents who conceived of them-

¹⁸Kutner, *et al.*, *op. cit.*, p. 122.

Table 10. Adjustment According to Chronological Age

Chronological age	Personal adjustment	
	High %	Low %
60 to 64.....	6	6
65 to 69.....	7	10
70 to 74.....	13	11
75 to 79.....	27	18
80 to 84.....	28	32
85 and over.....	19	23
	100	100
Number of cases.....(88) (104)		
$x^2=2.90$ NS d.f.=5		

Table 11. Adjustment According to Extremes of Chronological Age

Chronological age	Personal adjustment	
	High %	Low %
60 to 69.....	39	41
85 and over.....	61	59
	100	100
Number of cases.....(28) (41)		
$x^2=.033$ NS d.f.=1		

selves as old or elderly is in the low adjustment category. However, the findings are not significant at the 5% level (see Table 12).

The present analysis also employed an "age-conception" index to provide a measure, not only of the extent to which individuals consider themselves as old, but also a broader measure of this phenomenon as indicated by the extent to which individuals consider themselves beset by the common stereotyped accompaniments of old age. The index was derived by awarding one point each to individuals giving answers

which would indicate a "younger" age-conception to five items such as: "Do you think people treat you differently because of your age?" "Would you say that you are more or less active than most people your age?" etc.

The results are significant and in the expected direction. A disproportionately large share of persons with younger-age conceptions is in the high adjustment category, while a disproportionately large share of persons with older-age conceptions is in the low adjustment category (see Table 13).

Table 12. Adjustment According to Self-Conception of Age*

Self-conception of age	Personal adjustment	
	High %	Low %
Middle-aged or younger.....	29	20
Old or elderly.....	71	80
	100	100
Number of cases.....(75) (96)		
$x^2=2.00$ P<.15 d.f.=1		

*The total number of cases here is 161. Thirty-one respondents did not give answers to the question which could be categorized.

Table 13. Adjustment According to Age Conception Index Rating

Age conception index rating	Personal adjustment	
	High %	Low %
Older age conception	47	66
Younger age conception.....	53	34
	100	100
Number of cases.....(88) (104)		
$x^2=7.60$ P<.01 d.f.=1		

The findings in the present investigation tend to support the findings of Havighurst and Albrecht as well as those of Morrison that adjustment and chronological age are not related. However, when age is viewed in terms of how individuals conceive of themselves regardless of actual years, the research evidence points to a different conclusion. Self-conceptions of being old are related to a poorer adjustment, and the present findings support the previous research on this point.

As mentioned earlier, the average age of respondents was 79 years, 52% being 80 years old or older. This makes the above findings particularly interesting. It will be noted in Table 12 that when respondents were asked a direct question regarding their self-concept of age, the relationship was not as marked as when these respondents made replies to a series of less direct questions covering a broad range of *apropos* indications of attitudes (see Table 13). Could it be that when persons enter a home for aged they expect, and are expected, to be "old"? When they are asked the direct question as to age conception, they tend to say they are old, which is the answer expected of them. On the other hand, when attitudes are "tapped" in a less direct way, perhaps we get a better picture of respondents' real attitudes.

The relationship between adjustment and self-conception of age would appear to rest on logical grounds as well. In modern

American culture the accent is on youth—on the glories and advantages of being "young." It follows that conception of the self as "old" will be related to poor adjustment. Because our society values youth over age, the individual who identifies as old, to a degree, at least, accepts a negative cultural evaluation of himself. The research findings in the present study support this contention. Perhaps more refined measures of age-conception might provide a simple and accurate method of predicting adjustment in old age.

Manager Attitude and Adjustment

Investigators generally have not included attitudes of home managers among the variables used in studies of adjustment. However, it seemed logical that such a relationship might be operative. Most persons are sensitive and responsive to the opinions and attitudes of those around them, particularly those who are in a superordinate position.

Manager attitude was measured by use of error-choice items explained earlier. One point was awarded for each desired response to 14 questions such as:

1. (a) All old people are "fussy" about their food. (b) All old people are satisfied to eat whatever is put before them.
2. Old people are (a) never satisfied with anything that is done for them, (b) always satisfied with whatever is done for them.

3. (a) The public never shows understanding of the problems of home managers. (b) The public always shows understanding of the problems of home managers. The findings are not significant and do not show a close relationship between personal adjustment and attitudes of home managers toward aging and the aged (see Table 14).

Table 14. Adjustment According to Manager Attitude*

Manager attitude	Personal adjustment	
	High %	Low %
More favorable	49	39
Less favorable	51	61
	100	100
Number of cases.....	(87)	(103)
$\chi^2=2.15$ NS	d.f.=1	

*The total number of cases here is 190. One home manager would not consent to be interviewed; two respondents were resident in that home.

The attitude test used in this study is admittedly a somewhat less than exact instrument. It must be given more testing before it can be considered a precise measurement of managers' attitudes. It must be regarded as only a beginning in this direction.

LIMITATIONS

The study presents only a limited picture of the relationship of selected factors to personal adjustment among residents of homes for aged. In the first place, the limited number of respondents precluded control of the independent variables. Secondly, it is possible that morale is a relatively tem-

porary and changing quality and perhaps might be better measured on a longitudinal basis. Thirdly, measures of health, economic circumstances, age conception, isolation, activities, etc., are inferred from respondents' self-evaluations, which may be highly subjective. This may be particularly true in the present study where average age is high and where the mere fact of institutionalization may, at least temporarily, distort subjective evaluations.

SUMMARY AND CONCLUSIONS

Areas found to be related to adjustment include economic circumstances as measured by a standard-of-living index, activities, and self-conception of age. Areas found to be unrelated to adjustment include self-conception of health, marital status (whether single or widowed and length of widowhood), source of income, social isolation (visiting frequency of children and relatives other than children), chronological age, and manager attitude.

Certain avenues for further inquiry suggest themselves. For example, are different factors operative in adjustment of residents of homes for aged sponsored by fraternal orders than are operative in independently managed homes which are operated on a commercial basis? Are there additional or differential factors related to adjustment in homes which are operated by church groups? Among these latter homes, are there differences depending on which denomination sponsors the home? Does size of home—that is, number of guests—

have any considerable influence on adjustment? Is physical condition of the home an influential factor? Does past adjustment in life affect adjustment in old age, and how can past adjustment be measured? Does length of residence in the home have an effect on adjustment?

Tools for measuring adjustment need to be improved, refined, and strengthened. Personal adjustment would appear to depend on a multiplicity of factors rather than on any one critical factor. In the last analysis, aged people are not homogeneous any more than are people at any other age level.

Note: Copies of the interview schedule used in this study are available from the Rural Sociology Department, South Dakota State College, Brookings, South Dakota. A more detailed report of the study may be borrowed from the Lincoln Memorial Library, South Dakota State College.

APPENDIX

HOME	6-15 Residents	USABLE SCHEDULES
1. Astoria Rest Home, Astoria		4
2. Lenz Home for the Aged, Chester.....		5
3. Sunset Home, Dempster.....		2
4. Faith Home, Mitchell		4
5. Hartl Rest Home, Mitchell		4
6. Van Schaick Ladies Rest Well Home, Mitchell		2
7. Grey Home, Peever		2
8. Messler Board and Room Home, Vermillion		3
9. Burgdorf Nursing Home, Watertown.....		1
10. Sunset Home, Watertown.....		3
11. Svendsen Nursing Home, Watertown		2
12. East Side Rest Home, Webster.....		1
16-25 Residents		
13. Bedwell Rest Home, Arlington		7
14. Rest Haven Nursing Home, Canova		1
15. Kingsbury County Home, De Smet		4
16. Union County Room and Board Home, Elk Point.....		6
17. Good Samaritan Home, Groton		3
18. Lakeview Nursing Home, Madison		4
19. Ebenezer Nursing Home, Sioux Falls.....		2
20. Good Samaritan Home, Tyndall.....		7
26-50 Residents		
21. Good Samaritan Home, Aberdeen		7
22. Odd Fellows and Orphans Home, Dell Rapids.....		18
23. Fairview Nursing Home, Flandreau.....		9
24. Storla Sunset Home, Letcher.....		9
25. Tieszen Home, Inc., Marion		5
26. Good Samaritan Home, Parkston		5
27. Strand-Kjorsvig Community Rest Home, Roslyn		9
28. Lee Nursing Home, Sioux Falls		7
29. Lutheran Old Peoples Home, Sioux Falls.....		10
30. Southmoor Nursing Home, Sioux Falls.....		5
31. Dakota Nursing Home, Vermillion.....		11
Over 50 Residents		
32. Bethesda Nursing Home, Webster.....		11
33. Bethesda Home for Aged, Beresford		19