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CORRELATES OF LIFE SATISFACTION
IN AN AGED POPULATION
A Thesis
Presented to the
Department of Psychology
and the
Faculty of the Graduate College
University of Nebraska at Omaha

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
University of Nebraska at Omaha

by
Janice Sue Sitzman

May 1985

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THESIS ACCEPTANCE

Accepted for the faculty of the Graduate College, University of
Nebraska, in partial fulfillment of the requirements for the degree
Master of Arts, University of Nebraska at Omaha.

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Chairman

Date

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ABSTRACT

This study investigated life satisfaction correlates of elderly persons living in two residential centers. Based on the theoretical and empirical literature, it was hypothesized that all elderly subjects tested would report high levels of life satisfaction. In addition, it was hypothesized that factors such as health perception, developmental task resolution, locus of control, and satisfaction with one's social network would be related to life satisfaction.

Subjects were recruited from two residential centers for the elderly. The measures were administered to 42 subjects. There were 34 female subjects and 8 male subjects. The elderly subjects were interviewed individually at their place of residence. Life satisfaction was measured by the Life Satisfaction Index (Adams, 1969). The other correlates were measured by well-known instruments. Subjects were allowed several response options including "undecided."

The results should be viewed tentatively. Due to the low reliability of two of the measures, the correlations noted may not reflect the true relationships. Elderly people, in general, do express satisfaction with their lives. The successful completion of developmental tasks proved to be correlated with life satisfaction. In addition, satisfaction with the time the elderly people spent with their family and friends was related to life satisfaction. Neither marital status nor the existence of a confidant were found to be related to satisfaction in this population.

In addition, locus of control was not a good predictor of life satisfaction in this study.

The results were viewed as supporting the importance of examining a variety of variables when considering the complexity of the issue. Research was suggested to extend the knowledge of life satisfaction and to explore age differences reported on standardized measures.

Chapter I

THE PROBLEM

Introduction

The study of life satisfaction in the elderly has fascinated researchers for over thirty years. Many factors have been found to be related to satisfaction but have been reported with varying results. Life satisfaction has been found to be much more complex an issue than originally believed. Initially, life satisfaction was thought to be due to the level of activity. Two main theories have emerged: Activity theory (Havighurst & Albrecht, 1953) and Disengagement theory (Cuming & Henry, 1961). Research by Maddox and Eisdorfer (1962) showed a positive relationship between high morale and high activity as well as high morale and low activity level.

Although the early research tended to support Activity theory, later research also supported Disengagement theory. It soon became apparent that neither theory could adequately explain all the reported findings. This lack of an adequate theory resulted in a search for other variables which could help determine factors which most contribute to Life Satisfaction in the elderly.

Each study seemed to propose new variables which were found to be related to life satisfaction. The relationship with one's friends and family was found to be important (Edwards & Klemmack, 1973; Medley, 1976). Place of residence and the amount of personal freedom was taken into account. Results showed that less environmental freedom decreased satisfaction (Wolk & Telleen, 1976). Marital status and sex

were found to be important correlates in some studies (e.g., George & Maddox, 1977), showing higher life satisfaction reported by married people and women.

It has become apparent after years of research that an elderly person's level of activity does not necessarily determine satisfaction with life. If people have tended to be active throughout their lives and lose this ability because of failing physical or mental health, it obviously may lead to decreased happiness and adjustment. However, if people have tended to be inactive throughout their lives, loss of physical ability would not necessarily be expected to decrease their happiness to such an extent.

Research examining lifelong patterns of activity rather than activity at one point in time has been rare. It is believed that this must be addressed. To ignore lifelong patterns of activity is to significantly decrease the available data which could shed light on the relationship between activity and life satisfaction.

It must also be remembered that instruments used successfully with younger subjects may not yield the same results with the elderly. Research has shown that elderly people use different learning strategies than younger people possibly due to the emphasis placed on rote memory work when they were in school. This has been shown to hinder their ability to make assumptions which many of today's youngsters make automatically. This has led to difficulty with understanding and relating to today's instruments. In addition, they may be more prone to the effects of physical and mental fatigue and boredom.

Research in this area should be continued with these factors in mind. Although life satisfaction may not ever be entirely explained, it seems that the questions raised by the previous research results are sufficient to fuel the fires necessary for the continuation of research for many years to come.

Purpose

The purpose of this investigation was to determine the life satisfaction correlates of elderly residents from two residential centers. The residences differed in respect to the degree of residential constraint. One residence featured independence of environmental constraint with provision for meals, cleaning, and activities. The other residence, a nursing home, featured more constraint with residents depending on the staff for basic care. The study focused on life satisfaction and related factors such as developmental task resolution, activity type, place of residence, satisfaction with one's social network, perceived health status, residential constraint, locus of control, and demographic factors such as age, sex, and marital status.

Initially, a study of the differences in life satisfaction patterns between the residents of these two facilities was proposed. The questionnaires were completed by 33 residents of the residential center. However, due to the poor health of the subjects at the nursing home, the administration of the questionnaires required an inordinate amount of time. Subsequently, the questionnaires were completed on only 9 subjects at the nursing home. Since a comparison

between such small groups would be meaningless, it was decided to pool the subjects and to search for the factors which showed the greatest potential for the prediction of life satisfaction.

This particular study used standardized measures to evaluate most of the factors. The researcher constructed a questionnaire to specifically address certain factors for which there were no standardized measures. In addition, the locus of control measure which was used had not previously been tested on an elderly population.

Hypotheses

Hypothesis One

All elderly subjects will report high life satisfaction regardless of the type of activities in which they have participated.

Hypothesis Two

Those residents who have successfully completed or believe they will successfully complete the developmental tasks will have higher life satisfaction than those who have not completed the tasks or who do not believe they can complete these tasks.

Hypothesis Three

Those residents who are married will report higher life satisfaction than those who are widowed, divorced, or single.

Hypothesis Four

Those residents who are satisfied with their social network will report higher life satisfaction than those who are dissatisfied.

Hypothesis Five

Those residents who report having a confidant will report higher life satisfaction than those who do not report having one.

Hypothesis Six

Those residents who perceive internal locus of control will show higher life satisfaction than those who perceive external control.

Definition

Although Life Satisfaction has been defined various ways in the literature (e.g., morale, happiness, emotional bondedness), this study will determine the social and emotional adjustment to old age as an index of satisfaction.

Chapter II

REVIEW OF RELATED LITERATURE

Life satisfaction in later life has been extensively studied. The factors found to be related to life satisfaction are many, but researchers are still not able to predict life satisfaction from these factors or to obtain consistent findings on many of the correlates. Therefore, research in this area must continue in order to examine these inconsistencies and enable predictions to be made.

Early research focused mainly on life satisfaction and its relationship to activity level. Two main theories were proposed to explain the relationship; Activity theory (Havighurst & Albrecht, 1953) and Disengagement theory (Cumming & Henry, 1961). Activity theory implies that high morale could be obtained by elderly persons who maintained a high level of activity, both social and otherwise. It is assumed that the elderly person has the same psychological and social needs as the middle-aged person. Therefore, if high activity was not present, the elderly person would suffer a decline in life satisfaction. In response to Activity theory, Disengagement theory proposes to be a more accurate account of the relationship between activity and life satisfaction. Disengagement theory proposes a mutual withdrawal of the elderly person and society, and implies that this withdrawal allows the individual to maintain a high level of satisfaction. This withdrawal may be related to the elderly person's awareness of finitude (an estimate of the time remaining before death). Sill (1980) observed that a withdrawal from activity would

have less negative effects among persons higher in awareness of finitude than among those less aware of finitude. Therefore, disengagement may reflect psychological preparation for death. Subsequent research has focused on trying to determine which of the theories was correct. Maddox and Eisdorfer (1962) observed a positive relationship between high activity and high morale for the majority of their subjects (Activity theory). However, subjects also reported high activity and low morale, as well as others reporting low activity and high morale (Disengagement theory). Palmore (1968) reported longitudinal data which found no decreases in activities overall in men and only slight decreases in women, with progressing age. Furthermore, decreases in activity were associated with decreases in life satisfaction.

The type of activity became an important issue. Activities could be formal such as voting and voluntary association participation or informal such as contact with family and friends. Activity could be isolated or group-oriented. Formal participation in voluntary associations was associated with increased life satisfaction (Pihlblad & McNamara, 1965; Palmore, 1968). However, Cutler (1973) later found that by controlling socioeconomic status, the original relationship between voluntary association membership and increased life satisfaction frequently was shown to be spurious. It has been shown in studies repeatedly that members of higher socioeconomic status frequently exhibit better health, higher levels of activity, and greater life satisfaction (Cutler, 1976, 1977).

When examining informal activity or activity involving one's family and friends, it is necessary to study the elderly person's social network. Initial research in this area relied on counting the number of persons with whom interaction took place without regard to the frequency of interactions (Rosow, 1967; Shanas, 1968). This practice was criticized (e.g., Lowenthal & Robinson, 1976) and the frequency of interaction was taken into account. However, even when the frequency of interaction was combined with number of persons with whom interaction takes place, it was found that it played a relatively unimportant role in the satisfaction of older people. The most important factors seem to be the quality of the relationship and perceived discrepancy of the elderly person with respect to the actual relationship and the desired relationship (Conner, Powers, & Bultena, 1979).

Satisfaction with one's family life was found to have the greatest single impact on satisfaction with life (Medley, 1976). However, Edwards and Klemmack (1973) showed that informal participation with nonkinsmen was one of the best predictors of life satisfaction. Simons (1984) observed the importance of a diversity in social networks. Children of the elderly could fulfill assistance and security needs but did not fulfill needs for intimacy. These needs were more likely to be filled by the spouse, a confidant, or friend. This is believed to be the case due to the cohort differences between parents and children. Therefore, it has been shown that the perceived quality and diversity of the relationships is very important and that

relationships may be with family members or nonfamily members and still be fulfilling.

The smallest relationship involves only two people and is called a dyad. The dyadic relationship in later life has often been ignored. Most elderly men live within a marital dyad and even when widowed tend only to find intimacy again through marriage. This may be due to lack of intimacy in male dyads throughout all stages of life (Lowenthal & Robinson, 1976). Whatever the reason, higher levels of well-being have often been associated with being married (Edwards & Klemmack, 1973; George & Maddox, 1977).

Finally, activity has been divided into those which are basically done alone (isolate) and those done with other people (group). Activities found to be most popular with retirees have been activities which were basically isolate in nature, such as visiting friends, watching television, and reading. But, as might be expected, activities that were basically social or physical in nature had the most positive influence on life satisfaction (Peppers, 1976). The question of consistency throughout life regarding activity choices was also explored. The isolate activities were also the most popular before retirement. Patterns of activity were also found to be consistent over time in a longitudinal study (Maddox, 1963). This consistency was observed in 79% of the subjects. However, no relationship was found between happiness and passive activities, such as watching television and reading, but a direct relationship between social activity and happiness was found (Graney, 1975).

As is readily observed, the inconsistencies in the research abound and most researchers have given up trying to prove that either Activity theory or Disengagement theory can sufficiently account for all the observed facts. There seems to be an overall tendency for those individuals who are most active to have greater satisfaction, but too many qualifications to this generalization questions its acceptability. Although, it is assumed that the controversy will continue, it is now believed that the relationship between activity and life satisfaction is too complex for either theory to explain, and that both theories may explain some aspects of life satisfaction.

An area of study which is gaining in life satisfaction research is the amount of residential constraint experienced by the elderly person. This factor seems to affect activity level as well as life satisfaction. Restraint in institutional settings involves actual physical restraint, social constraint due to rigid rules and regulations, and pharmacological constraint such as the effects of drugs (Maxwell, Bader, & Watson, 1972). Residential size also is a factor in that residents of a smaller community had greater interaction with neighbors and higher activity involvement than residents in larger settings (Lawton, Nahemow, & Taeff, 1975). Therefore, larger settings seem to inhibit interaction. Wolk and Telleen (1976) studied two settings which differed in the amount of residential constraint. In one setting, rules were rigid and the basic residents' needs were all met by the staff. The residents did have separate rooms, but their privacy was not assumed to be of great importance to the staff. In the other setting, residents purchased

their own homes. They were responsible for meeting their own needs and were assumed to be independent. As might be expected, life satisfaction was greater in the less constraining atmosphere. Not to be overlooked is the assumption that those in less constraining environments possessed greater health and were able to be more active. As has been shown, being active usually has positive influences on life satisfaction, although being inactive does not always mean the opposite (Lowenthal & Boler, 1965). Carp (1978) showed that residents who were exposed to an atmosphere where increased opportunities for activity existed became more active. Also, the residents' relationships with their families improved and improvements both in mental and physical health resulted.

Another interesting aspect of constraint, the age composition of the community, was studied to determine whether elderly people would exhibit greater life satisfaction in communities mainly composed of people their own age or people of diverse ages. It was found that the relationship between total interaction and life satisfaction was not significant. However, opportunity for interaction with people one's own age was related to life satisfaction (Conner & Powers, 1975; McClelland, 1982). Goebel (1982) showed that although negative attitudes have been expressed regarding the elderly by people of all ages, the elderly, when given the opportunity to choose, showed preferences for middle-aged and older persons. Therefore, it appears that a preference for interaction with people closer to one's age plays a role in life satisfaction.

Locus of control refers to the degree to which people perceive that the results of their efforts and consequent reinforcement are dependent upon their own abilities and efforts (internal) or are dependent on fate or chance (external). This area is closely related to residential constraint. Research has shown that belief in one's internal locus of control is correlated with positive self-concept (Reid et al., 1977) and developmental task accomplishment (Wolk, 1976; Parkes, 1984). Those elderly who perceive low sense of control report lower self-concept and satisfaction. In addition, high internal locus of control has been shown to be a moderator of stress (Lefcourt, Martin, & Saleh, 1984; Sandler & Lakey, 1982) and may increase the ability to cope with the demands of aging.

One of the single most significant predictors of life satisfaction is perceived health status. The practice of gathering this type of subjective data has been supported by longitudinal data. Maddox and Douglass (1973) compared subjective health ratings of the elderly with physician's ratings of health and found a relationship over time between the two factors. One of the most significant findings is that the subjective evaluations of the elderly person are better predictors of future health ratings of the physician rather than the converse. Edwards and Klemmack (1973) and Snow (1982) found perceived health status to be an important predictor of life satisfaction. Certainly if one feels well, one is more likely to be active, both socially and physically, and increased activity increases the roles one plays and the opportunities for satisfaction in

those roles. All these factors cluster and increase overall life satisfaction.

Recent investigations have associated life satisfaction with the resolution of developmental tasks in later life. Havighurst (1972) contends that developmental task resolution must continue in the elderly if they are to lead satisfying lives. Developmental tasks can be biological, social, or psychological in nature, but the tasks must be challenging to the elderly person. Some of these tasks include adapting to the loss of a spouse, overcoming loneliness, and living with reduced income. Havighurst found that those elderly people who successfully resolved these tasks reported higher life satisfaction. Developmental task resolution was also found to predict life satisfaction in settings of both high and low residential constraint (Wolk & Telleen, 1973). In addition, the inability to cope with major life crises has been related to the development of illness (McRae, 1984; Sander, 1982).

Lastly, the inclusion of demographic variables has become a tradition in the life satisfaction literature. Concerning age, the younger subjects tend to have higher activity levels and better health (Bell, 1975; Cutler, 1976). Women usually have higher levels of activity compared to men (Cutler, 1977). Additionally, being married has often been associated with higher levels of well-being (Edwards & Klemmack, 1973; George & Maddox, 1977). However, Snow (1982) found no relationship between life satisfaction and age or marital status.

To summarize, life satisfaction has not been entirely explained in the literature. Although many factors have been related to satisfaction, inconsistencies regarding their importance continue. It is necessary to remain committed to this quest, not only for the elderly of today but for all of us for we all will grow old.

Chapter III

METHOD

Subjects

Subjects were chosen from two residential settings that varied in the degree of residential constraint. These particular residences were chosen due to the similarity of the environmental surroundings, i.e., they were both located in residential areas as opposed to central city locations or residences adjacent to hospitals. They were also similar in respect to the in-house activities offered to the residents and the outside activities offered such as trips to movies or restaurants. Finally, the monthly out-of-pocket living expenses were approximately the same (\$500 to \$1,500). The activity director and/or social worker at these residences compiled lists for the researcher of possible residents who would be physically and mentally able, as well as willing, to participate in the study. Participation was voluntary and interview times were scheduled at the subject's convenience. There were 42 subjects between the ages of 68 and 94 with a mean age of 82.2. Median age was 83 years. There were 33 subjects from the residential center and 9 from the nursing home setting. The majority of the subjects were female (81%) and were widowed (64.3%). Catholicism was given as the religion for 66.7% of the subjects. Length of stay at their place of residence ranged from 5 to 99 months with a mean stay of 66.6 months.

Instruments

Life Satisfaction

The Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961) as modified by Adams (1969) was used to determine social and emotional adjustment to old age. This 18-item questionnaire has been extensively used and Wolk and Kurtz (1975) reported an alpha coefficient of .842. Adams (1969) reported an alpha coefficient of .90. Examples of items are "This is the dreariest time of my life" and "As I grow older, things seem better than I thought they would." The scale previously used was expanded to a 5-point Likert scale ("strongly disagree" to "strongly agree"). Items 1, 2, 4, 6, 8, 9, 11, 12, 13, 14, 17, and 18 were scored in a positive direction, while items 3, 5, 7, 10, 15, and 16 were scored in a negative direction. The range of possible scores was from 18 to 90. The alpha coefficient for the items scored for the residents in this study was .77.

Developmental Task Resolution

The Developmental Task Accomplishment Index (Wolk & Telleen, 1976) based on Havighurst's (1972) application of developmental tasks to the elderly was used to measure adjustment and accomplishment of the elderly to these tasks. The 14-item Index includes both attitudinal and behavioral facets of tasks, and the subjects respond by using a 5-point Likert scale ("not at all true of myself" to "completely true of myself"). This Index is similar to one used by Wolk and Kurtz (1975) who reported an internal consistency coefficient of .61. Items 5 and 6 were scored in a negative direction with all other items scored in a positive direction. The range of possible

scores was from 14 to 70. The alpha coefficient for the items scored for the residents in this study was .59.

Activity Questionnaire

A 10-item index was constructed to assess several aspects of activity and related factors. It was developed due to a lack of a standardized measure to examine these factors. The Index was of a heterogeneous nature and the items were not designed to measure a single construct. Determination of perceived health, satisfaction with contact with family and friends, and lifelong leisure time patterns are examples of these factors. Residents answered each item using a 5-point Likert scale ("strongly disagree" or "strongly agree"). Items 6 and 9 were scored in a negative direction with all other items scored in a positive direction. The range of possible scores was from 10 to 50. The alpha coefficient for the items scored for the residents in this study was .55.

Residential Constraint

An index of environmental constraint (Wolk, 1977) was used to assess the degree of perceived independence. Examples of items are "Living here makes one dependent upon others" and "Residents have free access to facilities and grounds." There were 6 items and a 5-point Likert scale was used for measurement ("not at all true" to "completely true"). All items were scored in a positive direction with a range of 6-30. The alpha coefficient for the items scored for the residents in this study was .22.

Locus of Control

Loca, a 40-item locus of control scale (Nowicki & Duke, 1974) was used to assess perceived dependence/independence of external/internal control. Split-half reliability, ranging from .74 to .86, and test-retest reliability of .83 has been reported (Nowicki & Duke, 1974). Examples of items are "Do you believe that wishing can make good things happen?" and "Are most people your age stronger than you are?" Subjects responded to these items by marking either "true" or "false" based on their beliefs. True scores were coded as "1" and false scores were coded as "2". The range of possible scores was from 40 to 80. The alpha coefficient for the items scored for the residents in this study was .75.

Procedures

The residents were initially contacted by the researcher and the purpose of the study explained to them. The consent form was read aloud and anonymity was assured. The residents were able to look at the questionnaires in order to determine if they would have difficulty reading the print. Those residents who would require extensive help in the recording of their responses were asked what dates and times were most convenient for them to be interviewed. For example, there were some residents who had suffered cerebrovascular accidents who were unable to physically manipulate a pencil and piece of paper. There were others whose eyesight was so poor as to prevent them from being able to read the test materials. For these residents, the

materials were read aloud and the responses were recorded by the researcher.

For residents who were able to complete the test materials alone, the materials were left with them at their place of residence, and they were allowed to complete the information in private. When the researcher came to collect the materials, any questions they had regarding the test materials or the study were answered.

For those residents who needed help with the completion of the test materials, the researcher kept a file folder with all the materials in it. Each time the researcher scheduled time with the resident, she would begin at the point where she had previously stopped the interview. When all assessments were completed, they were attached to a sheet with the demographic information previously collected.

All residents were assured that their responses would not be held against them in any way. They were assured that the administration of their facility did not have access to their responses. They were told that other residents were participating in the study and that they could discontinue participation at any time without fear of reprisal. Additionally, they were asked if they would be interested in reading an abstract about the study and its results. They were all shown appreciation for their time and cooperation.

Research Design

The Life Satisfaction Index (Adams, 1969) was used to measure the criterion measure, life satisfaction. The Developmental Task

Questionnaire was used to test the relationship between satisfaction with life and the accomplishment of age-appropriate developmental tasks. An Activity Questionnaire measured type of activity, perception of health, and satisfaction with one's social network. The locus of control measure was used to examine the relationship between satisfaction and possessing internal/external control. The residential constraint measure was used to test the perception of freedom found in one's surroundings.

Frequencies, means, and standard deviations were obtained for these measures. Correlational analyses were used to test the relationship between life satisfaction and the other response variables. Multiple regression analysis was used to examine intercorrelations among developmental task resolution, activity, perceived health, age, and satisfaction with one's social network.

Chapter IV

RESULTS

Data from the Life Satisfaction measure, activity questionnaire, locus of control measure, constraint questionnaire, and the demographic measures were used in testing the hypotheses. The descriptive statistics and simple correlations will be presented for each hypothesis. Secondly, the multiple correlations will be presented. The results reported for the Residential Constraint Measure and the Developmental Accomplishment Task Index must be viewed tentatively. The relationships noted could be influenced by the low reliability of these two measures for the subjects in this study.

Descriptive Statistics and Simple Correlations

Hypothesis One stated that all elderly subjects would report life satisfaction regardless of the type of activity in which they had participated. The data from the Life Satisfaction Index supported this hypothesis. Since this was an 18-item Index scored with a 5-point Likert scale, a low score was considered to be below 36 (18×2) and an average score was considered to be 54 (18×3). Scores over 55 were considered to be high. The mean score for all elderly subjects was 60.73 with a range from 41 to 83 and a standard deviation of 8.85. The relationship between activity type and life satisfaction was low. The correlates for those residents choosing passive activities (as indicated by question #6 of the Activity Index)

was .218 ($p < .16$), and for those choosing more active endeavors (as indicated by question #7 of the Activity Index) was .125 ($p < .42$).

Hypothesis Two predicted that life satisfaction would be related to the successful completion of developmental tasks. Due to the low internal consistency of this measure ($\alpha = .59$), the results should be reviewed with caution. The correlation between life satisfaction and the accomplishment of developmental tasks was .384 ($p < .01$). The mean score for all subjects was 50.26, with a range of 33 to 65 and a standard deviation of 7.13.

The third hypothesis predicted that married elderly residents would score higher than unmarried residents on the life satisfaction measure. Only five subjects in this study were married (11.9%), whereas the majority of the subjects were currently unmarried (88.1%). Of those who were unmarried, 66.7% were widowed or divorced. The correlation between life satisfaction and marital status was low ($r = .107$, $p < .50$). It does appear that the elderly who have had to adjust to living alone have satisfactorily made the necessary changes.

The fourth hypothesis predicted that satisfaction with one's social support network would be related to life satisfaction. The second and fourth questions of the activity instrument pertained to satisfaction with the amount of time the elderly spent with their families and friends. The correlations between life satisfaction and these questions were .423 ($p < .005$) and .372 ($p < .015$), respectively.

The fifth hypothesis predicted that those people who reported having a confidant would possess higher life satisfaction than those without someone in whom to confide. However, having a confidant did

not show any predictive ability regarding life satisfaction ($r = .092$, $p < .56$). The majority of the elderly residents reported having a confidant (85.7%).

Hypothesis Six predicted that high internal control would be a good predictor of life satisfaction. This hypothesis was not supported by the results of this study. The mean score for the subjects was 60.19 with a range of 51 to 74 and a standard deviation of 5.3. The correlation was low ($r = .102$, $p < .51$).

Multiple Correlations

A stepwise multiple correlation was performed with life satisfaction as the criterion measure and developmental task resolution, activity type, age, perceived health, residence, and satisfaction with one's social network as predictors. The amount of time spent with friends and the resolution of developmental tasks contributed significantly to the equation. None of the other variables contributed significantly beyond the effect of these two. The multiple correlation was .52, accounting for 26.55% of the variance of life satisfaction. Time spent with friends accounted for nearly 18% of the variance, with a little over 8.5% accounted for by developmental task resolution.

Chapter V

DISCUSSION AND CONCLUSIONS

Discussion of Tests and Procedures

The concept of life satisfaction in elderly people has been examined frequently with an attempt to determine which factors lead to satisfaction with life. To believe that elderly people could be satisfied with their lives required quite a change in thinking for many researchers. This study continues to show that elderly people do find their lives rewarding and do anticipate future happy events occurring in their lives. They generally have "seen it all" and their positive reflections, often in the face of adversity, are quite encouraging. Even if elderly people do become physically unable to perform certain activities which they have enjoyed in younger life, they usually are resilient enough to try a new activity in its place.

The residents in this study who predominantly engaged in solitary or passive activities reported slightly higher life satisfaction than those who predominantly engaged in group or active endeavors. The case for Disengagement theory can be made for these people. It certainly is possible to withdraw and still remain satisfied with one's life. It is also interesting to think that these people who have withdrawn, perhaps because of physical or mental difficulties with group activities, no longer face the constant reminders of their infirmities when they no longer are involved in activities with more able people.

The successful completion of the age-appropriate developmental tasks has often been associated with higher life satisfaction. The developmental tasks laid out for the elderly people are not easy, and there is no control over some of them (e.g., death of a spouse). Certainly if elderly people do not accept these changes and do not continue life in spite of them, it would not be expected that they would be highly satisfied with their lives. Constantly looking back toward the way things were or might have been is not the key to life satisfaction for the elderly. Comparison between present and past strengths and assets does not serve a useful purpose. The elderly must accept and learn to live with their present limitations. In addition, preservation of a positive self-concept and involvement with others serves to aid in these adjustment.

The residents who were married did not report higher satisfaction than those who were single, divorced, or widowed. Although being married is generally an asset throughout one's life, this may not necessarily be the case for the elderly, especially the elderly woman. Elderly married women generally have more chores to do than do single women and may need to physically aid their spouse during ambulation. These factors can cause physical strain as well as mental worry which may contribute to these findings.

Perception of one's health was not significantly correlated with life satisfaction for the subjects in this study. However, satisfaction with the amount of time spent with family and friends was related. This was somewhat of a surprise in view of the previous research (Lowenthal & Robinson, 1976) which had found the perceived

quality of the relationship to be more important than the amount of time spent with family and friends.

The majority of the residents reported having a confidant. Although the relationship between having a confidant and life satisfaction was low, this could be due to the fact that nearly everyone reported having one, and this was not a good test of the hypothesis.

Although previous researchers have found environmental constraint to be important (Wolk, 1977), this was not the case in this study. The residents at the more constraining center did not seem to perceive that their freedom was in any way decreased. They seemed happy to be able to do whatever they could and did not seem to mind the constant intrusion by the staff into their lives. The people at this residence live in the least constraining part of the residence. They do have access to the more restrictive areas where the residents tend to be bedridden. Possibly, due to these living conditions, they are comparing themselves to the bedridden patients as opposed to elderly people who live in their own apartments. It certainly is interesting to note and perhaps more research should be done with this in mind.

The measure of internal/external locus of control did not relate to life satisfaction for these elderly subjects. The problem may lie with the fact that the measure used was not constructed with the aged in mind. It was constructed with school-aged children as the target population. Many of the subjects reported difficulty responding to the questions. It seemed that they had a hard time relating to the type of questions. They expressed concern about the relevance of the

questions and could often think of multiple ways to respond. Overall, this questionnaire gave the elderly subjects quite a hard time, and this may be reflected in the results.

Conclusions

The results of this study are seen as supporting several of the previously reported relationships with life satisfaction. Consistently, throughout the literature, elderly people report feeling satisfied with their lives. In this study, Disengagement theory was supported more than Activity theory, showing once again, that this mutual withdrawal from society of the elderly person can be a positive and satisfying endeavor. The act of disengaging may also be due to psychological preparation for death.

Satisfaction with the amount of time spent with family and friends contributed to the prediction of life satisfaction. The diversity of relationships was deemed to be important. There are different types of needs to be fulfilled (security, assistance, intimacy), and one person cannot fulfill them all. The reporting of a confidant did not increase life satisfaction possibly because the majority of the subjects reported having someone in whom they can confide.

As demographers can attest, the elderly population is changing rapidly. The elderly people who were involved in the early research of the 1960s may, in fact, be significantly different from the elderly subjects of today. As we know, early subjects tended to have less formal education than do present retirees and the effect of this upon

research is unknown. Potentially, these differences may provide startling revelations in the field of gerontology, as many widely held viewpoints may have to be discarded. Research must continue so that the effects of these changes can be examined. It would not seem surprising that future results will differ drastically from the early results.

Limitations

The major limitation of this study involves the low internal reliability of the Developmental Task Accomplishment Index ($\alpha = .59$) and the Residential Constraint Measure ($\alpha = .22$). The alpha reported for the Activity Index was .55. However, due to the heterogeneity of this measure, high internal consistency was not expected. The results reported for the Developmental Task Accomplishment Index and the Residential Constraint Measure must be viewed with caution. The correlations noted may not reflect the true relationships. There were many factors in this study which would tend to decrease the reliability measurements for this population. The actual administration of the measures took up to 3 months time for approximately half of the subjects. There were no controls as to significant life events during this time which could have affected the results. The person who completed the questionnaires at the end of this time period cannot be assumed to be the same person who started work on the measures. In addition, for those subjects who could not respond independently (either due to visual or physical disabilities), each item was read aloud. These procedural difficulties certainly

could have adversely affected the reliability of the measurements for this population. It must also be considered that for some of the subjects, the level of mental awareness has deteriorated to such an extent as to preclude any meaningfulness from their participation. Any time measurements are being administered to debilitated subjects, one must always consider these possibilities.

Another important limitation of this study is the relatively small number of subjects. Due to the extraordinary amount of time it took to collect the data, it simply was not feasible to have a larger subject pool. It is not possible to state exactly how this affected these results.

All measures were self-reported and this always raises questions regarding the accuracy of responses. Elderly people do seek approval for their actions and this may have played a role in the responses. Additionally, physical and mental fatigue, as well as boredom, may have contributed to the responses.

Subjects were not randomly assigned to groups. Participation was voluntary. This raises questions regarding the generality of the results. People who volunteer may be different from people who do not volunteer. However, it is not possible in a study of this type to have randomly assigned groups.

The largest measurement limitation involved the use of Loca (Nowicki & Duke, 1974). It does not appear to be a suitable instrument for use with elderly people due to its lack of relevance. Perhaps some other measure of independence should be used in future studies which does not appear to be age-biased.

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Appendix A
Consent Form

Consent Form

You are being asked to participate in a study of life satisfaction. We hope to determine the correlates of life satisfaction in people over age 65. Your participation in this study was solicited because you are in the age group needed.

As a participant in this study, you will respond to varying statements about life. Insofar as we can determine, there are no risks involved in this study. The experience of participation should be interesting and the results are important if we are to gain further insight into the area of life satisfaction. If you would like a copy of the results of this study, please indicate your interest to the person who is collecting the data.

Your identity will remain anonymous. The information obtained will be included in a thesis about life satisfaction. Your signature on this form will give us permission to use these data.

Your decision whether or not to participate will not prejudice your future relations with the staff at your residence or the University of Nebraska at Omaha. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions, please feel free to ask them now or call me later at this number--Jan Sitzman at 558-8404.

You are making a decision whether to participate. Your signature indicates that you have decided to participate having read the information provided above.

Date

Signature

Appendix B
Instruments

LOCA

This is a questionnaire to find out how you feel about certain situations and events. Answer each question Yes or No, by blackening in the appropriate space under number 1; if you feel the answer is no, blacken in the space under number 2. Since this is a measure of personal belief, there obviously are no right or wrong answers.

1. Do you believe that most problems will solve themselves if you just don't fool with them?
2. Do you believe that you can stop yourself from catching a cold?
3. Are some people just born lucky?
4. Most of the time do you feel that getting good grades meant a great deal to you?
5. Are you often blamed for things that just aren't your fault?
6. Do you believe that if somebody studies hard enough he or she can pass any subject?
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?
9. Do you feel that most of the time parents listen to what their children have to say?
10. Do you believe that wishing can make good things happen?
11. When you get punished does it usually seem its for no good reason at all?
12. Most of the time do you find it hard to change a friend's (mind) opinion?
13. Do you think that cheering more than luck helps a team to win?
14. Did you feel that it was nearly impossible to change your parents' mind about anything?
15. Do you believe that parents should allow children to make most of their own decisions?
16. Do you feel that when you do something wrong there's very little you can do to make it right?

17. Do you believe that most people are just born good at sports?
18. Are most of the other people your age stronger than you are?
19. Do you feel that one of the best ways to handle most problems is just not to think about them?
20. Do you feel that you have a lot of choice in deciding who your friends are?
21. If you find a four-leaf clover, do you believe that it might bring you good luck?
22. Did you often feel that whether or not you did your homework had much to do with what kind of grades you got?
23. Do you feel that when a person your age is angry at you, there's little you can do to stop him or her?
24. Have you ever had a good luck charm?
25. Do you believe that whether or not people like you depends on how you act?
26. Did your parents usually help you if you asked them to?
27. Have you felt that when people were angry with you it was usually for no reason at all?
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?
29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?
30. Do you think that people can get their own way if they just keep trying?
31. Most of the time do you find it useless to try to get your own way at home?
32. Do you feel that when good things happen they happen because of hard work?
33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?
34. Do you feel that it's easy to get friends to do what you want them to do?
35. Do you usually feel that you have little to say about what you get to eat at home?

36. Do you feel that when someone doesn't like you there's little you can do about it?
37. Did you usually feel that it was almost useless to try in school because most other children were just plain smarter than you are?
38. Are you the kind of person who believes that planning ahead makes things turn out better?
39. Most of the time, do you feel that you have little to say about what your family decides to do?
40. Do you think it's better to be smart than to be lucky?

Please respond to the following statements according to the scale provided. Make an "X" to mark your answer in the appropriate space.

	Not At All True	Usually Not True	Occasionally True	Usually True	Completely True
1. The rules here keep one from doing the things one wants to do.	_____	_____	_____	_____	_____
2. Living here makes one dependent on others.	_____	_____	_____	_____	_____
3. Residents are asked for their advice when changes are planned and carried out by administrators.	_____	_____	_____	_____	_____
4. Residents have free access to facilities and grounds.	_____	_____	_____	_____	_____
5. The staff here responds to residents' requests.	_____	_____	_____	_____	_____
6. If a resident has a problem, he can solve it by taking the initiative.	_____	_____	_____	_____	_____

Here are some statements about life in general that people feel differently about. Please respond to the following statements according to the scale provided. Make an "X" to designate your answer in the appropriate space.

PLEASE BE SURE TO ANSWER EVERY QUESTION ON THE LIST.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. As I grow older, things seem better than I thought they would be.	_____	_____	_____	_____	_____
2. I have gotten more of the breaks in life than most of the people I know.	_____	_____	_____	_____	_____
3. This is the dreariest time of my life.	_____	_____	_____	_____	_____
4. I am just as happy as when I was younger.	_____	_____	_____	_____	_____
5. My life could be happier than it is now.	_____	_____	_____	_____	_____
6. These are the best years of my life.	_____	_____	_____	_____	_____
7. Most of the things I do are boring or monotonous.	_____	_____	_____	_____	_____
8. I expect some interesting and pleasant things to happen to me in the future.	_____	_____	_____	_____	_____
9. The things I do are as interesting to me as they ever were.	_____	_____	_____	_____	_____
10. I feel old and somewhat tired.	_____	_____	_____	_____	_____

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
11. As I look back on my life, I am fairly well satisfied.	_____	_____	_____	_____	_____
12. I would not change my past life even if I could.	_____	_____	_____	_____	_____
13. Compared to other people my age, I make a good appearance.	_____	_____	_____	_____	_____
14. I have made plans for things I'll be doing a month or a year from now.	_____	_____	_____	_____	_____
15. When I think back over my life, I didn't get most of the important things I wanted.	_____	_____	_____	_____	_____
16. Compared to other people, I get down in the dumps too often.	_____	_____	_____	_____	_____
17. I've gotten pretty much what I expected to get out of life.	_____	_____	_____	_____	_____
18. In spite of what people say, the lot of the average man is getting worse, not better.	_____	_____	_____	_____	_____

Please respond to the following statements according to the scale provided. Make an "X" to designate your answer in the appropriate space.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. My health is good for a person my age.	_____	_____	_____	_____	_____
2. I am satisfied with the amount of time I spend with my family.	_____	_____	_____	_____	_____
3. My health prevents me from being as active as I would like.	_____	_____	_____	_____	_____
4. I am satisfied with the amount of time I spend with my friends.	_____	_____	_____	_____	_____
5. There is at least one person I know in whom I can confide.	_____	_____	_____	_____	_____
6. I spend most of my leisure time participating in activities such as reading, writing letters, and watching television.	_____	_____	_____	_____	_____
7. I spend most of my leisure time participating in group activities such as attending classes, playing games, or in conversation.	_____	_____	_____	_____	_____
8. The time I spend with my family is meaningful to me.	_____	_____	_____	_____	_____
9. Prior to retirement, I spent the majority of my leisure time engaged in activities such as watching television or reading.	_____	_____	_____	_____	_____

10. Prior to retirement, I spent the majority of my leisure time engaged in group activities such as attending meetings, playing games, or visiting with others.

Strongly
Disagree

Disagree

Undecided

Agree

Strongly
Agree

Please respond to the following statements according to the scale provided. Make an "X" to mark your answer in the appropriate space.

	Not At All True of Myself	Usually Not True of Myself	Occasionally True of Myself	Usually True of Myself	Completely True of Myself
1. My residence does not suit my present basic needs.	_____	_____	_____	_____	_____
2. I find plenty of opportunity to do nice things for others.	_____	_____	_____	_____	_____
3. I have not withdrawn (or would not) from activity despite the loss of my husband or wife.	_____	_____	_____	_____	_____
4. Reduced strength keeps me from doing the things I want to do.	_____	_____	_____	_____	_____
5. I have found older people to be poor company.	_____	_____	_____	_____	_____
6. Loneliness overcomes (or would) me without my husband or wife.	_____	_____	_____	_____	_____
7. I do (or would) as many worthwhile things in retirement as before.	_____	_____	_____	_____	_____
8. I like where I live.	_____	_____	_____	_____	_____
9. I look to my family and friends when I have difficult problems or troubles.	_____	_____	_____	_____	_____
10. I have learned (or could) to live a good life even in limited health.	_____	_____	_____	_____	_____

	Not At All True of Myself	Usually Not True of Myself	Occasionally True of Myself	Usually True of Myself	Completely True of Myself
11. I belong (or would like to) to a voluntary senior citizens group.	_____	_____	_____	_____	_____
12. I regard myself as an unimportant member in my surroundings.	_____	_____	_____	_____	_____
13. I've found enough activities to occupy my time.	_____	_____	_____	_____	_____
14. I do not (or could not) live a good life with reduced income.	_____	_____	_____	_____	_____

Appendix C
Correlation Table

Correlation and Significance of the Variables
in the Study of Life Satisfaction

	LIFE		LIFE
AGE	-.022 .889	ACT04	.372 .015
MAR	.107 .501	ACT05	-.092 .561
REL	-.137 .388	ACT06	.218 .166
SEX	.174 .270	ACT07	.126 .427
LEN	.023 .885	ACT08	.175 .268
RES	-.177 .263	ACT09	-.119 .453
LOCUS	.102 .519	ACT10	.037 .817
LIFE	1.000 .999		
RULES	.308 .047		
HEALTH	.204 .195		
DEVEL	.384 .012		
ACT01	.085 .592		
ACT02	.423 .005		
ACT03	-.111 .485		