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Life satisfaction and aging: a comparison of life satisfaction index A, The Tennessee self concept scale and correlates

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LIFE SATISFACTION AND AGING:
A COMPARISON OF LIFE SATISFACTION INDEX A,
THE TENNESSEE SELF CONCEPT SCALE
AND CORRELATES

BY

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A THESIS
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ABSTRACT

The purpose of this study was to examine the relationship between life satisfaction and other relevant variables in a sample of noninstitutionalized older Americans. Recent research has related satisfaction with life to adjustment in aging. Previous studies, however, have used a variety of methods to measure life satisfaction or self-concept. This study was designed to be an analysis of the Tennessee Self Concept Scale and the Life Satisfaction Index A with selected personal and behavioral variables. 59 subjects, primarily Jewish, aged 56 to 91 were tested during their regular activity meetings at the Jewish Community Center of Richmond, Virginia. The Life Satisfaction Index A correlated significantly with several dimensions of self-concept as measured by the Tennessee Self Concept Scale. In analysis of the data using canonical correlation, the variables of gender, religiosity, availability of a confidant, and self-perceived health accounted for a significant proportion of the variation in the dimensions of life satisfaction and self-concept.

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CHAPTER I

INTRODUCTION

In 1971 there were approximately 20 million people aged 65 and older in the United States, comprising nearly 10 percent of the total population (White House Conference on Aging, 1971). The percentage of this older group has continued to increase since 1950; but even if the proportion of older Americans were to remain the same, the generally increasing population growth will create an even larger number in this age group in the future.

The older American is not as resistant to stress in general while at the same time undergoing stresses due to the changes concomitant with growing older (White House Conference on Aging, 1971). There is, therefore, a growing need for information and services for this group. Response to stress often produces physical illness which in turn serves to exacerbate the stresses. Multiple physical problems often found in this age group are sometimes overlooked in the behavioral manifestations of being "mentally ill." In 1969 the elderly constituted approximately 30 percent of the population in total state and county mental hospital facilities (U.S. Senate Special Committee on Aging, 1970). Although the total number of patients had been decreasing since 1955, the proportion of elderly in these

facilities remained relatively stable nationally. As the older American becomes more isolated as children move to distant locations, and more women continue to work outside the home, the need for services for the aged will increase. Preventive services in late middle age may serve to delay or lessen the impact of physical and psychological stresses and in turn decrease the necessity for institutionalization. However, information about the psychological and physical parameters of growing older is incomplete. Emphasis in the past has been on the developmental aspects of growing up, not on growing older in the latter years of life.

Unfortunately, the process of institutionalizing the elderly in order for them to receive services has created its own iatrogenic problems, and thus exacerbating the stresses associated with the process of aging. Currently, settings providing for long-stay patients have inherent characteristics of being "depersonalizing" in that there is limited mobility, few close personal relationships, little social contact, and a monotonous, regimented routine (Townsend, 1962). These settings tend to encourage attitudes and behaviors synonymous with characteristics of being mentally ill. As the sample of older Americans in hospitals is more easily accessible for study, much information at present may be related to the pathology of aging. Information of the concomitants of aging separated from the effects of the

institutionalized setting is needed. Studies of the well-functioning, coping older American must be continued before adequate evaluations of the present facilities can be made.

Research is necessary to determine which factors are salient in the satisfactory adjustment of the aging adult. The self-concept has been researched in depth with children and young adults, but not with the elderly. Because of the relationship of the self-concept to adjustment in younger groups, there has been recent interest in the study of the self-concept of the elderly. There is some indication that the self-concept is related to adjustment in this age group also. Neugarten (1968) found that adults with high self-concepts were satisfied with life and also better adjusted. The expression of being generally satisfied with life in adults aged 40 to 80 correlated positively with clinical assessments of adjustment in this aged group.

A study of females aged 66 to 88 found that a positive self-concept was significantly related to successful adjustment (Trimakas & Nicolay, 1974). The self-concept from self-reports, however, may reflect the tendency of the scorer to present himself in a favorable light. In turn, these individuals are more responsive to social influence and may be better adjusted as a consequence of behaving appropriately in the social setting. Thus positive self-concept may reflect a greater sensitivity

to the social environment. Trimakas and Nicolay (1974) also found a greater degree of defensiveness in high self-concept scorers of this older group. Defensiveness was speculated to serve as a facilitator for adjustment in this older group who face the many changes inherent in aging.

This study was designed to gather data about life satisfaction and the self-concept in a noninstitutionalized sample of older Americans. Self-report data were obtained on the Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961, Appendix D) and the Tennessee Self Concept Scale (Fitts, 1965). These were correlated with each other and the variables of gender, religiosity, availability of a confidant, and self-perceived health to determine the relationships between these variables. This study was exploratory in that previous studies had used diverse instruments to measure life satisfaction (Adams, 1971) and self-concept (Peters, 1971) with conflicting results. Few studies had examined the possible composite relationships among these variables. In separate studies these variables had shown a relationship to life satisfaction, but the manner in which these variables related to one another was unclear.

Before appropriate services to the elderly can be designed, satisfactory aging patterns must first be determined. Remediation and preventive services can be developed once the parameters of satisfactory aging have been found.

I. NEED FOR STUDY

There are several reasons that an investigation of this nature is of value. These reasons include:

1. The lack of basic data on the self-concept and life satisfaction of the older American.

2. The need to define the self-concept and life satisfaction in terms of recognized instruments.

3. The need to isolate specific physical, environmental and psychological factors influencing self-concept and life satisfaction.

4. The need for a data-based body of literature for determining behavioral manifestations of adjustment in the older American.

5. To help provide the data base for future program evaluation and program implementation for the elderly through a systematic analysis of satisfactory adjustment to aging.

II. STATEMENT OF THE PROBLEM

The purpose of this study was to investigate correlates and predictor variables of life satisfaction and self-concept in a sample of older Americans. This study used instruments appropriate for use with older Americans in defining the life satisfaction and self-concept. Specific factors of gender, religiosity, availability of a confidant, self-perceived health and self-concept were analyzed in relation to life satisfaction. Canonical correlation

procedures were used with these variables and the full scale and subscales of the Tennessee Self Concept Scale and the Life Satisfaction Index A to determine the relationships among these factors.

III. HYPOTHESES

The hypotheses for this study were:

1. The Life Satisfaction Index A will correlate significantly with one or more dimensions of self-concept as measured by the Tennessee Self Concept Scale.

2. The variables of gender, religiosity, availability of a confidant, and self-perceived health will account for a significant proportion of the variation in the dimensions of life satisfaction and self-concept.

IV. LIMITATIONS OF THE STUDY

This study had limitations as follows:

1. The use of an intact group as subjects. The disadvantage for external validity was present in that intact groups have their own uncontrolled variables of selection which lowers the generalizability of the study.

2. The relatively small sample size also limits generalizability of the study. Canonical correlation analysis was used as a descriptive rather than as an inferential tool.

3. The use of self-report measures in data collection. Distortion, response set and other confounding factors were not controlled in this study.

4. The use of the Biographical Data sheet prepared by the investigator. This instrument had not been established as a reliable and valid measure, but was used as a cautious indicator of possible factors of self-perceived health, availability of a confidant, and religiosity.

The results and conclusions were examined in light of these limitations.

V. DEFINITION OF TERMS

Older American: Adults aged 55 to 92 who are noninstitutionalized and for this study were presently active participants in the programs of the "Grand Group" and the "5400 Men's Club" of the Jewish Community Center in Richmond, Virginia.

Life Satisfaction Index A: Abbreviation LSIA. The score obtained on the questionnaire developed for use with older Americans (Neugarten, Havighurst, & Tobin, 1961, Appendix D).

Tennessee Self Concept Scale: Abbreviation TSCS. The scores on the full scale and subscales of this questionnaire were used as measures of the various facets of self-concept (Fitts, 1965).

Self-perceived Health: The level of response given to Question 4 on the Biographical Data sheet (Appendix A).

Availability of a Confidant: The level of response to Question 5 on the Biographical Data sheet (Appendix A).

Religiosity: The level of response to Questions 6, 7 and 8 on the Biographical Data sheet (Appendix A).

Sex: Male or Female as response indicated to Question 1 on the Biographical Data sheet (Appendix A).

CHAPTER II

REVIEW OF THE LITERATURE

While there is much information about the early stages of life development, much less is known about the later stages of life, namely, the adjustment of the aging American. At the same time our population continues to grow proportionately older (White House Conference on Aging, 1971). Psychologists have studied many of the correlates of self-concept in children (Coopersmith, 1967) finding it related to individual success, achievement, and adjustment when positive, and related to delinquency, low achievement and maladjustment when negative. Interest lately has been shown in the investigation of this personality variable in the elderly.

Erikson (1959) theorizes that if an individual has successfully progressed through his previous stages of development that he will experience a sense of ego identity. Conversely, a person who has not successfully passed these stages will experience a sense of despair and feel time is running out and become bitter. Recent research, however, suggests that the aging American suffers many more crises and that adaptation to these successive challenges in the later years is necessary for adjustment (White House Conference on Aging, 1971). The aged experience loss of status with retirement from occupation, separation from family, decreasing mobility,

loss of spouse and friends through death, declining health, and frequently lack of adequate money to care for themselves and their needs (Kalish, 1969). How the self-concept responds as a function of these variables is not clear in the research in this area. Inasmuch as the self-concept is described as the way a person sees himself and feels about himself, it may be part of what Erikson labels as the ego identity, if not synonymous with it. The self-concept has been shown to be susceptible to manipulation in children (Fitts, 1972), and in adult patients positive changes have been effected through psychotherapy (Ashcraft & Fitts, 1969). Therefore, it is possible that when the factors affecting the self-concept in the aging person are delineated, the self-concept may be enhanced or weakened by manipulation of these factors. The relationship of the self-concept to life satisfaction and subsequent adjustment then may be positively facilitated through community programs.

Thomae (1970) described a cognitive theory of the aging personality utilizing central concepts of perception, perceived situation and perceived self. He postulates that it is the perception of change that is related to behavioral change rather than objective change. Studies of self-concept in the elderly, however, have used a variety of instruments to measure the self-concept making comparisons of the studies difficult (Peters, 1971). The self-concept has been found to remain consistent in

spite of institutionalization with its concomitant covert experiences of deterioration (Rosner, 1968). Studies also have shown that the self-concept can increase with age among those 60 and older for people who felt they were living at about the same standard of living that they had anticipated earlier (Kaplan & Pokorny, 1970). However, when the standard of living was lower than expected, the self-concept was lower in this same aged group. Also for people who had not had any recent disruptive life experiences such as a death in the family or a business loss, age was positively related to self-concept. Trimakas and Nicolay (1974) found the self-concept higher among ages 66 to 88 in a sample of females than the general population. Other studies show no change or a reduction in self-concept with aging. Problems of bias also exist because many studies are with populations of elderly who have sought professional, social or medical care and whose self-concepts may be lower to begin with (Kalish, 1975). Physically sound and stable elderly often do not come to the attention of agencies. Misinterpretation may also occur in that researchers expect the self-concept of the aged to be lower and when the aged state that they have positive feelings about themselves, these observers interpret that a form of denial must be operating. At the same time, however, denial may be a healthy operation in permitting people, at any age, to maintain an adequate self-concept (Kalish, 1975).

There are, at present, no agreed-upon theories of the processes of aging. Previously, theories of disengagement and activity have been proposed, but research has not entirely substantiated these viewpoints. Disengagement is a disjunctive theory about the quality of aging. Old age is different from middle age, marked by substantial shifts and new balances in social and personal systems (Cumming & Henry, 1961). The individual gradually withdraws socially and psychologically from his environment as he moves into old age. This disengagement is supposed to be mutually satisfying to society and the individual allowing the younger in society to assume the functional roles.

But while there is an overall activity decrease with aging, social disengagement is not inevitable nor universal (Brown, 1974; Tallmer, 1973). Elderly continue to make their own individually satisfying adjustment to a variety of social and biological changes. This pattern of adjustment has a long history and maintains itself through adaptation until death (Neugarten, 1968).

The activity theory of aging is the American formula "keep active" (Havighurst and Albrecht, 1953). When social roles are lost for the aged, he is expected to compensate for this by increasing activity in other areas of his life or with other people. Therefore, agencies have often tried to structure the environment

of the elderly to encourage more interaction than privacy. Setting out to confirm two important aspects of this theory, Lemon, Bengtson, and Peterson (1972) found no support in their data for a positive relationship between social activity and life satisfaction, nor an inverse relationship to widowhood or retirement and life satisfaction.

The series of studies of personality gathered in the Kansas City Studies of Adult Life with 700 men and women aged 40 to 80 strongly indicated that age-related differences were based in personality rather than in the social environment with increased inward orientation by the mid-forties in well-functioning adults--long before the social losses of aging have occurred. This was viewed as a developmental change resulting in increased interiority and evolved similarly to other developmental changes in the earlier years of life (Neugarten, 1968). The question remains concerning the precise personality variables functioning in successful adjustment in aging.

If there are fewer personal relationships with others with increasing age, does this reflect a lowered need for relationships or less opportunity to develop relationships? Need for others may not have diminished as much as the difficulties, due to illness, lack of money, lack of social contact, and lack of mobility have increased. Combined with the death of friends and other lost relationships, the amount of social contact diminishes

greatly as well as the lack of opportunity to follow up new potential relationships. Whether the self-concept declines or remains the same may be related to both situational and biological components of aging. Research is needed on the effect of one's perception of self on adaptation to the changing world of the aging person. The component factors of a positive or negative perception of life must be determined in the continuing effort to effectively describe, and subsequently, to assist the elderly.

Other variables correlated with adjustment in aging have shown an interaction with gender resulting in different effects as the person grows older. Employed men express more dissatisfaction in the few years preceding retirement, then gain in life satisfaction after retirement (Spreitzer & Snyder, 1974). Apparently growing older in itself may make it easier to adjust to growing old. Data suggest that earlier goals tend to be redefined to correspond with actual achievement bringing greater self-acceptance. Older retired men were realistic about their health, and anxiety about death is reduced after retirement (Reichard, Livson, & Peterson, 1962). Women, however, indicated a decrease in life satisfaction after age 65 while men reported the highest rates of life satisfaction during ages 65 to 70 (Spreitzer & Snyder, 1974).

Images of the self and personality are apparently influenced by religious orientations. The teachings of Judaism and Christianity affirm the dignity and worth of the individual which does have a wholesome effect upon a substantial proportion of believers. Faith in God and religious beliefs have helped disorganized geriatric patients handle grief and deal with loneliness, unhappiness and depression (Wolff, 1959).

Cutler (1976) has examined the relationship between social activity and psychological well-being. In studying 16 associations available to the aged, he found that church-related associations were the only ones significantly related to the psychological well-being. He interpreted this relationship as possibly reflecting a general relationship between religiosity and well-being in old age. However, the fact that church-related associations were the only ones related to self-expressed satisfaction bears noting. If the factors in this type of association can be identified, then it may be possible to enhance other associations' effects on expressed satisfaction with life. Moberg (1971) found that Bible reading, praying, listening to church services on radio and television, belief in God and in immortality all increased with age. Whether this is the result of generational experiences unique to the aged being studied now or a genuine result of the inward orientation found by Neugarten and expressed in studies of

life satisfaction are both questions, at present, unanswered.

Researchers with elderly subjects have noticed that the happiest and healthiest elderly often seemed to be people with one or more close personal relationships with others. The presence of a confidant is found to be positively related to adjustment, and the absence of a confidant is related to low morale (Lowenthal & Haven, 1968). The majority who lose a confidant are depressed and the majority of those who maintain a confidant are satisfied.

Health, however, is also a large factor in adjustment in aging (White House Conference on Aging, 1971). The seriously ill person is often depressed regardless of whether or not he has an intimate relationship. Lowered resistance to stress, slower response of the body to infection, malnutrition, increased likelihood of chronic disease accompanying a general decreased physical capacity produce a significant relationship between poor physical health and psychological impairment. Perceived health has been found to be a relatively strong predictor of life satisfaction among persons over 65 (Spreitzer & Snyder, 1974), and in the ages of 45 to 69 (Palmore, 1974). Other studies have indicated that there is a prominent association between depressive-feeling states and self-perceived health status (Nowlin, 1974; Rosow, 1973).

The process of adequate adjustment being strongly tied to psychological processes was found in research (Simon 1970, 1971) which showed individuals who were depressed had a higher mortality rate. Subjective low opinion of health was correlated with the presence of or development of a functional depressive disorder. The association of physical illness and depression was more evident in men than in women. One of the most significant concomitants of good health is the ability to travel about independently. When this capacity is lost, the elderly individual is considered to be in a high-risk category for impending problems (Schwartz, Henley, & Zeitz, 1963). Hypochondriasis and depression are frequently found in elderly persons responding to an unfavorable situation. When removed from the stressful environment or given some means of restoring self-esteem, recovery is possible (Busse, 1969).

SUMMARY

Neugarten (1977) emphasized the need for studies to gather basic data about the relationship of personality factors, social factors, and physical factors from both subjective and objective sources. There is presently no conclusive evidence about the manner in which personality changes in the elderly because of a general lack of basic data. Information must be gathered about the terminal years of life in order to find the causal relationship

between healthy adjustment to aging and the factors related to it. Once that is achieved, prediction will be possible as well as having an empirical basis for appropriate psychological services to the elderly. One of the first tasks is to determine if there are orderly and sequential changes in personality related to aging, and then subsequent analysis of differences in behavior in relation to these changes. As the data from Neugarten (1968) indicates, the pattern of adjustment has a long history and research may discover that the emphasis for healthy aging may be dependent on certain developmental aspects of the middle years. Age-related variables will be understood as they become isolated through research studies, and the developmental theory will emerge only after many more studies are completed and the relevant dimensions of aging are measured.

CHAPTER III

METHOD

I. SUBJECTS

The pool of subjects for this study was obtained from the participants in the "Grand Group" and the "5400 Men's Club" of the Jewish Community Center in Richmond, Virginia. These subjects, primarily Jewish, range in age from the mid-fifties to the mid-nineties, and come from the surrounding area for activities, discussion and fellowship at the Jewish Community Center. The total number of potential subjects was approximately 250. The sample for this study numbered 59 combined with 32 female and 27 male subjects. 92% of the subjects were Jewish.

II. INSTRUMENTATION

A Biographical Data sheet developed by the experimenter, the Life Satisfaction Index A, and the Tennessee Self Concept Scale were completed by the subjects.

The Biographical Data sheet prepared by the investigator had not been established as a reliable and valid measure, but was used as a cautious indicator of possible factors of self-perceived health, availability of a confidant, and religiosity. Subjects answered forced choice responses related to these variables. (Appendix A).

The Life Satisfaction Indexes were a result of a 10-year study of 700 men and women aged 40 to 80 by the University of Chicago from 1952 to 1962. These Indexes correlated with the more involved measurements of life satisfaction conducted during that period of time at .61. Scores on the Indexes correlated .39 and .47 with the clinical evaluations during the same period. The lower correlations were attributed to a narrower range of Life Satisfaction in the clients seen by the clinical psychologist--being higher--and thus lowering the range of scores used for correlation. Correlations were also higher for the aged group over 65 than for younger subjects, but the question was unanswered whether this reflected an increasing consistency in psychological behavior in the older participants or was an artifact of the instruments. Index A consists of 20 questions with which the subject indicates a response of "agreement, disagreement, or unsure" (Appendix D). Index B is more appropriate for interviews and was not used in this study.

The Tennessee Self Concept Scale was developed to meet the need for a well-standardized, multi-dimensional instrument for the description of the self-concept. It consists of 100 self-descriptive statements and is applicable to subjects over age 12 with at least a sixth-grade reading level.

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III. DATA COLLECTION

The "5400 Men's Club" and the "Grand Group" each meet separately on different days of the week, Monday and Tuesday respectively. Prior to the target week for obtaining data, the investigator was introduced to each group during one of their regular meetings. A prepared statement was made explaining the procedure for the study and soliciting their informed consent for participation (Appendix B). Questions about the study were answered at that time.

The week of data collection, the investigator attended each of the group meetings and again presented a brief statement explaining the procedure for the study and obtained the signatures of voluntary participants on the Informed Consent Form (Appendix C).

Due to the age of the subjects in this study, many subjects requested and received assistance from administrators of the programs at the Jewish Community Center and other subjects. The answer sheet for the Tennessee Self Concept Scale has inherent in it some confusion in that the answered questions skip alternately down the page of the answer sheet. As a result, many of the subjects were given assistance whenever necessary for them to complete the task. To facilitate this process, a number of the older subjects were read the questions aloud while in small groups at tables. This was accomplished by an assistant remaining at the table or intermittently coming by the table to help.

The questionnaires were filled out during the regular group meeting time at the Jewish Community Center. The questionnaires were individually distributed and collected in the following order: Life Satisfaction Index A, the Tennessee Self Concept Scale and then the Biographical Data sheet. Each subject was allowed to complete the questionnaires at his own speed, but did not receive the subsequent questionnaire until the previous one was handed in. The time for completion of all three questionnaires was approximately one hour.

The data were coded for the privacy of the participants before the statistical analyses were begun.

IV. STATISTICAL PROCEDURES

Canonical correlation procedures were used with the scores for the full scale and subscales of the Tennessee Self Concept Scale, the Life Satisfaction Index A score, and the personal and behavioral measures from the Biographical Data sheet quantified in some cases using dummy variables. The data in this study were analyzed using a program from the Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner & Bent, 1970) for Canonical Correlation Analysis: Subprogram Cancorr. The statistical analyses in this study were used as descriptive rather than as inferential tools.

The primary purpose of this analysis was to explore the relationships between a number of variables with

statistical control of the influence of each variable. Canonical correlation can provide a clearer indication of the relative influence of the variables when examining a number of variables together. This analysis derives the linear combinations from each of the two sets of variables in such a way that the correlation between the linear combinations is maximized. The personal and behavioral measures from the Biographical Data sheet were grouped as one set to predict variation in the full scale and subscale scores of the Tennessee Self Concept Scale and the Life Satisfaction Index A which were grouped as the second set for comparison.

Canonical variates are produced which are essentially equivalent to the principal components produced by factor analysis. Canonical correlation, however, accounts for as much variance as possible within one set of variables but with the aim of accounting for a maximum amount of the relationship between the two sets of variables. The canonical correlation indicates the amount of correlation between each pair of canonical variates, and the eigenvalue represents the amount of variance in one canonical variate that is accounted for by the other canonical variate. The loadings of the specific variables within each variate set indicate how much each variable is related to the canonical variate. Explanations of the loadings may indicate how a number of variables are related to each other.

Intercorrelations for all variables were made and these were submitted to canonical correlation analysis. Results of this analysis were utilized to construct a predictive model. A series of multiple regression analyses were calculated to test for significance of various components of the predicted model.

Five percent of the subjects did not have a usable score on the Life Satisfaction Index A due to greater than 3 items left unanswered. This cut off was selected by the investigator as this represented 15% of the questions on this measure. The computer substituted the mean value of this missing variable as an estimate of the missing score. Seven percent of the subjects did not respond to one of the other questions on the Biographical Data sheet dealing with the primary variables of religiosity. The mean value of these missing variables were also used as an estimate of the missing scores.

CHAPTER IV

RESULTS

The variable labels and abbreviations listed in Table 1 refer to the Life Satisfaction Index A, the Tennessee Self Concept Scale full scale and subscales, and personal and behavioral variables from the Biographical Data sheet. Table 2 presents the mean values and standard deviations for all the variables used in this study.

The primarily Jewish subjects who participated in this study may be described in terms of these variables as follows:

1. The full scale and subscale scores of the Tennessee Self Concept Scale reflect generally the means and standard deviations of the normative data of this instrument (Fitts, 1965).
2. The Life Satisfaction Index A mean score of 11.89 and standard deviation of 4.83 are also similar to the data by Neugarten, Havighurst, and Tobin (1961) with a mean of 12.4 and a standard deviation of 4.4 indicating that the sample of older Americans in this study reflect generally the adjusted older Americans in the Kansas City Studies.
3. According to the subjects' self-reports on the Biographical Data sheet, the following can be reported:
 - a. 88% have the availability of a confidant
12% do not
 - b. 92% indicate their religious preference is Jewish
8% indicate their religious preference is Protestant

TABLE 1. VARIABLE ABBREVIATIONS AND LABELS

RUN NAME	CANCORR SELF CONCEPT AND LIFE SATISFACTION
FILE NAME	ZAPS DATA FOR LIFE SATISFACTION
VARIABLE LIST	LSIA, SCTOT, SCI, SCSAT, SCBEH, SCPHY, SCME, SCPEP, SCFAM, SCSOC, SCGM, SCCRIT, SCCT, SCPI, SCTV, PSEX, PHEA, PCON, PRAT, PRB, PRPR, AGE, MS, MM, MW, RJ, RP, TRANS, HOHO, HOAP, HONH, HOLR, ED, WK, WKT, MOVES, PERFIN, CHILD PARTI, DIS, US/
VAR LABELS	LSIA LIFE SATISFACTION INDEX / SCTOT SELF CONCEPT TOTAL / SCI SELF CONCEPT IDENTITY / SCSAT SELF CONCEPT SATISFACTION / SCBEH SELF CONCEPT BEHAVIOR / SCPHY SELF CONCEPT PHYSICAL / SCME SELF CONCEPT MORAL ETHICAL / SCPEP SELF CONCEPT PERSONAL / SCFAM SELF CONCEPT FAMILY / SCSOC SELF CONCEPT SOCIAL / SCGM SELF CONCEPT GENERAL MALADJUSTMENT / SCCRIT SELF CONCEPT CRITICISM / SCCT SELF CONCEPT CONFLICT TOTAL / SCPI SELF CONCEPT PERSONALITY INTEGRATION / SCTV SELF CONCEPT TOTAL VARIABILITY / PSEX SEX / PHEA SELF PERCEIVED HEALTH / PCON CONFIDANT / PRAT RELIGIOUS ATTENDANCE / PRB RELIGIOUS BELIEF / PRPR RELIGIOUS PRACTICES / AGE / MS MARITAL STATUS SINGLE / MM MARITAL STATUS MARRIED / MW MARITAL STATUS WIDOWED / RJ RELIGION JEWISH / RP RELIGION PROTESTANT / TRANS TRANSPORTATION / HOHO HOUSING HOME / HOAP HOUSING APARTMENT / HONH HOUSING NURSING HOME / HOLR HOUSING LIVE WITH RELATIVE / ED EDUCATION LEVEL / WK WORKING PRESENTLY / WKT WORKING TIME / MOVES NUMBER OF MOVES / PERFIN PERCEIVED FINANCES / CHILD CONTACT WITH CHILDREN / PARTI LENGTH OF PARTICIPATION / DIS RECENT DISTRESS / US BORN IN US /

TABLE 2. VARIABLE MEANS AND STANDARD DEVIATIONS

VARIABLE	MEAN	STANDARD DEV	CASES
LSIA	11.8983	4.9049	59
SCTOT	359.4237	32.2267	59
SCI	127.1017	11.8288	59
SCSAT	114.9661	14.5673	59
SCBEH	117.3559	10.8719	59
SCPHY	66.0339	8.3665	59
SCME	76.3390	7.4547	59
SCPER	70.4407	8.0564	59
SCFAM	74.0000	8.1854	59
SCSOC	72.6102	7.9914	59
SCGM	96.7966	9.6397	59
SCCRIT	32.6102	5.9857	59
SCCT	39.0000	11.7341	59
SCPI	5.5763	3.7056	59
SCTV	49.4915	12.2634	59
PSEX	1.5424	.5025	59
PHEA	2.5593	.6765	59
PCON	.8814	.3261	59
PRAT	2.2542	.7564	59
PRB	.2203	.4574	59
PRPR	.7119	.4568	59
AGE	66.8983	21.7333	59
MS	.0847	.2809	59
MM	.4576	.5025	59
MW	.4576	.5025	59
RJ	.9153	.2809	59
RP	.0847	.2809	59
TRANS	.8644	.3453	59
H0HO	.4068	.4954	59
HOAP	.5085	.5042	59
HONH	.0169	.1302	59
HOLR	.0339	.1825	59
ED	2.8814	1.4865	59
WK	.0508	.2216	59
WKT	.1017	.4431	59
MOVES	.4068	.9120	59
PERFIN	1.4576	.7729	59
CHILD	2.1186	1.1609	59
PARTI	38.0000	35.0246	59
DIS	.0678	.2536	59
US	.5763	.4984	59

- c. 19% believe in life after death
76% do not
3% did not answer
- d. Frequency of attendance at church by percentages was:
 - 8.5% never attend
 - 47.5% occasionally attend
 - 40.7% frequently attend
 - 3.3% did not answer
- e. 72% follow some religious practices
25% do not
3% did not answer
- f. 86.4% have transportation available
8.5% do not
5.1% did not answer
- g. 52% live in apartments
42% live in their own homes
3% live with relatives
2% live in nursing homes
- h. 54.5% are satisfied with their finances
34.5% are more or less satisfied with finances
11.0% are not at all satisfied with finances
- i. 5% report their health as poor
39% report their health as fair
51% report their health as good
5% report their health as excellent
- j. High school is the approximate mean level of education.
- k. 5% work presently part time
81% do not work
13.6% did not answer
- l. Of those reporting they have children:
 - 68% see their children frequently
 - 28% see their children occasionally
 - 6% see their children seldom

8 subjects or 13.5% did not have children.
3 subjects or 5% did not answer.
- m. 6.8% report having experienced a distress such as a death in the family within the past 3 months.
76.3% did not
16.9% did not answer

- n. 57.6% were born in the United States
37.3% were born outside the United States
5.1% did not answer
- o. The mean length of participation in the activities at the Jewish Community Center was 38 months.
- p. There were 27 men and 32 women in this study with their ages ranging from 56 years to 91 years with the mean age being 66.89 years.
- q. 8% of the adults are single
46% are married
46% are widowed

The Life Satisfaction Index A correlated significantly with several dimensions of self-concept as measured by the Tennessee Self Concept Scale.

Table 3 lists the correlation coefficients for the entire list of variables examined in this study. The decision of significance was based on probabilities of less than .05. Correlations of .261 or greater have a probability of .025 for a two-tailed test of significance with 55 degrees of freedom. Life Satisfaction Index A was correlated with the Tennessee Self Concept Scale in the total self-concept score and the scores of the following subtests:

- .291 behavior self-concept
- .282 total self-concept
- .281 social self-concept
- .281 general maladjustment score
- .267 personal self-concept

The variables of gender, religiosity, availability of a confidant, and self-perceived health accounted for a significant proportion of the variation in the dimensions of life satisfaction and self-concept.

TABLE 3. CORRELATION COEFFICIENTS OF THE DATA SET OF 41 VARIABLES

CANCONR SELF CONCEPT AND LIFE SATISFACTION

07/01/77

FILE ZAPS (CREATION DATE = 07/01/77) DATA FOR LIFE SATISFACTION

CORRELATION COEFFICIENTS

A VALUE OF .99.00000 IS PRINTED
IF A COEFFICIENT CANNOT BE COMPUTED.

	LSIA	SCTOT	SCI	SCSAT	SCDEH	SCPHY	SCME	SCPER	SCFAH	SCSOC
LSIA	1.00000	.28267	.20196	.24391	.29135	.24209	.09018	.26774	.25423	.28136
SCTOT	.28267	1.00000	.86439	.88940	.83204	.72799	.68448	.80864	.89760	.89760
SCI	.20196	.86439	1.00000	.64299	.61267	.67278	.54316	.65337	.80791	.78855
SCSAT	.24391	.88940	.64299	1.00000	.59687	.64608	.70091	.65799	.70063	.78529
SCDEH	.29135	.83204	.61267	.59687	1.00000	.55998	.49883	.80445	.72499	.75016
SCPHY	.24209	.72799	.67278	.64608	.55998	1.00000	.37190	.41569	.54592	.54316
SCME	.09018	.68448	.54316	.78091	.49883	.37190	1.00000	.37498	.56624	.48008
SCPER	.26774	.80864	.65337	.65799	.80445	.41569	.37498	1.00000	.69257	.75944
SCFAH	.25423	.89760	.80791	.78855	.72499	.54582	.56624	.69259	1.00000	.79759
SCSOC	.28136	.89760	.78855	.78529	.75016	.54316	.48008	.75944	.79759	1.00000
SCGM	.28106	.86015	.86039	.64983	.74283	.65957	.42996	.72625	.79297	.83266
SCCRIT	.04737	-.21927	-.09440	-.14815	-.35948	-.16189	-.15077	-.23306	-.11718	-.21914
SCCT	-.04823	-.17663	-.07602	-.26054	-.09177	-.22585	-.24736	-.01331	-.08455	-.14587
SCPT	.05640	-.19815	-.08672	-.20277	-.22110	-.10010	-.09457	-.10279	-.23590	-.26069
SCIV	-.05104	-.36499	-.24377	-.42774	-.24329	-.31322	-.26551	-.30563	-.17097	-.26102
PSEX	-.34000	-.02828	-.12837	.01904	.03033	-.27103	.14799	-.08561	.09642	.01921
PHEA	.33960	.32427	.30304	.34139	.17407	.50532	.23868	.11534	.22730	.20687
PCON	.02466	.35755	.28027	.33309	.30872	.03180	.13029	.40738	.65200	.41191
PRAT	.26267	.10160	.00091	.19482	.03912	.09942	.21377	-.00456	.00000	.11080
PRB	.12543	.02163	.04996	-.12823	.18157	.09262	-.09812	.02466	-.03223	.00994
PRPR	-.06717	.01781	.09486	-.01704	-.02760	.04771	.08999	.01187	-.03228	-.08787
AGE	.21631	-.07707	-.12537	-.04848	-.02713	-.07280	.02427	-.08194	-.11601	-.05582
HS	-.25643	-.11831	-.09604	-.12991	-.07215	-.08198	-.12099	.01360	-.15748	-.13096
HM	.08916	.18053	.33723	.13171	-.00824	.25972	.09135	.04728	.08662	.22553
MW	.05419	-.11440	-.28354	-.05909	.04887	-.21291	-.02372	-.05491	-.08838	-.15232
RJ	.00615	.00213	-.05482	-.09620	-.05206	-.10147	-.07983	-.05178	-.09748	-.08729
RP	-.00615	-.00213	.06402	-.09620	.05706	.10147	-.07983	.05178	-.09748	.08729
TRANS	.12406	.12764	.17651	.07448	.09656	.14485	-.02872	.28214	-.02840	.13047
HOMO	.12374	-.08873	-.03366	-.11833	-.07855	.05485	-.10736	-.05864	-.11470	-.06377
HOAP	-.10422	.19342	.12994	.20426	.15827	.03671	.20563	.10854	.20470	.13990
HOMH	-.13225	-.20721	-.15788	-.22697	-.13833	-.03112	-.07180	-.25382	-.25037	-.23524
HOLR	.02318	-.16977	-.21724	-.18113	.00258	-.39597	-.05920	-.05723	-.06964	-.04089
ED	.28916	.20621	.07620	.20602	.25229	.15975	.23551	.20599	.09210	.14263
WK	.19521	.23839	.22824	.23024	.14982	.17577	.17727	.22810	.12358	.25682
WMT	.19521	.23839	.22824	.23024	.14982	.17577	.17727	.22810	.12358	.25682
MOVES	-.12935	.13952	.08560	.12824	.14861	.08821	.11805	.20759	.06196	.13337
PERF IM	-.16034	.02138	.09855	-.02004	.00080	-.06377	.14319	.07351	-.00273	.01763
CHILD	.14446	.31339	.27532	.36522	.14007	.14336	.26621	.20631	.31570	.33401
PART I	.01505	.24703	.19256	.27696	.15164	.06679	.18423	.18917	.31946	.23448
DIS	-.18845	-.23990	-.11731	-.24677	-.25283	-.11489	-.09446	-.19212	-.26584	-.29105
US	.20071	-.22801	-.03058	-.30361	-.23579	-.04198	-.10917	-.22751	-.29594	-.24132

Continuation of TABLE 3.

	SCGM	SCCRIT	SCCT	SCPI	SCTV	PSEX	PHEA	PCON	PRAT	PRR
LSIA	.29106	.04737	-.04823	.05640	-.05104	-.34800	.33960	.02466	.26267	.12543
SCTOT	.86015	-.21927	-.17663	-.19815	-.38490	-.02829	.32527	.35755	.19150	.02161
SCI	.86039	-.09440	-.07602	-.08672	-.24377	-.12837	.30304	.29027	.00091	.04996
SCSAT	.64983	-.14015	-.26054	-.20277	-.42774	.01904	.39130	.33300	.19482	-.12823
SCIEH	.74283	-.35948	-.09177	-.22130	-.74329	.03033	.17407	.30872	.03912	.18157
SCPHY	.65959	-.16189	-.22585	-.18019	-.37322	-.27103	.50532	.03309	.07982	.09262
SCF	.42996	-.15077	-.24736	-.09457	-.26551	.14799	.23868	.13029	.21377	-.09812
SCPER	.72625	-.23306	-.01331	-.10279	-.38561	-.08561	.11534	.40738	-.00456	.02466
SCFAM	.79297	-.11718	-.08455	-.23590	-.17897	.09642	.22730	.45209	.00000	-.03223
SCSOC	.93266	-.21914	-.14507	-.26069	-.26102	.01921	.20697	.41193	.11000	.08994
SCGM	1.00000	-.14184	-.10868	-.07437	-.32815	-.08718	.27926	.31575	.00485	.02598
SCCRIT	-.14184	1.00000	.27002	-.09930	.18680	-.00301	-.02613	.10838	.06796	-.26405
SCCT	-.10868	.27002	1.00000	-.38820	.41072	.13159	-.21069	-.02253	.02914	.08031
SCPI	-.07437	-.09930	-.38820	1.00000	-.29697	-.24484	.10993	-.02902	-.27461	-.14741
SCTV	-.32815	.18680	.41072	-.29697	1.00000	.23859	-.32883	-.00000	-.00441	.16170
PSEX	-.08718	-.00301	.13159	-.24484	.23859	1.00000	-.34990	-.08381	-.14224	-.15384
PHEA	.27926	-.02613	-.21069	-.10993	-.32883	-.34990	1.00000	-.16291	.12144	.04061
PCON	.31575	.10838	-.02253	.02902	-.08000	.08381	-.16291	1.00000	-.15517	-.05289
PRAT	.00485	.06796	.02914	-.27461	-.00441	-.14224	.12164	-.15517	1.00000	-.01520
PRR	.02598	-.26405	.08031	-.14741	.16170	-.15384	.04061	-.05289	-.01520	1.00000
PHPR	.08044	.01496	-.05147	-.02244	.00110	.01655	-.13902	-.23342	.31547	.22657
AGE	-.12256	.06344	-.16233	.16473	.11314	-.24431	.04733	.15151	-.01833	.10635
MS	-.13361	-.08256	-.10462	-.04773	-.05735	-.08696	-.07228	-.07456	-.18430	-.01365
HW	-.25804	-.05431	-.16960	.29113	-.18822	-.52199	.29918	.02140	.00615	-.15384
NW	-.18335	.10046	.22809	-.26445	.22028	.57060	-.25877	.02140	.09667	-.14621
PJ	-.07652	.14409	-.04185	-.10135	-.02732	.33127	-.01845	-.07656	-.22143	-.38892
RP	.07652	-.14409	.04185	.10135	-.02732	-.33127	.01845	-.07656	.22143	.38892
TRANS	-.14697	-.01767	.15745	.00822	-.09392	-.36380	.10884	-.14531	.20027	-.02590
HOHO	-.07985	.12416	.07711	.09550	.25313	-.17969	-.12460	-.01628	.22535	.13023
HOAP	.20610	-.19026	-.06411	-.02111	-.30043	.11765	.16278	.05864	-.25437	-.04561
HOHH	-.21702	.03075	-.20315	.05088	-.08090	-.14295	.08827	-.35780	.11057	-.06379
HOLR	-.15280	.12277	.20931	-.13135	.15419	.17206	-.15621	.06673	.06138	-.09100
ED	.11906	-.02466	-.23424	.22233	-.20481	-.12011	.23858	.07715	.16528	-.06232
WK	.19866	-.06280	-.26524	.13169	-.14895	-.09712	.26710	.15367	.12729	.05767
WKI	.19866	-.06280	-.26524	.13169	-.14895	-.09712	.26710	.15367	.12729	.05767
MOVES	.14882	-.03678	-.17223	-.04505	-.34039	.07461	-.06774	-.00894	-.00254	-.13590
PERFIN	.08445	-.06140	.02091	.08694	.08319	.14899	-.13526	.08231	.03349	-.04629
CHILD	.23329	-.00315	.04683	-.20855	-.14949	.12424	-.15182	.21996	.16140	-.08254
PARTI	.16872	.04754	-.01242	-.16765	-.14114	.15185	-.08659	.26564	.20890	-.05058
DIS	-.22704	.16540	.08113	-.00560	.05564	-.02294	-.12437	-.10955	-.09142	-.13102
US	-.12950	.05348	-.15625	.43324	-.07535	-.10573	.25482	-.20854	.01628	-.03717

Continuation of TABLE 3.

	PRPR	AGE	MS	MH	MW	RJ	RP	TRANS	HOHO	HOAP
LSIA	-.06717	.21631	-.25643	.08916	.05419	.00615	-.00615	.12406	.12174	-.10472
SCIOT	.01791	-.07709	-.11831	.18053	-.11440	.00213	-.00213	.12766	-.08873	.19342
SCI	.09486	-.12537	-.09604	.33723	-.28354	-.06482	.06482	.17651	-.03366	.12994
SCSAT	-.01704	-.04948	-.12991	.13171	-.05909	-.09620	.09620	.07444	-.11033	.20426
SCUFH	-.02760	-.02713	-.07215	-.00424	.04857	-.05206	.05206	.08656	-.07856	.15827
SCPHY	.04771	-.07280	-.08194	.25872	-.21291	-.10167	.10167	.14985	-.05485	.03671
SCMF	.08994	.02427	-.12099	.09135	-.02372	.01981	-.01981	-.02872	-.18716	.20563
SCPER	.01167	-.08196	.01369	.04729	-.05493	-.05178	.05178	.28216	-.05864	.19055
SCFAM	-.03228	-.11601	-.15748	.09642	-.00818	-.09748	.09748	-.02440	-.11479	.20470
SCSOC	-.04075	-.05582	-.13096	.22553	-.15232	-.00729	.00729	.13047	-.06377	.13990
SCGM	.08044	-.12256	-.13761	.25804	-.18335	-.07652	.07652	.14697	-.07985	.20410
SCCPT	.01496	.06344	-.08256	-.05431	.10046	.14489	-.14489	-.01767	.12416	-.19026
SCCT	-.05147	-.16273	-.19462	-.16960	.22809	-.04185	.04185	.15745	.07711	-.06411
SCPI	-.02244	-.16473	-.04773	.29113	-.26445	-.10135	.10135	.00822	-.09550	-.02111
SCIV	.00110	-.11314	-.05735	-.18822	.22828	.02732	-.02732	-.09392	.25113	-.30043
PSEX	.01655	-.24431	-.00696	-.52199	.57060	-.33127	.33127	-.36380	-.13969	.11765
PHEA	-.11902	.04733	-.07228	.29918	-.25877	-.01845	.01845	.10884	-.12468	.16278
PCOH	-.21342	.15151	-.07656	.02140	.02140	-.07656	.07656	-.16531	-.01628	-.05864
PNAT	.31547	-.01833	-.18430	.00615	.09687	-.22143	.22143	.20027	.22535	-.25417
PRR	.22657	.10435	-.01365	.15184	-.14621	-.38892	.38892	-.02590	.13023	-.04561
PRPR	1.00000	-.27567	-.07516	.05857	-.01655	-.19359	.19359	-.07335	.22210	-.10150
AGF	-.27567	1.00000	-.15390	.18274	-.09671	-.02403	.02403	.01192	-.20266	-.27211
MS	-.07516	-.15390	1.00000	-.27951	-.27951	.09259	-.09259	.12052	-.25198	.17744
MH	.05857	.18274	-.27951	1.00000	.04375	-.33127	.33127	-.16506	-.13969	-.04960
MW	-.01655	-.09671	-.27951	-.04375	1.00000	.27951	-.27951	-.23243	.00117	-.04960
RJ	-.19359	-.02403	.09259	-.33127	.27951	1.00000	-.1.00000	-.12052	-.24358	.18776
RP	.19359	.02403	-.09259	.33127	-.27951	-.1.00000	1.00000	.12052	.24358	-.18776
TRANS	-.01335	.01192	.12052	.16506	-.23243	.12052	-.12052	1.00000	.12640	-.00671
HOHO	.22210	-.20266	-.25198	.13969	.00117	-.24358	.24358	.12640	1.00000	-.04273
HOAP	-.10150	-.27211	.17744	-.04960	.04960	.18776	-.18776	-.00671	-.04223	1.00000
HOIH	.08354	.00062	.43152	-.12061	-.12061	.03996	-.03996	.05201	-.10873	-.13355
HOIR	-.29443	.09216	-.05700	-.17206	.20393	.05700	-.05700	-.19930	-.15511	-.19052
FD	-.00043	-.03614	.14837	-.04147	-.04147	-.02449	.02449	.10248	-.02698	.10488
WK	-.02310	.02257	-.07043	.09712	-.05774	-.20659	.20659	.09167	.27951	-.23541
WKT	-.00351	-.02310	-.02257	-.07043	.09712	-.05774	-.20659	.09167	.27951	-.23541
MOVES	.00351	.02310	.02257	.07043	-.09712	.05774	.20659	-.09167	-.27951	.23541
PERF IN	-.05960	.16911	-.34056	.02859	.16179	-.21538	.21538	-.15112	.04579	-.07649
CHILO	.00055	-.09040	-.24205	.11221	.02354	-.13711	.13711	-.04520	-.09450	-.13429
PARTI	.05604	.01542	.02979	-.11952	.10287	.08061	-.08061	.01426	.05465	.03808
DIS	.02271	-.22087	.40210	-.24772	.02294	.08206	-.08206	-.09012	-.08607	-.00457
MS	-.01540	.17603	.01461	-.16803	-.17620	-.26097	.26097	.16132	.01183	-.01977

Continuation of TABLE 3.

	HOHH	HOLR	FD	WK	WKT	MOVES	PRFIN	CHILD	PARTI	DIS	US
LSIA	-.13225	.02310	.28916	.19521	.19521	-.12935	-.16034	.14446	.01505	-.18845	.20071
SCIGT	-.20721	-.16077	.20621	.23839	.23839	.13952	-.02718	.31339	.24701	-.23990	-.22801
SCI	-.15788	-.21724	.07620	.22824	.22824	.08560	.09855	.27532	.19256	-.11731	-.03058
SCSAT	-.22697	-.18113	.20602	.23024	.23024	.12824	-.02004	.36522	.27696	-.24677	-.30361
SCMNH	-.13813	.00250	.25229	.14982	.14982	.14861	.00080	.14003	.15164	-.25283	-.23579
SCPHY	.03112	-.39593	.15975	.17577	.17577	-.06821	-.06377	.14336	.06678	-.11489	-.04198
SCMF	-.07708	-.05928	.23551	.17727	.17727	.11885	.14319	.26621	.18423	-.09446	-.10917
SCPER	-.25382	-.05723	.20599	.22870	.22870	.20750	.03351	.20631	.18917	-.19212	-.22751
SCFAM	-.25887	-.06924	.09210	.12358	.12358	.07698	-.00273	.11570	.11946	-.26584	-.29584
SCSOC	-.27526	-.04989	.14263	.25482	.25482	.13337	.01263	.33401	.23648	-.29305	-.24132
SCGM	-.21702	-.15280	.13906	.19866	.19866	.14882	.08445	.23329	.16872	-.22704	-.12950
SCCPIT	.01075	.12277	-.02466	-.06280	-.06280	-.03678	-.06140	-.00315	.04754	.16540	.05348
SCCT	-.20315	.20931	-.23426	-.26526	-.26526	-.17723	.02091	.04683	-.01242	.08113	-.15625
SCP1	.05088	-.13135	.22233	.13169	.13169	-.04505	.08694	-.20855	-.16765	-.00560	.43324
SCIV	-.08090	.15419	-.20481	-.14895	-.14895	-.34079	.08319	-.14949	-.14114	.05564	-.07535
PSEX	-.14295	.17206	-.12011	-.09712	-.09712	.07461	.14899	.12424	.15185	-.02294	-.30573
PHFA	.08627	-.15621	.23858	.26710	.26710	-.06774	-.13526	-.15182	-.08659	-.12437	.25482
PCOH	-.35700	.06873	.07715	-.15367	-.15367	-.00884	.08231	.21996	.26564	-.10955	-.20854
PRAT	.13057	.06138	.16528	.12728	.12728	-.00254	.03349	.16148	.20880	-.09142	.01628
PHH	-.04379	-.09100	-.06232	.05767	.05767	-.13590	-.09628	-.08354	.05058	-.13102	-.03717
PHHR	.08354	-.29443	-.00043	-.02310	-.02310	-.00351	-.05960	.00055	.05684	.02211	-.01540
AGF	.00062	.09216	-.03614	.02257	.02257	-.14054	.16911	-.09040	.01542	.22087	.13603
MS	.43152	-.05788	.14837	-.07043	-.07043	.33425	-.34056	-.24285	.02979	.40218	.01661
HH	-.12061	-.17206	-.04147	.09712	.09712	.03826	.02859	.11221	-.11952	-.24772	.16803
BW	-.12061	.20393	-.04147	-.05774	-.05774	-.22511	.16179	.02354	.10787	.02794	-.17420
RJ	.03996	.05708	-.02449	-.20659	-.20659	.06959	-.21538	.13711	.08081	.08206	.26093
RP	-.03996	-.05700	.02449	.20659	.20659	.06959	-.21538	-.13711	-.08081	-.08206	.26093
TRANS	.05201	-.19978	.10248	.09167	.09167	.12343	-.15112	.04520	.01426	-.09012	.16132
HOHO	-.19873	-.15511	-.02698	.27951	.27951	-.29622	.04579	.09450	-.08645	-.08607	-.01183
HOAP	-.13355	-.19052	.10488	-.23541	-.23541	.29233	-.01643	-.13428	.03808	-.00457	-.01977
HOHF	1.00000	-.02460	.18875	-.03039	-.03039	.23136	-.24977	-.25169	-.00756	.48690	.11259
HOLR	-.02460	1.00000	-.17556	-.04136	-.04136	.08427	.13258	.14343	-.14025	-.05052	-.21845
FD	.18875	-.17556	1.00000	.12332	.12332	.20155	-.17703	.07823	.20246	.11119	.34986
WK	-.03039	-.04336	.12332	1.00000	1.00000	-.01880	.06314	.17723	-.09331	-.06242	.19847
WKT	-.03039	-.04336	.12332	1.00000	1.00000	-.01880	.06314	.17723	-.09331	-.06242	.19847
MOVES	.23136	-.08427	.20155	-.01880	-.01880	1.00000	-.02405	-.01380	.08421	.32686	.04436
PRFIN	-.24977	.13258	.13703	.06314	.06314	-.02405	1.00000	.07294	-.02484	-.07387	.06449
CHILD	-.24149	.16343	.07823	.17723	.17723	.01380	.07296	1.00000	.27387	-.20352	-.17980
PARTI	-.00756	-.14025	.20246	-.09331	-.09331	.08421	-.02484	.27387	1.00000	-.01553	-.09284
DIS	.48690	-.05052	.11319	-.06242	-.06242	.32605	-.07387	-.20352	-.01553	1.00000	-.09481
US	.11259	-.21845	.34986	.19847	.19847	.04436	.06449	-.17980	-.09284	.09481	1.00000

Analysis of these primary variables in relation to life satisfaction and self-concept indicated two significant canonical variates. Table 4 lists the canonical correlation utilizing the Life Satisfaction Index A, the Tennessee Self Concept Scale, and the variables of primary interest. Table 5 lists the coefficients of the canonical variables of primary interest. Loading highest on the first canonical variates were the availability of a confidant and belief in life after death in one set with the full scale score of self-concept and family self-concept in the other set. This first set of variates had a correlation of .75 with 56% of the variance shared and a probability of .003 indicating a linear relationship between the two sets of variables. The second set of canonical variates indicated a relationship between the moral-ethical, satisfaction and physical self-concepts in one set with gender and availability of a confidant in the other set. This canonical correlation was .74 with 55% of the variance shared of that variance remaining after the first set of canonical variates was formed. This second canonical correlation between the variates had a probability of .041. Therefore, the second pair of variates accounted for an additional 24% of the total variation. Together these two pairs of variates accounted for 80% of the total variation between life satisfaction, self-concept and the variables of gender, availability of a confidant, religiosity, and self-perceived health.

TABLE 4. CANONICAL CORRELATION OF PRIMARY VARIABLES

CANCORR SELF CONCEPT AND LIFE SATISFACTION

07/01/77

FILE ZAPS (CREATION DATE = 07/01/77) DATA FOR LIFE SATISFACTION

 C A N O N I C A L C O R R E L A T I O N -----

NUMBER	EIGENVALUE	CANONICAL CORRELATION	WILK S LAMBDA	CHI-SQUARE	D.F.	SIGNIFICANCE
1	.55956	.74804	.06552	130.82178	90	.003
2	.54973	.74144	.14875	91.46243	70	.041
3	.43299	.65802	.33036	53.16298	52	.429
4	.26598	.51573	.58264	25.92890	36	.892
5	.12940	.35973	.79377	11.08638	22	.973
6	.08825	.29707	.91175	4.43466	10	.926

TABLE 5. COEFFICIENTS FOR CANONICAL VARIABLES OF PRIMARY INTEREST

CANCORR SELF CONCEPT AND LIFE SATISFACTION						
FILE	ZAPS	(CREATION DATE = 07/01/77) DATA FOR LIFE SATISFACTION				
COEFFICIENTS FOR CANONICAL VARIABLES OF THE FIRST SET						
	CANVAR 1	CANVAR 2	CANVAR 3	CANVAR 4	CANVAR 5	CANVAR 6
LSIA	.28411	-.44635	.51238	.01444	.43494	-.08282
SCTOT	.84599	.29894	.09474	-.46750	-.17605	-.37347
SCI	-.10760	-.34290	-.50159	.31320	.47314	-.77223
SCSAT	-.47143	-.60364	-.40470	.71383	.87503	-.17103
SCBEH	0	0	0	0	0	0
SCPHY	-.06481	-.54032	-.65086	.64163	-.75874	.43432
SCME	.11194	-.79875	-.73207	-.46145	-.46951	.91801
SCPER	-.42254	-.42047	-.66653	.91830	.70744	.08926
SCEAM	-.88299	-.33217	-.92476	.37501	-.17296	-.16348
SCSOC	0	0	0	0	0	0
SCGM	.01807	-.17281	-.89813	-.09902	.24789	.82646
SCCRIT	-.47440	.13965	.07448	.15812	.27501	-.10980
SCCT	.12408	.24699	.26715	-.09426	-.15260	-.45748
SCPI	-.53724	.12647	-.00871	-.44233	-.23000	-.58796
SCTV	.10501	.14996	-.27865	.00099	.18864	.47453
COEFFICIENTS FOR CANONICAL VARIABLES OF THE SECOND SET						
	CANVAR 1	CANVAR 2	CANVAR 3	CANVAR 4	CANVAR 5	CANVAR 6
PSEX	.10387	.75993	.21839	.26612	-.67094	.16015
PHEA	-.46783	-.27668	.66367	.05144	-.68733	.10942
PCON	-.78504	.36368	.25427	-.27903	.36111	.29204
PRAT	.38118	.25401	.67764	.44899	.55227	.06340
PRB	.56167	.17500	.32256	-.71078	-.07143	.37411
PRPR	-.46477	-.31677	-.37574	.28353	-.15099	.86076

There were no significant canonical variates when the analysis included all the variables from the Biographical Data sheet along with the variables of primary interest; namely, gender, availability of a confidant, religiosity, and self-perceived health. Table 6 lists the canonical correlation with the entire list of variables examined in this study. Table 7 lists the coefficients for the 41 canonical variables of the data set. The scores on the Life Satisfaction Index A, the full scale and subscales of the Tennessee Self Concept Scale formed one set for comparison with the personal and behavioral variables from the Biographical Data sheet forming the other set.

In examining the correlates of life satisfaction and the self-concept measures, there were some significant correlations with the variables of primary interest in this study and also with other variables taken as possible indicators from the Biographical Data sheet. These variables may be of interest for further study. They are as follows:

Life Satisfaction Index A:

- .348 gender (The questionnaire listed males as answer #1, females as #2.)
- .339 self-perceived health
- .289 level of education
- .262 religious attendance

Full Scale Self-Concept Score:

- .357 availability of a confidant
- .324 self-perceived health
- .313 contact with own children

TABLE 6. CANONICAL CORRELATION OF THE DATA SET OF 41 VARIABLES

CANCORR SELF CONCEPT AND LIFE SATISFACTION

07/01/77

FILE ZAPS (CREATION DATE = 07/01/77) DATA FOR LIFE SATISFACTION

----- CANONICAL CORRELATION -----

NUMBER	EIGENVALUE	CANONICAL CORRELATION	WILK S LAMBDA	CHI-SQUARE	D.F.	SIGNIFICANCE
1	.89810	.89895	.00010	349.62975	390	.929
2	.75134	.86680	.00053	286.89945	350	.994
3	.74028	.86039	.00212	234.01647	312	1.000
4	.65469	.80913	.00815	182.78721	276	1.000
5	.58842	.76708	.02359	142.38121	242	1.000
6	.55443	.74460	.05732	108.64692	210	1.000
7	.42266	.65012	.12864	77.92775	180	1.000
8	.41177	.64169	.22282	57.05368	152	1.000
9	.31828	.56416	.37879	36.88974	126	1.000
10	.23441	.48416	.55563	22.33081	102	1.000
11	.15384	.39222	.72576	12.18044	80	1.000
12	.10316	.32119	.85770	5.83285	60	1.000
13	.04364	.20889	.95636	1.69548	42	1.000
14	.00000	.00000	1.00000	.00000	26	1.000
15	.00000	.00000	1.00000	0	12	1.000

TABLE 7. COEFFICIENTS FOR THE 41 CANONICAL VARIABLES OF THE DATA SET

CANCONR SELF CONCEPT AND LIFE SATISFACTION

07/01/77

FILE ZAPS (CREATION DATE = 07/01/77) DATA FOR LIFE SATISFACTION

COEFFICIENTS FOR CANONICAL VARIABLES OF THE SECOND SET

	CANVAR 1	CANVAR 2	CANVAR 3	CANVAR 4	CANVAR 5	CANVAR 6	CANVAR 7	CANVAR 8	CANVAR 9	CANVAR 10
PSEX	-.06924	-.33195	-.11445	.73666	-.21665	-.66785	.33747	.30005	-.11144	-.17355
PHEA	.10978	.67071	.06989	-.24311	.01662	-.09742	.20253	.04584	.19541	-.11964
PCON	-.60664	-.06000	-.07784	-.34894	.07723	-.24659	-.19046	-.22824	-.05026	.34337
PRAT	.34194	.13904	-.26925	.64654	.11407	-.26244	-.14121	.02473	-.12740	.19923
PRD	.37599	-.13890	-.23060	.05251	-.04755	-.09801	.22446	-.45344	-.75724	-.04445
PRPR	-.40964	.00354	.47679	.05421	.13742	.14244	-.40414	-.02124	.19152	.11444
AGE	.00974	.01620	.02284	.47244	.40312	-.14613	-.25421	.28274	.20136	.09447
MS	-.06666	-.10423	.40964	.39029	-.21334	-.07092	.07004	.17851	-.26349	.37971
HM	-.16619	-.41742	.28972	.45567	-.02199	-.05457	.12011	.11934	-.23140	-.11720
MW	0	0	0	0	0	0	0	0	0	0
RJ	.02956	-.23020	-.02007	.06273	.25414	-.12747	-.18514	-.14114	-.12623	.41114
RP	0	0	0	0	0	0	0	0	0	0
TRANS	-.17971	.01992	.34909	.34869	.07901	.10463	.34781	-.54597	.05362	-.06724
HONO	-.08004	-.67916	-.10257	-.96255	-.21226	.51050	-.09045	-.11423	.57156	-.62047
HOAP	-.31563	-.54605	-.05973	-.63816	-.37792	.46917	-.76594	-.13503	.49437	-.04645
HONH	-.07201	-.24927	-.05662	-.80443	-.22416	.00817	-.14477	.32227	-.33679	-.20470
HOLR	-.25866	-.54675	-.26905	-.28697	-.01325	.11781	-.53755	-.61926	.20920	-.23914
ED	-.24583	-.12959	-.14852	.31807	.65075	.16214	.17719	.24421	-.05473	-.41571
WK	-.47926	-.03316	.12454	.14100	.30169	-.12630	-.19080	-.01520	-.33325	.33404
WKT	0	0	0	0	0	0	0	0	0	0
MOVES	-.12341	.27621	-.16201	-.36179	.03645	.60457	-.24430	-.07424	-.36817	.09103
PEPFIN	-.14240	.13460	.44413	.14445	-.05402	.05652	.04476	.11744	-.14374	-.25343
CHILD	.26245	.49570	.13932	-.01716	-.22612	-.01864	-.19052	-.18302	.11573	-.20072
PARTI	-.14057	.11040	-.09661	-.20544	-.24002	-.21345	-.14062	-.14624	.01804	.18006
DIS	.25849	.01463	.31505	.53674	.02245	-.21669	.03390	-.27139	.46773	.13009
US	.34122	-.48359	.10026	-.44014	.03474	-.41954	-.46123	-.34017	.04044	.06226

	CANVAR 11	CANVAR 12	CANVAR 13	CANVAR 14	CANVAR 15
PSEX	-.56972	-.16857	-.35345	0	0
PHEA	-.73925	.14799	-.16440	0	0
PCON	-.31368	.19471	.16200	0	0
PRAT	.22394	-.24309	.11594	0	0
PRD	-.09236	.41299	.11449	0	0
PRPR	-.34599	.43923	.51353	0	0
AGE	-.11764	.10726	-.31249	0	0
MS	.21559	.13650	-.60315	0	0
HM	.17594	-.40430	.00017	0	0
MW	0	0	0	0	0
RJ	.20066	.34816	.24622	0	0
RP	0	0	0	0	0
TRANS	-.41494	-.09271	-.14807	0	0
HONO	.04559	.11650	-.34142	0	0
HOAP	.29249	.35040	-.62499	0	0
HONH	-.34490	.07241	-.04416	0	0
HOLR	-.29902	.04312	-.04604	0	0
ED	-.09646	.00370	-.17444	0	0
WK	.33917	.15046	-.01522	0	0
WKT	0	0	0	0	0
MOVES	-.15239	-.56206	.32051	0	0
PEPFIN	-.17727	.40363	.07675	0	0
CHILD	-.11487	.16924	-.37736	0	0
PARTI	.00323	.23004	-.04622	0	0
DIS	-.50075	-.02314	-.23300	0	0
US	.04675	.09474	-.13112	0	0

Continuation of TABLE 7.

COEFFICIENTS FOR CANONICAL VARIABLES OF THE FIRST SET

	CANVAR 1	CANVAR 2	CANVAR 3	CANVAR 4	CANVAR 5	CANVAR 6	CANVAR 7	CANVAR 8	CANVAR 9	CANVAR 10
LSIA	.48806	.25553	-.15570	-.03776	.56260	.00164	-.39164	-.44427	.12821	-.03011
SCTOT	-.73811	-.07027	-.37343	-.46402	.51131	-.04191	.86663	-.98812	-.02796	-.34136
SCI	.46909	.54726	-.07646	.28596	-.47512	-.03665	-.36433	-.90305	.17607	.91871
SCSAT	-.22609	.23085	.33887	.37166	-.33085	-.01880	.13720	.33689	.44093	.37765
SCFH	0	0	0	0	0	0	0	0	0	0
SCPHY	.63251	.85413	.14504	-.57320	-.12328	.59487	.28097	.02796	.82923	-.18173
SCMF	.17008	.32669	.97144	.45083	-.06311	.16461	-.04874	.70194	.81189	-.59411
SCPER	-.42208	.56712	.87174	.04033	-.07851	.56653	-.35876	.26028	.01330	.54426
SCFAM	-.10485	.55300	-.08947	-.37121	-.18141	.96724	-.54057	.84197	-.39269	-.02861
SCSOC	0	0	0	0	0	0	0	0	0	0
SCGM	-.47671	.00704	.56126	.58201	-.31395	.73373	-.73910	.43543	.48585	-.05317
SCCRIT	-.29913	-.13145	-.19181	-.20620	.35486	-.07585	-.04265	.03487	.28362	.52249
SCCT	.20478	.04285	-.28049	.12600	-.25362	-.20158	.40503	-.50631	.52490	-.79397
SCPI	-.36752	-.51446	-.08502	-.28712	.50399	-.45878	.60100	.16955	.48844	-.49824
SCTV	-.12039	-.37610	.29890	.65565	.40068	.19660	.76212	.38152	.15396	.22201

	CANVAR 11	CANVAR 12	CANVAR 13	CANVAR 14	CANVAR 15
LSIA	.32369	.36862	.08102	-.00000	.00000
SCTOT	-.86243	-.88335	-.73953	-.00000	-.00000
SCI	.60154	.73819	-.37953	-.00000	.00000
SCSAT	.93402	-.17042	-.09061	.00000	.00000
SCFH	0	0	0	0	0
SCPHY	-.36056	.01487	.29816	.00000	.00000
SCMF	-.58867	.25909	.15509	.00000	.00000
SCPER	.08108	.54509	-.09618	.00000	.00000
SCFAM	.13653	.07523	.06064	.00000	.00000
SCSOC	0	0	0	0	0
SCGM	.82915	-.20510	.74358	.00000	.00000
SCCRIT	-.69505	-.39921	.12228	.00000	-.00000
SCCT	-.20529	-.75427	-.26424	-.00000	.00000
SCPI	-.00046	-.24482	-.37531	-.00000	.00000
SCTV	.19496	.47250	.34316	.00000	.00000

NO SIGNIFICANT CANONICAL VARIABLES

Identity Self-Concept:

- .337 married marital status
- .303 self-perceived health
- .283 widowed marital status
- .280 availability of a confidant
- .275 contact with own children

Satisfaction Self-Concept:

- .365 contact with own children
- .341 self-perceived health
- .333 availability of a confidant
- .303 born in United States
- .276 length of participation in activities at the Jewish Community Center

Behavior Self-Concept:

- .308 availability of a confidant

Physical Self-Concept:

- .505 self-perceived health
- .395 living with a relative
- .271 gender (The questionnaire listed males as answer #1, females as #2.)

Moral-Ethical Self-Concept:

- .266 contact with own children

Personal Self-Concept:

- .407 availability of a confidant
- .282 availability of transportation

Family Self-Concept:

- .452 availability of a confidant
- .319 length of participation in activities at the Jewish Community Center
- .315 contact with own children
- .295 born in United States
- .265 experience of distress in past 3 months such as a death in the family

Social Self-Concept:

- .411 availability of a confidant
- .334 contact with own children
- .293 experience of distress in past 3 months such as a death in the family
- .275 living in a nursing home

General Maladjustment Score:

- .315 availability of a confidant

Self-Criticism Score:

- .264 belief in life after death

Self-Concept Conflict Total:

- .265 presently working part time

Personality Integration Score:

- .433 born in United States
- .291 married marital status
- .274 religious attendance
- .264 widowed marital status

Total Variance of Self-Concept:

- .340 number of moves in past 10 years
- .328 self-perceived health
- .300 living in an apartment

In this sample of primarily Jewish subjects the personal and behavioral variables from the Biographical Data sheet that were significantly correlated with each other are as follows:

Gender: (The questionnaire listed males as answer #1, females as #2.)

- .570 widowed marital status
- .521 married marital status
- .363 availability of transportation
- .349 self-perceived health
- .331 Jewish religious preference
- .331 Protestant religious preference
- .305 born in United States

Self-Perceived Health:

- .299 married marital status
- .267 presently working part time

Availability of a Confidant:

- .357 living in a nursing home
- .265 length of participation in activities at the Jewish Community Center

Religious Attendance:

- .315 religious practices

Belief in Life After Death:

- .388 Jewish religious preference
- .388 Protestant religious preference

Religious Practices:

- .294 living with a relative
- .275 age

Age:

- .272 living in an apartment

Single Marital Status:

- .431 living in a nursing home
- .402 experience of distress in past 3 months such as a death in the family
- .340 perceived finances (The questionnaire listed satisfactory finances as answer #1, more or less satisfactory as #2, and not at all satisfactory as #3.)
- .334 number of moves in past 10 years

Married Marital Status:

- .331 Jewish religious preference
- .331 Protestant religious preference

Widowed Marital Status:

- .279 Jewish religious preference
- .279 Protestant religious preference

Living in Own Home:

- .296 number of moves in the past 10 years
- .279 presently working part time

Living in an Apartment:

- .292 number of moves in the past 10 years

Living in a Nursing Home:

- .486 experience of distress in the past 3 months such as a death in the family

Level of Education:

- .349 born in United States

Number of Moves in the Past 10 Years:

- .326 experience of distress in past 3 months such as a death in the family

Contact With Own Children:

- .273 length of participation in activities at the Jewish Community Center

CHAPTER V

DISCUSSION

The primary goal of this study was to examine self-concept and life satisfaction with a sample of noninstitutionalized older Americans using instruments recognized for this purpose. The scores on the Tennessee Self Concept Scale and the Life Satisfaction Index A from this sample generally reflected the normative data for these instruments. This indicated that the primarily Jewish sample for this study had self-concepts and life satisfaction similar to other noninstitutionalized individuals found in the normal population.

The 59 older adults who participated in this study could be generally described as a healthy, adjusted group with ages ranging from 56 to 91. There were 32 women and 27 men in the sample. Most had available a confidant, perceived their finances as satisfactory, preferred the Jewish religion, occasionally attended church, followed some religious practices and 19% of the group believed in life after death. The majority had transportation available either by driving themselves, or through the assistance of friends and relatives who drive, or by public transportation. 94% lived in either apartments or their own homes. High school was the average level of education with 5% presently working. Those who had children reported they had some contact with their own children frequently.

Equal percentages of these adults were married or widowed and 8% were single. There were 37% of the group whose native land of birth was outside the United States. Only 7% reported experiencing a recent distress such as a death in the family within the past three months. Overall, this sample of older adults has participated in the activities of the Jewish Community Center for an average of just over three years.

The two hypotheses in this study were confirmed:

1. The Life Satisfaction Index A correlated significantly with several dimensions of self-concept as measured by the Tennessee Self Concept Scale; namely, the total self-concept score and scores of behavior, personal, social self-concepts and the general maladjustment score.

Life satisfaction has been found in past research to be related to adjustment in aging. Thus patterns of the self-concept related to life satisfaction may be related to adjustment in aging. Therefore, these particular dimensions of self-concept for the elderly bear further investigation. Behavior, personal and social self-concepts have some interpersonal features in common--perceptions of how one acts, the perception of self other than physical self, and the perception of self in relation to others. Satisfying personal relationships may be significant factors in adjustment for this older group.

2. Canonical correlation analysis indicated that the variables of gender, religiosity, availability of a confidant, and self-perceived health accounted for a significant 80% of the variation in the dimensions of life satisfaction and self-concept.

The loadings on the canonical variates indicated a linear relationship between these two sets of variables, with availability of a confidant, belief in life after death, family self-concept and total self-concept loaded the highest on the first pair of variates. On the second canonical variates, gender, availability of a confidant, moral-ethical self-concept, satisfaction self-concept and physical self-concept were highest in loadings.

Examining the relationship between these two sets of variates, some hypotheses of explanation could be made. This canonical correlation indicates that the linear relationship shared by these variables accounts for 80% of the total variation. The variation that is shared is in the same dimension, and conclusions that follow must be viewed in light of the fact that other dimensions of these variables may not be included in this set of variates. Therefore it would appear for this sample of older adults that the availability of a confidant is inversely related to the total self-concept, a finding that is unexpected in light of other research. However, having a confidant was also found to be somewhat negatively related to life satisfaction among women in a

study by Palmore and Luikart (1974). The availability of a confidant is positively related to the family self-concept. Within this first set of variates, belief in life after death is positively related to the total self-concept but negatively related to the family self-concept. In this primarily Jewish sample, a good family relationship exhibited by a positive self-concept with the family may indicate the availability of a confidant but not be associated with a belief in life after death. The belief pattern of this sample of subjects may be more related to general overall religious beliefs than to the family structure when compared with other groups. As indicated by the correlates to self-concept, contact with own children was a significant variable in this sample indicative of the strong family ties in the Jewish tradition.

The researcher speculates that the canonical variates in the first set may be tapping an aspect of autonomy within the positive self-concept in relation to a need state. The particular clustering of highest loadings on this first set of variates may be drawn together in relation to certain nurturance needs of the elderly. It is possible that a confidant enables a maladjusted individual to become more positive in perceiving himself and subsequently more adjusted. This would be consistent with several current methods of psychotherapy including client-centered therapies and behavioral therapies.

However, once a positive self-concept is formed and maintained, the role of the confidant may lessen in importance. This would suggest that the availability of a confidant may be important in intervention programs for the elderly who are maladjusted and have low self-concepts, but other variables may have greater importance for those elderly with a positive self-concept. The sample in this study with positive self-concepts may experience a greater sense of autonomy with subsequent lowered need for a confidant. The loading of belief in life after death would tend to support the possibility that a nurturance need state is underlying the grouping of the variables in the first set of canonical variates.

The high loading of gender in the second set of variates indicates that higher scores on moral-ethical, satisfaction and physical self-concepts would more likely be associated with male. Lower scores on these components of self-concept would more likely be associated with female. Here the possibility exists that for older adults with declining health, physique, and other natural results of aging, males tend to reflect their consciousness of physical decline differently from females. Other writers (Sontag, 1972) in discussion of the "double standard" in aging note women may perceive physical changes with more impact. Due to earlier esteem for attractiveness, perceived lessened attractiveness of aging may bring a

reduction in the female self-concept. As the lifespan of women nationally is longer than men (White House Conference on Aging, 1971), more women may be widowed or otherwise single as compared to the men, and satisfaction and perception of the physical and moral-ethical self may be related to being alone. This is speculation on the part of the researcher and would need to be further investigated to find if this clustering of loadings is spurious or a real relationship to the aging self-concept. Females may be indicating that the decline of the physical self is more readily recognized but that this in turn lowers their overall self-concepts in comparison to men of the same ages.

With the first two sets of variates accounting for 80% of the total variation in life satisfaction and self-concept, the variables in this analysis warrant further study. With the loadings of availability of a confidant and gender in these two variates, the necessity for studies contrasting males and females is indicated. Evidently differences of behavior being found between the sexes in studies of younger subjects continue to be manifested in older subjects. However, parameters of behavior for the older male and older female in our society have not been determined. Perhaps research on aging necessitates that the variable of gender be analyzed in studies of adjustment. Differences have been noted in past research, but contrasting studies of changes over time for the male versus female are few in number.

The correlates of Life Satisfaction Index A and the full scale and subscales of the Tennessee Self Concept Scale indicated other variables are also of importance in self-perception of the older adult. Level of education, contact with own children, length of participation in activities at the Jewish Community Center, recent distress, marital status, number of moves in the past 10 years, born in the United States, transportation availability and living arrangements were significantly correlated with some dimensions of the self-concept and life satisfaction in this study.

Contact with one's own children was found to be significantly related to six dimensions of self-concept, an example of the importance of this variable for the elderly in this sample. Examination of the correlates of living arrangements may indicate how these different settings are affecting adjustment. Not only is housing related to certain subscales of self-concept but also to the availability of a confidant, religiosity and experience of recent distress. While no causal relationships are postulated, the negative correlation of living in a nursing home with availability of a confidant and the positive correlation with experience of recent distress is of interest. In view of past research on the relationship of recent distress and availability of a confidant to adjustment, it is possible that the positive aspects of physical facilities in institutions are undermined

by the inattention to interpersonal needs of the residents. Comparative studies with hospitals, resident homes and apartments would be useful in determining effective interpersonal variables present in these environments.

Activities at the Jewish Community Center and activities with the elderly's own children should be areas for further study. Specific activities and the interpersonal relationships identified within them may provide information for practical use in program and service development.

Other variables significantly correlated with each other were self-perceived health with married marital status, contact with own children with length of participation in activities at the Jewish Community Center, and availability of a confidant with length of participation in activities at the Jewish Community Center. These again are indicators of the relative importance of interpersonal variables in association with significant correlates of the self-concept and life satisfaction.

Notably absent are significant correlations of perceived finances with life satisfaction, self-concept and many variables related to these two aspects of adjustment. 89% of this sample reported their finances to be generally perceived as satisfactory, and evidently other variables were playing a larger role in self-perception.

Comparative studies of groups with self-perceived unsatisfactory finances may be informative regarding the relationship of self-concept and adjustment in the elderly. The importance of adequate income cannot be underestimated in its basic relation to adequate housing, transportation, food and health care. Studies of the importance of the self-concept and life satisfaction in adjustment must be predicated on adequate resources for the elderly. A hierarchy of needs with particular variables of primary, secondary and tertiary importance linked to satisfactory aging patterns may be delineated. Once an adequate income is available, the relative importance of other variables to adjustment may shift in prominence and become significant in intervention programs.

The results of this study must be viewed in light of the limitations. The use of intact groups and the small number of subjects limit generalizability of this study. The data also utilized self-report measures and confounding factors of distortion and response set were not controlled. The statistical analyses were used for descriptive purposes.

Future studies controlling for these factors may indicate more clearly the relationship of life satisfaction and self-concept to the variables of gender, religiosity, availability of a confidant and self-perceived health. The Biographical Data sheet prepared by the investigator was used as a cautious indicator of the

behavioral variables of interest. Studies using recognized instruments related to these variables will help delineate with more detail the relationships among these variables and self-concept and life satisfaction. The results of this exploratory study indicate the need for other studies to determine if the results can be substantiated.

Studies of elderly subjects using the Tennessee Self Concept Scale would benefit from using the computer form and encompassing the cost of scoring these answer sheets. The elderly subjects had a difficult time reading, in itself, due to poorer vision, tremors, and tiring more easily than younger subjects. The Clinical and Research Form of the Tennessee Self Concept Scale involves a confusing answer sheet that skips alternately down the page, causing difficulty in following the form for this older sample. The subjects in this sample persisted in spite of the frustration, somewhat to the surprise of the investigator as much help in using the answer sheet was needed at times. Other potential subjects, however, found the task too involved and gave up. The number of subjects who quit were few, however.

Another interesting aspect of this study was the reaction of the potential subjects to the consent form used by the investigator. The purpose and intent of this consent form was to assure the subjects that their privacy would be protected and to indicate that they

understood the procedure and general purpose of the study. A number of potential subjects simply would not sign the consent form fearing it was somehow obligating them or involving them in some unknown, detrimental way. A replication of this study without the consent form may indicate if this was indeed a factor in the refusal rate seen by the investigator. However, high refusal rates are common with the elderly (Maddox, 1962), and the consent form may have merely provided a convenient vehicle for refusal.

The subjects for this study were volunteers with the concomitant restrictions on generalizability and random sampling necessary for reliable statistical analysis. A number of studies of the elderly have employed random sampling but nonparticipation rates have been high. A comparison of volunteers and the randomly drawn sample of elderly (Maddox, 1962) indicated that because of the high refusal rate among older persons, those who do participate in surveys tend to be essentially the equivalent of volunteers. Physical and mental health of volunteers appeared to be only slightly better than that of the samples of elderly persons who agree to participating in a randomly drawn sample.

Future studies of this nature may benefit from the procedure finalized upon in this study. Evidently working in small groups of four to six, the elderly can proceed in tasks of an hour's duration with some frustration without giving up. The persistence evidenced

by the subjects in this study may be a fruitful area for study in relation to the self-concept and adjustment in aging. An assistant available to each group to facilitate the reading of the elderly and to check the understanding of mechanical procedures proved in this study to be a valuable tool. A number of groups can proceed simultaneously depending on the number of assistants available for the study. The manner and contact with the assistants may also be a factor in the persistence evidenced by the elderly, an area of interest for future analysis of the adjustment of this age group.

The elderly have characteristics that enable them to continue to function effectively in spite of the difficulties encountered with aging. However, presently little is known about the variables operating in their successful adjustment. Self-concept and satisfaction of life are expressions of perceptions about the self in relation to one's situation, and research has shown this to be associated with adjustment. The number of studies showing a variety of relationships to adjustment have not been effective, however, for producing practical results to be later used in manipulating this perceived view of life. Subsequent studies of an experimental nature may determine the relationship of factors of self-perception to effective coping behaviors. Results of these studies may provide the basis for assisting other elderly to develop effective adjustment.

Correlates presently found related to life satisfaction and self-concept have not been examined in relation to changes over time with the same individual. Also, interactions among these variables have not been examined. The latter years of life present many changes in personal health, abilities, social and environmental conditions. Attention focused on the perceptions of the individual within these life changes will provide information necessary for understanding and predicting adjustment of this age group. As psychologists extend their work to cover the entire lifespan, an integrated theory of development of the adjusted and adaptive self may emerge.

One of the difficulties in studying changes over time is the possibility of confounding cohort differences with aging differences. Cohort differences refer to the groups of individuals born in the same year and experiencing similar historical influences and changes over time. These influences are reflected in the way the individuals perceive situations and themselves and may be inherently different from other individuals born at another time. Cross-sectional studies comparing the same ages in different studies but with different people do not allow for examination of these inherent cohort differences.

Schaie (1965) proposes a model of research utilizing sequential methods of analysis. In his design

both cohort differences and age differences may be studied. Subjects are tested at succeeding time intervals in order to examine both age variables and cohort variables. The design combines attributes of both the cross-sectional and longitudinal studies. Considering the research conducted with the elderly, designs using Schaie's model may be a necessity as cohort differences have had almost a lifetime of influence on the individuals. To elicit the factors due to aging alone, one must first remove the factors due to cohort influences. Possible interactions among cohort variables and aging may indicate why situational variables affect aging groups differently.

The present study was designed to be the first of a series of studies with several samples of elderly in different settings. These same groups could be tested again in five years. Then analysis of the data according to Schaie's model could be made. Changes in the self-concept and life satisfaction in relationship to the variables of self-perceived health, availability of a confidant, religiosity and gender would be examined. Situational variables in different programs may play a significant role in the perceptions of the elderly and their expressions of self-concept and life satisfaction.

This study was a small start in the overall purpose to gather basic data about life satisfaction and self-concept in aging Americans over a period of time. Subsequent studies are necessary to either confirm or deny

the findings in the present study. If the findings are substantiated, experimental studies may determine how the factors of self-perception and personal variables are related to effective coping behaviors. These studies may provide the empirical basis for intervention procedures with the maladjusted elderly. Ultimately through research of program evaluation, specific prevention and treatment programs for the elderly will be developed bringing more effective mental health services to this group.

VI. SUMMARY

The purpose of this study was to investigate life satisfaction and self-concept in a sample of non-institutionalized older Americans. Variables of gender, availability of a confidant, self-perceived health, and religiosity were found to be linearly related to the Life Satisfaction Index A and the full scale and selected subscale scores of the Tennessee Self Concept Scale as determined by canonical correlation analysis. The sample of subjects for this study consisted of 59 older, primarily Jewish, Americans ranging in age from 56 to 91 who were presently active in the programs for the older adult at the Jewish Community Center in Richmond, Virginia.

Scores of the Life Satisfaction Index A and the full scale and some of the subscale scores of the Tennessee Self Concept Scale were significantly correlated.

In canonical correlation analysis, it was found that availability of a confidant, belief in life after death, and gender were highly loaded on the variates together with the full scale and some of the subscales of the Tennessee Self Concept Scale. The possibility of an interaction of gender with the moral-ethical, physical and satisfaction self-concepts was found indicating the necessity for research comparing males with females.

Correlates of life satisfaction and self-concept indicated that self-perceived health, availability of a

confidant, gender, contact with own children, marital status, number of moves and living arrangements were more highly related than other variables analyzed in this study.

Future studies are needed to determine the reliability and validity of these findings. Procedures taking into account the difficulty of vision found in elderly subjects, and the skepticism over signing a consent form may facilitate obtaining a larger sample size. Use of another form of the Tennessee Self Concept Scale which is more easily followed but relatively costly may be necessary in research of the elderly using this instrument. If the findings in this study are substantiated, other studies exploring the parameters of interpersonal relationships and perceptions of health and the self-concept may be helpful in finding specific aspects of these indicated variables that may be related to adjustment in the elderly. Program evaluation studies may determine the effect these particular variables produce in varying programs. Research of this type is necessary to provide basic data for understanding and ultimately providing useful mental health services for the elderly.

APPENDIXES

APPENDIX A

BIOGRAPHICAL DATA

Please Complete the Following Questionnaire.
This information will remain confidential; your name
will subsequently be coded to insure privacy. The
information is necessary for this study.

NAME _____
(first) (middle) (last)

ADDRESS _____
(street)

(city) (state) (zip)

AGE NOW _____ BIRTHDAY _____
(month) (day) (year)

BORN IN U.S.? _____ IF NOT, WHERE? _____
(yes) (no) (specify)

TELEPHONE NUMBER _____

NAME AND ADDRESS OF NEAREST RELATIVE OR A CLOSE FRIEND
IN THE RICHMOND AREA.

NAME _____
(first) (last)

ADDRESS _____
(street)

(city) (state)

TELEPHONE NUMBER _____

CODE _____
(to be filled in by
University of Richmond)

CODE _____

PLEASE COMPLETE ALL QUESTIONS BY CIRCLING THE APPROPRIATE ANSWER.

1. YOUR SEX:

1. male
2. female

2. YOUR RACE:

1. black
2. white
3. other (please specify) _____

3. MARITAL STATUS:

1. single
2. married
3. widowed
4. divorced
5. separated

4. IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:

1. poor
2. fair
3. good
4. excellent

5. DO YOU HAVE A FRIEND OR RELATIVE WITH WHOM YOU CAN DISCUSS PROBLEMS MOST OF THE TIME?

1. yes
2. no

6. EACH MONTH, APPROXIMATELY HOW OFTEN DO YOU ATTEND A CHURCH SERVICE OR CHURCH-RELATED ACTIVITY? (OTHER THAN "GRAND GROUP" OR "5400 Club" ACTIVITIES.)

1. never
2. occasionally
3. frequently

7. DO YOU BELIEVE IN LIFE AFTER DEATH?

1. yes
2. no

8. DO YOU FOLLOW ANY RELIGIOUS PRACTICES SUCH AS PRAYER, RULES OR BELIEFS?

1. yes
2. no

9. RELIGIOUS PREFERENCE:

1. Jewish
2. Catholic
3. Protestant
4. Other (please specify) _____
5. None

10. TRANSPORTATION AVAILABILITY:

1. I drive my own car or one that is usually available to me.
2. I rely on public transportation.
3. Friends or relatives are generally available to drive me most of the time.
4. Transportation is not available for me most of the time.

11. YOUR PRESENT TYPE OF HOUSING:

1. live in own home
2. apartment
3. hospital
4. nursing home
5. live with my children or a relative
6. share a home or rent a room
7. other (please specify) _____

12. APPROXIMATE LEVEL OF EDUCATION COMPLETED:

1. 1st - 4th grade
2. 5th - 8th grade
3. 9th - 12th grade
4. some college
5. college graduate
6. graduate education

13. WORK HISTORY: APPROXIMATE NUMBER OF YEARS YOU HAVE BEEN WORKING. (HOMEMAKERS, ONLY LIST WORK OUTSIDE HOME FOR THIS QUESTION.)

Number of years worked _____.

A. ARE YOU PRESENTLY EMPLOYED?

1. yes
2. no

B. IS THIS WORK:

1. part time
2. full time

14. BRIEFLY GIVE A WORK HISTORY OF YOUR PAST EMPLOYMENT - DESCRIPTION AND TITLES, IF ANY, UP TO THE PRESENT TIME.

15. FOR HOMEMAKERS:

A. DID YOU DO YOUR OWN HOUSEWORK IN THE PAST?
 1. yes
 2. no

B. DID YOU HAVE HELP WITH YOUR HOUSEWORK?
 1. yes
 2. no

C. IF YES, APPROXIMATELY HOW OFTEN?

D. DO YOU DO YOUR OWN HOUSEWORK NOW?
 1. yes
 2. no

E. DO YOU HAVE HELP WITH YOUR HOUSEWORK?
 1. yes
 2. no

F. IF YES, APPROXIMATELY HOW OFTEN?

16. APPROXIMATELY HOW OFTEN HAVE YOU CHANGED YOUR PLACE OF RESIDENCE IN THE PAST 10 YEARS?

17. AS FAR AS YOU ARE CONCERNED, WOULD YOU SAY THAT:

1. You are well satisfied with your present financial situation.
2. You are more or less satisfied with your present financial situation.
3. You are not satisfied at all with your present financial situation.

18. HOW MANY CHILDREN DO YOU HAVE? _____

PLEASE LIST YOUR CHILDREN BY SEX AND AGES.
 FOR EXAMPLE: SON, AGE 45.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. APPROXIMATELY HOW OFTEN DO YOU SEE ANY OF YOUR CHILDREN?

1. seldom
2. occasionally
3. frequently

20. DO ANY CHILDREN LIVE IN THE RICHMOND AREA?

1. yes
2. no

APPROXIMATELY HOW OFTEN DO YOU SEE THESE CHILDREN?

1. seldom
2. occasionally
3. frequently

21. MY FAVORITE ACTIVITIES WHEN I AM WITH FRIENDS ARE:

22. PLEASE READ THE FOLLOWING SITUATIONS AND CHECK WHAT YOU USUALLY WOULD DO.

1. You have decided you would like to change your place of residence.

- Would you:
1. discuss it with friends and family and rely on their advice for finding a new place
 2. find information on new places entirely on your own and decide what was best for you
 3. discuss it with others and then decide for yourself what you will do.

2. You must purchase another car.

- Would you:
1. discuss it with friends and family and rely on their advice for finding a car
 2. find information on available cars entirely on your own and decide what car you wanted
 3. discuss it with others and then decide for yourself which car you want

3. You are selecting a wedding gift for a favorite nephew.

Would you:

1. discuss it with friends and family and rely on their advice for the choice of a gift
2. shop around for yourself and select the gift you like
3. discuss it with others and then select the gift you want

23. APPROXIMATELY HOW LONG HAVE YOU BEEN PARTICIPATING IN THE ACTIVITIES HERE AT THE JEWISH COMMUNITY CENTER?

24. IN THE PAST 3 MONTHS, HAVE YOU EXPERIENCED ANY DISTRESSING SITUATION SUCH AS A DEATH IN THE FAMILY, OR CHANGE IN EMPLOYMENT? IF SO, PLEASE BRIEFLY DESCRIBE.

25. COMMENTS: PLEASE ADD ANY OTHER INFORMATION OR STATEMENTS ABOUT YOUR PRESENT LIFE, ACTIVITIES HERE AT THE JEWISH COMMUNITY CENTER, OR THIS STUDY THAT YOU MAY WISH TO MAKE AT THIS TIME.

THANK YOU for your participation
in this study to learn more about
how individuals like yourself
view life.

APPENDIX B

EXPLANATION OF PROCEDURE

Project: Measurement of Life Satisfaction and Self-Concept

I am conducting a study of the relationship between satisfaction in life and how you perceive yourself. This project will be based on three questionnaires related to how you view yourself, your satisfaction or dissatisfaction with life and the biographical information you provide. There is particular interest today in providing programs that assist people like yourselves in making decisions about changes in health and in living and working conditions. But first we must gather basic information, ideas and feelings from you in order to be able to provide direction for future program development and program evaluation.

This project will be gathering basic information for use in a later research project to study effective programs like the ones you are enjoying here. This, then, allows you to be an effective force in shaping the programs developed elsewhere. Only with your honest and frank answering of questions can we hope to help others who do not have access to such fine programs as the ones the Jewish Community Center provides here.

These questionnaires will take from 45 minutes to one hour of your time to complete. The questions relate to facts and feelings about yourself and others. The questions are not intended to pry or seek embarrassing answers. The Tennessee Self Concept Scale has been used for a number of years in many studies of how adults see themselves. The Life Satisfaction Index A was a result of a 10-year study by the University of Chicago to study older adults in Kansas City. In addition, a questionnaire of biographical information will be required. These questionnaires will be completed here at the Jewish Community Center during one of your regular meetings.

If you agree to participate, I would like for you to understand my commitment to the protection of your privacy.

1. Your answers will be coded by number instead of by name on all materials used in this study. The information will be used in a group context without any reference to you individually.

2. Confidentiality will be maintained in that individual data and participant identities will not be shared except with the written consent of the individual participants.

3. You are free to withdraw your consent and to discontinue participation in this study at any time.

4. Answers to any questions you may have about our procedures are available at any time. My home telephone number is 794-4323.

I will not be able to talk with each of you individually about your responses to the questionnaires, but I will provide you with a summary of the findings of the project. The results may be useful to you in encouraging others to support or join your program.

This research project, and the "informed consent" form, have been approved by the Department of Psychology at the University of Richmond whose function is to promote the ethical conduct of research.

Thank you for your time.

Ann Penberthy, Masters Candidate
Department of Psychology
University of Richmond

APPENDIX C

INFORMED CONSENT FORM

Project: Measurement of Life Satisfaction and
Self-Concept

This project is a study of the relationship between satisfaction in life and how you perceive yourself. This study will be gathering basic information for use in a later research project to study effective programs like the ones you are enjoying here. Therefore, research such as this can provide you with the opportunity to be an effective force in shaping the programs developed elsewhere. Only with your honest and frank answering of questions can we hope to help others who do not have access to such fine programs as the ones provided here.

These questionnaires will take from 45 minutes to one hour of time to complete.

If you agree to participate, I would like you to understand my commitment to the protection of your privacy.

1. Your answers will be coded by number instead of by name on all materials used in this study. The information will be used in a group context without any reference to you individually.

2. You are free to withdraw your consent and to discontinue participation in this study at any time.

3. Answers to any questions you may have about our procedures are available at any time. My home telephone number is 794-4323.

This research project, and this "informed consent" form, have been approved by the Department of Psychology at the University of Richmond whose function is to promote the ethical conduct of research.

Thank you for your time.

Ann Penberthy, Masters Candidate
Department of Psychology
University of Richmond

I have read this form, and on the basis of being informed about the study agree to participate in this project.

YOUR SIGNATURE: _____ (date)

APPENDIX D

LIFE SATISFACTION INDEX A

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space under "AGREE." If you do not agree with the statement, put a check mark in the space under "DISAGREE." If you are not sure one way or the other, put a check mark in the space under "?". PLEASE BE SURE TO ANSWER EVERY QUESTION ON THE PAGE.

	AGREE	DISAGREE	?
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.	_____	_____	_____
11. I feel my age, but it does not bother me.	_____	_____	_____
12. As I look back on my life, I am fairly well satisfied.	_____	_____	_____

	AGREE	DISAGREE	?
13. I would not change my past life even if I could.	_____	_____	_____
14. Compared to other people my age, I've made a lot of foolish decisions in my life.	_____	_____	_____
15. Compared to other people my age, I make a good appearance.	_____	_____	_____
16. I have made plans for things I'll be doing a month or a year from now.	_____	_____	_____
17. When I think back over my life, I didn't get most of the important things I wanted.	_____	_____	_____
18. Compared to other people, I get down in the dumps too often.	_____	_____	_____
19. I've gotten pretty much what I expected out of life.	_____	_____	_____
20. In spite of what people say, the lot of the average man is getting worse, not better.	_____	_____	_____

BIBLIOGRAPHY

BIBLIOGRAPHY

- Adams, D. L. 1971. Correlates of satisfaction among the elderly. Gerontologist, 11, No. 4, Pt. 2, 64-68.
- Ashcraft, C. & Fitts, W. H. 1964. Self-concept change in psychotherapy. Psychotherapy, 1, No. 3, 115-118.
- Brown, A. S. 1974. Satisfying relationships for the elderly and their patterns of disengagement. Gerontologist, (June), 14 (3), 258-262.
- Busse, E. W. 1969. The older population and the aged patient. Medical College of Virginia Quarterly, 5, 137-141.
- Coopersmith, S. 1967. The Antecedents of Self-Esteem. W. J. Freeman and Company, San Francisco.
- Cutler, S. J. 1976. Membership in different types of voluntary associations and psychological well-being. Gerontologist, (Aug), 16 (4), 335-339.
- Cumming, E. & Henry, W. H. 1961. Growing Old. New York: Basic Books.
- Erikson, E. H. 1959. Identity and the life cycle. Psychological Issues, 1, 18-164.
- Fitts, W. H. 1965. Manual for the Tennessee Self Concept Scale. Counselor Recordings and Tests, Nashville, Tennessee.
- Fitts, W. H. 1972. The Self-Concept and Performance. The Dede Wallace Center, Nashville, Tennessee.
- Havighurst, R. J. & Albrecht, R. 1953. Older People. New York: Longmans, Green.
- Kalish, R. A. (Ed) 1969. Dependencies of Old People. Occasional Papers in Gerontology, 6. Ann Arbor and Detroit: Institute of Gerontology, University of Michigan and Wayne State University.
- Kalish, R. A. 1975. Late Adulthood: Perspectives on Human Development. Brooks/Cole Publishing Company, Monterey, California.
- Kaplan, H. B. & Pokorny, A. D. 1970. Aging and self-attitude: A conditional relationship. Aging and Human Development, 1, 241-250.

- Lemon, B. W., Bengtson, V. L., & Peterson, J. A. 1972. Activity types and life satisfaction in a retirement community. Journal of Gerontology, 27 (4), 511-523.
- Lowenthal, M. F. & Haven, C. 1968. Interaction and adaptation: Intimacy as a critical variable. American Sociological Review, 33, (Feb), 20-30.
- Maddox, G. L. 1962. Selected Methodological Issues. In Palmore, E. (Ed.) Normal Aging: Reports from the Duke Longitudinal Study, 1955-1969. Duke University Press, Durham, N.C. 1970.
- Moberg, D. O. 1971. Spiritual Well-Being. (White House Conference on Aging Background Papers.) Washington, D.C.: Government Printing Office.
- Neugarten, B. (Ed.) 1968. Middle Age and Aging. Chicago: University of Chicago Press.
- Neugarten, B. 1977. Personality and Aging. In Birren, J. E. and Schaie, K. W. (Editors) Handbook of the Psychology of Aging. Van Nostrand Reinhold Company, New York.
- Neugarten, B. L., Havighurst, R. J. & Tobin, S. S. 1961. The measurement of life satisfaction. Journal of Gerontology, 16, 134-143.
- Nie, N. H., Hull, C. H., Jenkins, J. G., Steinbrenner, K., Bent, D. H. 1970. SPSS Statistical Package for the Social Sciences. Second Edition. McGraw-Hill Book Company, New York.
- Nowlin, J. B. Depression and Health. In Palmore, E. (Ed.) Normal Aging II. Durham, N.C.: Duke University Press, 1974.
- Palmore, E. (Ed.) 1974. Normal Aging II. Reports from the Duke Longitudinal Studies 1970-1973. Duke University Press, Durham, N.C.
- Palmore, E. & Luikart, C. 1972. Health and Social Factors Related to Life Satisfaction. In Palmore, E. (Ed.) Normal Aging II. Reports from the Duke Longitudinal Studies 1970-1973. Duke University Press, Durham, N.C. 1974.
- Peters, G. R. 1971. Self-conception of the aged, age identification and aging. Gerontologist, 11, No. 4, Pt. 2, 69-73.

- Reichard, S., Livson, F., & Peterson, P. G. 1962. Aging and Personality: A Study of 87 Older Men. New York: Wiley.
- Rosner, A. The maintenance of the self during institutionalization of the aged. Unpublished Ph.D. dissertation, University of Chicago, 1968. In Kalish, R. A. (Ed.) Dependencies of Old People. Occasional Papers in Gerontology, 6. Ann Arbor and Detroit: Institute of Gerontology, University of Michigan and Wayne State University, 1969.
- Rosow, E. 1973. Socialization to Old Age. Berkeley: University of California Press.
- Schaie, K. W. 1965. A general model for the study of developmental problems. Psychological Bulletin, 64, 92-107.
- Schwartz, D. R., Henley, B., & Zeitz, L. 1963. The Elderly, Ambulatory Patient: Nursing and Psychosocial Needs. New York: The MacMillan Co.
- Simon, A. 1970. Physical and socio-psychologic stress in the geriatric mentally ill. Comprehensive Psychiatry, 11, 3, (May), 242-247.
- Simon, A. 1971. Mental Health. In Physical and Mental Health. (White House Conference on Aging Background Papers.) Washington, D.C.: Government Printing Office.
- Sontag, S. 1972. The double standard of aging. Saturday Review of the Society, September 23, 29-38.
- Spreitzer, E. & Snyder, E. E. 1974. Correlates of life satisfaction among the aged. Journal of Gerontology, (July), 29 (4), 454-458.
- Tallmer, M. 1973. A current issue in social gerontology. Journal of Geriatric Psychiatry, 6 (1), 99-108.
- Thomae, H. 1970. Theory of aging and cognitive theory of personality. Human Development, 13, 1-16.
- Townsend, P. 1962. The Last Refuge. London: Routledge and Kegan Paul.
- Trimakas, K. A. & Nicolay, R. C. 1974. Self-concept and altruism in old age. Journal of Gerontology, (July), 29 (4), 434-439.

U. S. Senate Special Committee on Aging. 1970. Developments in Aging, 1969. Report No. 91-875, Congress, 2nd Session. Washington, D.C.: U. S. Government Printing Office.

White House Conference on Aging, 1971. Physical and Mental Health. Washington, D.C.: U. S. Government Printing Office.

Wolff, K. 1959. Group psychotherapy with geriatric patients in a state hospital setting: Results of a three-year study. Group Psychotherapy, 12, 218-222.

VITA

Ann Penberthy is currently enrolled in the graduate program at Virginia Commonwealth University leading to a Doctor of Philosophy Degree in Clinical Psychology. While a Masters Degree student at the University of Richmond, Ann worked as a teaching and research assistant to Dr. William E. Walker in the Psychology Department. She has done substitute teaching at the University of Richmond on both the undergraduate and graduate levels in psychology and statistics. During the 1976-1977 academic year, Ann represented the graduate students as a member of the Search Committee for the Assistant Dean of the Faculty of Arts and Sciences and Dean of the Graduate School at the University of Richmond. In March 1977, Ann was awarded the Outstanding Graduate Researcher in the Psychology Department.

Ann received her B.A. degree in 1963 from the University of Missouri at Columbia with Honors in Psychology. During the 1962 and 1963 summers, she was awarded research assistantships and conducted research for Dr. Jacob O. Sines, Psychologist, at the University of Missouri Medical Center.

More recently Ann was a full-time science teacher in Chesterfield County for two years teaching basic chemistry, physics and biology. Her previous experience with students was as a Youth Director for Des Peres Baptist

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