

1972

# The Effects of Institutionalization upon the Self Conceptions of Nursing Home Residents

Jack D. Nelson  
*Eastern Illinois University*

---

## Recommended Citation

Nelson, Jack D., "The Effects of Institutionalization upon the Self Conceptions of Nursing Home Residents" (1972). *Masters Theses*. 3905.  
<https://thekeep.eiu.edu/theses/3905>

This is brought to you for free and open access by the Student Theses & Publications at The Keep. It has been accepted for inclusion in Masters Theses by an authorized administrator of The Keep. For more information, please contact [tabruns@eiu.edu](mailto:tabruns@eiu.edu).

PAPER CERTIFICATE #2

TO: Graduate Degree Candidates who have written formal theses.

SUBJECT: Permission to reproduce theses.

The University Library is receiving a number of requests from other institutions asking permission to reproduce dissertations for inclusion in their library holdings. Although no copyright laws are involved, we feel that professional courtesy demands that permission be obtained from the author before we allow theses to be copied.

Please sign one of the following statements:

Booth Library of Eastern Illinois University has my permission to lend my thesis to a reputable college or university for the purpose of copying it for inclusion in that institution's library or research holdings.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Author

I respectfully request Booth Library of Eastern Illinois University not allow my thesis be reproduced because this research study

will be utilized for future journal publications  
and later for my PH'D dissertation

August 7, 1972  
Date

pdm

THE EFFECTS OF INSTITUTIONALIZATION UPON THE SELF

CONCEPTIONS OF NURSING HOME RESIDENTS

(TITLE)

BY

Jack D. Nelson

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

Master of Arts

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

1972

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING  
THIS PART OF THE DEGREE CITED ABOVE

8-10-72

DATE

8-10-72

DATE

## ACKNOWLEDGMENTS

It is important first to thank the many staff personnel and administrators of the institutions that were visited in the course of the research reported in this thesis, for without their cooperation and assistance, this thesis would not have been possible.

I would also like to thank my thesis advisor, Dr. Byron Munson, for his unyielding demands to make this thesis a respectable one. I am grateful to Professor Richard Hummel for his methodological assistance during the entire phase of this research. I am in debt to Dr. Victor Stoltzfus for his critical comments and suggestions during the initial phase of this study. I wish also to thank Dr. Gerhardt Ditz for serving on my graduate committee.

To my wife, Eileen, I dedicate this thesis. Without her encouragement and support this thesis would not have been completed.

## TABLE OF CONTENTS

CHAPTER	Page
I.	STATEMENT OF THE PROBLEM ..... 1
A.	Background ..... 1
B.	Survey of the Literature ..... 6
C.	Purpose ..... 12
II.	THEORETICAL FRAMEWORK ..... 14
A.	"Self" and "Self-Concept" ..... 14
1.	Introduction ..... 14
2.	Self Theory ..... 16
B.	Group Affiliations and the Personality .. 19
1.	Individualism and Multiple Group Affiliation ..... 20
C.	Total Institutions and Social Self-Conception ..... 21
D.	Hypotheses ..... 24
III.	RESEARCH METHODOLOGY ..... 27
A.	The Study Populations ..... 28
B.	Characteristics of the Sample Populations..... 31
C.	Study Population and Sample Selection Procedure ..... 33
D.	Size of the Sample Populations ..... 35
E.	Research Instruments ..... 35
F.	Methods of Collecting Data ..... 48
G.	Methods of Analysis ..... 50
IV.	ANALYSIS ..... 54
A.	Introduction ..... 54
B.	Sub-Hypothesis I ..... 58
C.	Sub-Hypothesis II ..... 63
D.	Sub-Hypothesis III..... 71
E.	Sub-Hypothesis IV ..... 79
F.	Sub-Hypothesis V ..... 83
G.	Sub-Hypothesis VI ..... 92
H.	Sub-Hypothesis VII..... 99
I.	Sub-Hypotheses VIII - XI ..... Appendix D

CHAPTER	Page
V. CONCLUSIONS .....	106
A. Summary of Findings .....	106
B. Discussion of Findings .....	110
1. Nursing Home Setting .....	111
2. Self Conception and Self Identification .....	113
3. Degree of Engagement .....	115
C. Limitations of this Study .....	116
BIBLIOGRAPHY .....	160
APPENDIX	
A. CHARACTERISTICS OF THE STUDY POPULATIONS ...	119
B. RESEARCH INSTRUMENTS .....	129
C. CODING AND SCORING .....	144
D. MISCELLANEOUS TABLES .....	153
VITA .....	164

## LIST OF TABLES

	Page
I. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND DISENGAGEMENT: CONTROLLED ON HEALTH STATUS .....	60
II. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND DISENGAGEMENT: CONTROLLED ON SEX .....	61
III. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND DISENGAGEMENT: CONTROLLED ON EDUCATION .....	62
IV. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND SOCIAL SELF CONCEPTION: CONTROLLED ON DEGREE OF ENGAGEMENT .....	67
V. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND SOCIAL SELF CONCEPTION: CONTROLLED ON SEX .....	68
VI. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND SOCIAL SELF CONCEPTION: CONTROLLED ON HEALTH .....	69
VII. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND SOCIAL SELF CONCEPTION: CONTROLLED ON EDUCATION .....	70
VIII. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND TST MODAL CATEGORY: CONTROLLED ON DEGREE OF ENGAGEMENT .....	74
IX. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND TST MODAL CATEGORY: CONTROLLED ON HEALTH ...	75
X. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND TST MODAL CATEGORY: CONTROLLED ON MARITAL STATUS .....	76
XI. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND TST MODAL CATEGORY: CONTROLLED ON EDUCATION .....	77
XII. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND ANOMIE: CONTROLLED ON DEGREE OF ENGAGEMENT .....	80
XIII. RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND ANOMIE: CONTROLLED ON EDUCATION .....	81

XIV.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND SELF CONCEPTION: CONTROLLED ON INSTITUTIONALIZATION .....	86
XV.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND SELF CONCEPTION: CONTROLLED ON AGE .....	87
XVI.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND SELF CONCEPTION: CONTROLLED ON SEX .....	88
XVII.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND SOCIAL SELF CONCEPTION: CONTROLLED ON HEALTH .....	89
XVIII.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND SOCIAL SELF CONCEPTION: CONTROLLED ON EDUCATION .....	90
XIX.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND TST MODAL CATEGORY: CONTROLLED ON AGE .....	95
XX.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND TST MODAL CATEGORY: CONTROLLED ON HEALTH .....	96
XXI.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND TST MODAL CATEGORY: CONTROLLED ON MARITAL STATUS .....	97
XXII.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND TST MODAL CATEGORY: CONTROLLED ON EDUCATION .....	98
XXIII.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND ANOMIE: CONTROLLED ON INSTITUTIONAL- IZATION .....	102
XXIV.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND ANOMIE: CONTROLLED ON SEX .....	103
XXV.	RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND ANOMIE: CONTROLLED ON EDUCATION .....	104
XXVI.	RELATIONSHIP BETWEEN SROLE'S ANOMIE SCALE AND SCHAAR AND MC CLOSKY'S ANOMIE SCALE .....	154
XXVII.	RELATIONSHIP BETWEEN SELF CONCEPTION SCALE BY INDIVIDUAL SCORING AND SELF CONCEPTION SCALE BY STEM SCORING .....	155
XXVIII.	RELATIONSHIP BETWEEN LENGTH OF STAY IN NURSING HOME AND SOCIAL SELF CONCEPTION SCALE ..	157



XXIX.	RELATIONSHIP BETWEEN LENGTH OF STAY IN NURSING HOME AND DEGREE OF ENGAGEMENT .....	156
XXX.	RELATIONSHIP BETWEEN LENGTH OF STAY IN NURSING HOME AND TST MODAL CATEGORY .....	159
XXXI.	RELATIONSHIP BETWEEN LENGTH OF STAY IN NURSING HOME AND SROLE'S ANOMIE .....	160

LIST OF DIAGRAMS

	Page
1. Diagram of Hypothesized Causal Connections .....	36
2. Diagram of First-Order Relationships With Coefficient Gamma .....	55
3. Diagram of Original Hypothesized Relationships .	107
4. Diagram of Hypothesized Relationship After Analysis .....	108
5. Diagram of Mediating Fixed Properties .....	109

## CHAPTER I

### STATEMENT OF THE PROBLEM

#### A. Background

In the last two decades, many sociologists have shown an increasing interest in the aged as a specific category of people with a specific social problem. The aged, being defined as those people 65 years and older, have become a specific category of people due to the application of advancing medical technology which has created an upward shift in the average life span, creating a changed population pyramid. People are living longer and the old are getting older. It has been estimated that by 1975, there will be nearly 25 million people aged 65 and over, constituting about 9.5 percent of the population. Those over 65 today make up the highest proportion of our country's population of this age group in history, and they are increasing at about twice the rate of the over-all population.<sup>1</sup> The aged as a specific social problem focuses around our society with its industrial and urban systems which demand performance, geographic and social mobility, and a competitive spirit which become difficult conditions for the aged to cope with due to the natural aging process. Thus many, but not all, are forced to "disengage"

---

<sup>1</sup>Karl Bowman and Bernice Engle, "Some Current Trends in Problems of the Aged," in Gerontology: A Book of Readings, ed. Clyde Vedder (Illinois: Charles Thomas, Publisher, 1963), pg. 162.

themselves from the occupational system either by forced or self-imposed retirement.<sup>2</sup> As some of the aged detach themselves from the responsibilities and economic activities of adult life, sometimes two decades before they experience serious functional impairment, a long hiatus or void is created in which our cultural and social institutions fail to specify or delineate tasks for the elderly. There still remains in our society atavistic attitudes toward the aged which were formerly reserved for only the functionally impaired. So there remains for some of those who must relinquish occupational and social roles a long span of years devoid of social meaning.<sup>3</sup> "The roots of many problems of the elderly in our culture lie in the normlessness of this newly extended life epoch of relatively healthy old age".<sup>4</sup> What is needed in our society is a re-evaluation of those aged persons who are detached from social and occupational roles. There is needed a creation of new social, familial, economic, political and cultural roles that will permit them to remain linked to societal social systems. But there are several social and cultural factors that make this reappraisal difficult.

First, the establishment of the nuclear family in an urban setting does not strongly support the traditional role of the aged.

---

<sup>2</sup>Elaine Cumming and William E. Henry, Growing Old: The Process of Disengagement, (New York: Basic Books, 1961), pg. 14.

<sup>3</sup>Margaret Clark and Barbara Anderson, Culture and Aging: An Anthropological Study of Older Americans, (Illinois: Charles Thomas, Publisher, 1967), pgs. 9-10.

<sup>4</sup>Ibid., pg. 10.

Members of the nuclear family are engulfed in their quest for rewards and statuses in the competitive marketplace so that there is little time for the nurturing of a strong relationship with aged parents or relatives. Second, a cultural value system that glorifies youth, action, strength and competition is not likely to offer many roles for aged members.

Reverence for the old was a phase of society that placed strong emphasis upon total family life. A society that has shaped its ideals about progress can never place its affairs in the hands of the old and give them the reverence that a society does which lives in the past. The decline of the ancestor-worship, the competitive character of modern economic life, democratic government, individualism and the cult of progress have thus all conspired to reduce to a marked degree the function<sup>5</sup> and rank possessed by the aged in earlier society.<sup>5</sup>

Thus, our industrial society has created a new social group by the rapidity of medical and technological change but has yet to find ways of incorporating them within the ongoing societal system.

Although our society needs and does employ wise theologians, supreme court justices, and emeritus professors who are aged 65 and older, the bulk of the aged are not so fortunate.<sup>6</sup> In fact, an increasingly larger percentage of the aged are dependent upon public assistance and societal institutions that are geared specifically for them. Such institutions as old-age homes, shelter-care facilities and nursing homes are becoming havens for those aged persons who are

---

<sup>5</sup>Robin W. Williams, American Society: A Sociological Interpretation (New York: Alfred A. Knopf, 1965), pg. 73.

<sup>6</sup>Margaret Clark and Barbara Anderson, op. cit., pgs. 13-16.

no longer desired in the familial setting and who can no longer support or provide medical services for themselves. It is those who are confined to nursing homes who will be the focus of this research investigation.

The likelihood of aged persons becoming admitted to a nursing home depends on not only their physical condition and lack of socio-economic resources but also (as previously stated) their family composition and its structure and organization.<sup>7</sup> Before this discussion becomes more involved, a definition of nursing homes is necessary. Nursing homes, medically defined, are those facilities which are licensed by the state to provide nursing care and medical services for the accommodation of convalescents or other persons not acutely ill nor requiring hospital care, but who do require skilled nursing care. These services are performed under the general direction of persons licensed to practice medicine in the state.<sup>8</sup> It has been reported that about 4 percent of those people 65 or older live in nursing homes or homes for the aged.<sup>9</sup> The distinction between nursing homes and other homes for

---

<sup>7</sup>P. Townsend, "On the Likelihood of Admission to an Institution," in Social Structure and the Family: Generational Relations, eds. E. Shannas and G. Streib (Englewood Cliffs, New Jersey: Prentice-Hall, 1965), pg. 226.

<sup>8</sup>U. S. Department of Health, Education and Welfare, Public Health Service, Division of Hospital and Medical Facilities, Program Planning and Analysis Branch, Washington, D. C., Hill-Burton State Plan, January 1, 1965, pg. 27.

<sup>9</sup>Ethel Shanas, "Living Arrangements and Housing of Old People," in Behavior and Adaptation in Late Life, eds. Ewald Busse and E. Pfeiffer (Boston: Little, Brown and Company, 1969), pg. 137.

the aged such as old folks' homes and shelter care facilities is that the latter are less institutional and provide fewer medical services than nursing homes. But all such facilities for the aged may be viewed as coping devices in the societal obligation of providing long term care and shelter for the aged persons of our society.

The conception of coping devices is analogous to that of "function" as defined by Robert Merton. That is, function being, "those observed consequences which make for the adaptation of a given system."<sup>10</sup> With respect to the dependency of a large majority of the aged in our society, the nursing home becomes just one adaptive mechanism in satisfying society's value commitment to those less fortunate aged persons who have neither the resources, the will, nor the familial or cultural support to function within the societal system. On a more abstract level of Parsons' general action system, the social system's primary function is that of integration of action patterns. For society to achieve a desired equilibrium, it must satisfy the functional need of integration of action patterns by such structural arrangements as the family, the school, or the nursing home. The nursing home becomes a structural arrangement to replace the family; thus, it becomes an action pattern to be integrated into the total system of action.<sup>11</sup> Burton Clark describes the manner in which the social system "cools out" or accommodates the frustrated ends of individuals by providing them alternative ends

---

<sup>10</sup>Robert Merton, Social Theory and Social Structure (Illinois: Glencoe, Inc., 1957), pg. 51.

<sup>11</sup>Talcott Parsons and Edward Shils, Toward a General Theory of Action (New York: Harper & Row, Publishers, 1951), pgs. 5-30.

or through generating new social structural units as coping devices.<sup>12</sup> But the search by our increasing aged population for new social roles does not end by institutionalization them because it is within these societal institutions that individual role loss occurs which has a debilitating effect upon the attitude toward the self or the social self conception. It is the effect upon the individual's social self-conception in a nursing home setting which is the focus of this investigation. With this framework constructed, it is necessary and seemingly logical to review the empirical research on any relationship between institutionalization and social self conception.

#### B. Survey of the Literature

Although there seems to be a lack of unanimity among studies of any significant relationship between age and self conception, numerous studies have revealed a strong relationship between interaction and self conception.<sup>13</sup> These studies as well as

---

<sup>12</sup>Burton Clark, "The Cooling Out Function in Higher Education," The American Journal of Sociology, 65, pgs. 569-576.

<sup>13</sup>Ruth Cavan, et. al, eds. in Personal Adjustment in Old Age, (Chicago: Science Research Associates, Inc., 1953), pgs. 168-173; Ruth Albrecht, "The Social Roles of Older People," Journal of Gerontology, 6, 1951, pgs. 138-145; Ethel Shanas, "The Personal Adjustment of Recipients of Old Age Assistance," Journal of Gerontology, 4, 1950, pgs. 249-253.



others<sup>14</sup>, seem to suggest that with decreased interaction or restriction of social activity the broad concepts of interaction and self-conception are empirically and theoretically related. Of the 80 nursing homes that Beattie and Bullock studied, 40 were found to offer little social activity and integration.<sup>15</sup> If this is in fact the case for all nursing homes, we would expect institutional living arrangements to adversely affect the self-conception of those 5 percent 65 and older who no longer have the opportunity to live independently. But caution must be exercised before many generalizations are offered, for Anderson notes that in considering the effects of environment on the self-conception it is necessary to distinguish between immediate environment and effects of past experience.<sup>16</sup> But Erving Goffman uses the term "total institutions" to characterize the living arrangements of nursing homes, and he feels that this setting transforms the individual into a non-human entity regardless of his past experiences.<sup>17</sup> Within such institutions,

---

<sup>14</sup>Bernard Kutner, Five Hundred Over Sixty (New York: Russell Sage Foundation, 1956); Jerome Kaplan, ed., Old Age in the Modern World, (London: Third Congress of the International Association of Gerontology, 1955), pgs. 596-597.

<sup>15</sup>W. M. Beattie and J. Bullock, "Evaluating Services and Personnel in Facilities for the Aged," in Geriatric Institutional Management, eds. M. Leeds and H. Shore (New York: G. P. Putnam's Sons, 1964), pgs. 389-397.

<sup>16</sup>J. E. Anderson, "Environment and Meaningful Activity," in Processes of Aging, eds. R. H. Williams, C. Tibbitts and W. Donahue, Vol. I., (New York: Atherton Press, 1963), pgs. 223-244.

<sup>17</sup>Erving Goffman, Asylums, (New York: Doubleday and Company, 1961), pg. 6.

Goffman states that the individual's entire existence is subject to one single authority; he must perform habitual tasks in the company of strangers, and according to a schedule accommodating the majority; and his activities are evaluated on the basis of group or administrative goals. The common good takes precedence over individual preference, and personal desires and idiosyncrasies, especially important to one who has done things his own way for many years are ignored.<sup>18</sup> Institutionalization intensifies role loss and already decreasing social interaction with friends and group affiliations. Moving to an institutional care facility connotes defeat for the individual in his effort to maintain an independent residence or financial solvency as well as rejection by family and kin relation. Moreover, "institutionalization is an anti-model for many in a society that values individualism and autonomy, and nursing homes and the like share the low status given to old age."<sup>19</sup> It would appear then that the experiences within an institutional setting would result in a lowering of the individual's self-conception. Thus, the operational definition of the nursing home for this research inquiry will be that some are in fact "total institutions", but more accurately there are varying degrees of institutionalization.

---

<sup>18</sup>Nancy Anderson, "Institutionalization, Interaction and Self-Conception in Aging," Older People and Their Social World, eds. Arnold Rose and Warren Peterson (Philadelphia: F. A. Davis Company, 1965), pg. 248.

<sup>19</sup>Ray G. Francis, "The Anti-Model as a Theoretical Concept", Sociological Quarterly, 4, 1963, pg. 198-199.

The studies that have attempted to measure the effects of institutionalization have utilized the non-institutionalized aged as the control sample. In one of the most extensive studies, Mason compared the self-judgments of 60 residents of a municipal infirmary with 30 subjects over 60 who were maintaining an independent existence. Her findings led her to conclude that an aged institutionalized group views its self worth in a more negative fashion than does an aged independent group.<sup>20</sup> Pollack and his associates studied 568 randomly selected subjects from (1) six homes for the aged, (2) eleven nursing homes and (3) three state hospitals. The community non-institutional group consisted of 128 subjects who were either residents of a housing project or lived in a single housing dwelling. Their findings revealed a significantly lower incidence of self-abusive remarks occurred among those living in the community as compared with those who were living in institutions. Responses were elicited from the use of a 9" x 12" mirror which was held in front of the respondent's face and who had to answer the question, "What do you see?"<sup>21</sup> Similarly Tuckman, Lorge, and Zeman correlated intactness of drawings, assumed to represent one's self-conception, with

---

<sup>20</sup>Evelyn Mason, "Some Correlates of Self-Judgment of the Aging," Journal of Gerontology, 9, 1954, pgs. 324-337.

<sup>21</sup>M. Pollack, et. al., "Perception of Self In Institutionalized Aged Subjects: Response Patterns to Mirror Reflection," Journal of Gerontology, 17, 1962, pg. 405-408.

institutionalization. Their sample of 39 older institutionalized aged did not differ significantly from the 69 older community residents.<sup>22</sup> Other studies have utilized the dependent variable of adjustment rather than self-conception in comparisons of institutionalized and non-institutionalized aged. Lepkowski and Pan found that the independent variable institutionalization was not a significant factor in effecting adjustment.<sup>23</sup> Scott showed that there was a significant difference in personal adjustment level between nursing home residents and non-nursing home residents of the same community; the nursing home residents having a significantly lower level of adjustment.<sup>24</sup> Coe's study found that the severity of the total characteristics of the institution varied directly with the degree of self-depersonalization. The institutions selected for study were (1) a special unit in a private, general hospital, (2) a municipal institution for care of the ill, and (3) a nursing home. His finding suggests that the nursing home had not only the most depersonalizing characteristics but also the highest proportion

---

<sup>22</sup>Jacob Tuckman, et. al., "The Self-Image in Aging," Journal of Genetic Psychology, 99, 1961, pgs. 317-321.

<sup>23</sup>Richard Lepkowski, "The Attitudes and Adjustment of Institutionalized and Non-Institutionalized Aged," Journal of Gerontology, 2, 1956, pgs. 185-191; Ju-Shu Pan, "Factors in the Personal Adjustment of Old People in Protestant Homes for the Aged," American Sociological Review, 12, 1951, pgs. 379-381.

<sup>24</sup>Francis Scott, "Factors in the Personal Adjustment of Institutionalized and Non-Institutionalized Aged," American Sociological Review, 16, 1955, pgs. 538-546.

of withdrawn and uncommunicative patients. The nursing home patients had the lowest average of TST responses and their responses were most frequently in the global category indicating high self devaluation and disorientation.<sup>25</sup>

Although most of the studies cited did indicate the negative effects of institutionalization upon self-conception, the lack of significant contrasts between the experimental group and the control group causes one to question the conclusiveness of the evidence. Most of the studies failed to specify the conditions which led to changes in self-conception among those institutionalized and the specific effects of institutionalization. The lack of matching certain social characteristics such as marital status, number of living children, education level and length of residence between the experimental group and control group has to be viewed also as a major methodological weakness of the studies cited. These characteristics were not controlled systematically to see whether or not any changes occurred to the dependent variable. Methodologically, only the studies by Mason and Coe employed an operational definition of self-conception broad enough to be relevant to any conclusions. But all of the studies utilized institutionalization as a single explanatory variable which is inadequate. Institutionalization describes changes but not the social-psychological meaning of the change.<sup>26</sup> Anderson introduces the amount of interaction as an intervening

---

<sup>25</sup>Rodney M. Coe, "Self-Conception and Institutionalization", Arnold Rose and Warren Peterson, eds., op. cit., pgs. 225-243.

<sup>26</sup>Nancy Anderson, op. cit., pg. 250.

condition which specifies the effect of institutionalization on self-conception. Her sample included 101 residents of a church-sponsored retirement home and 56 residents in the community who were applying for admission to the same home. Her findings suggested what has already been stated; that is, institutionalization in itself cannot fully explain the decreased social interaction and negative self-conception attributed to those older people institutionalized and that the particular conditions of these living arrangements must be specified. The results also revealed self-conception and social interaction are related and that those with low interaction scores also had low scores on the self-conception index.<sup>27</sup> Anderson's study points out the need for further research on the specification of explanatory conditions of institutionalization and the three-way linkage of it with interaction and self-conception. What has been absent in the literature of the institutionalized aged has been the researching of the prior group affiliations of these residents which promote a meaningful identify and the subsequent sequential severing of these ties upon admittance to an institutionalized care facility. It is with this in mind that the purpose of this thesis should be stated.

### C. The Purpose

The purpose of this thesis is to explore the relationship between loss of role involvements on the social level (qualitatively

---

<sup>27</sup>Ibid., pgs. 253-257.

and quantitatively) and changes in social self conception. More specifically, the intent will be to determine the effects of being institutionalized in a nursing home. If being institutionalized results in a reduction of role involvements, fewer social contacts, and a loss of group affiliations, then these experiences should have a negative impact upon an individual's self conception.

## CHAPTER II

## THEORETICAL FRAMEWORK

A. "Self" and "Self-Concept"1. Introduction

In order to plan a comprehensive study of the self conceptions of nursing home residents, three aspects of the institutional career of the resident should be considered:

1) The actual life situation of the residents within the socio-cultural system of the nursing home; that is, how does the administrative staff and treatment philosophy of the nursing home affect the individual's self conception?

2) The resident's ideational, emotional and behavior adaptation to his life situation in the home; that is, how does the resident respond to his institutionalization?

3) The resident's personality; how is the resident's personality structure influenced by the interaction of the socio-cultural order within the home and by his life situation before the home?

Before a detailed study of the self-conceptions of nursing home residents can be accomplished, it is necessary to view the investigation in a proper theoretical framework. This framework includes elements of symbolic interaction theory and more specifically the theory construction of George Herbert Mead. This framework will provide an understanding of the development of the self in reference to social relationships and social experiences.



Symbolic interaction provides a perspective for the study of individuals in interaction. What distinguishes symbolic interaction as a theoretical approach to the study of human behavior is a concern with the way in which interacting individuals define each other's and their own actions instead of a concern with the reaction of each interactant to the other's action.<sup>28</sup> The meaning of the act becomes crucial. In order to give meaning to action, human interaction is mediated through the use of symbols. One area of distinction between human interaction and subhuman interaction is with the use of language. Lindsmith and Strauss comment on the importance of language in interaction by arguing that interaction situations are based on the ideas expressed and mediated through linguistic symbols rather than on "objective reality" as such. The resulting cognitions (concepts, categories and stereotypes) are the mechanism by which the individual attempts to understand his social environment.<sup>29</sup> Through the use of language, the individual names, classifies and explains the major aspects of his environment, typically using name classifications and explanations supplied to him by his associates.

---

<sup>28</sup>Arnold M. Rose, Human Behavior and Social Processes (Boston: Houghton Mifflin, 1962), pg. 180.

<sup>29</sup>A. R. Lindsmith and A. L. Strauss, Social Psychology, (New York: Dryden Press, 1949), pg. 60.

## 2. Self Theory

Definition of social self: George Herbert Mead defines the self as that which can be an object to itself. It is essentially a social structure and it arises in social experience.<sup>30</sup> Through language the child learns the attitudes and emotions with which objects are viewed by others. "Thus as he learns language the child is initiated into a world of social meanings; he shares the meanings that objects have for his social group."<sup>31</sup> Just as the child learns to take the same attitudes toward objects in his environment as others, he also learns to take the same attitudes toward himself that others take toward him. Thus, he takes himself as an object. He evaluates and controls himself from the reference of someone else. The self for Mead is social for the control of oneself is social in nature; that is, control by taking the attitudes of others in which he interacts toward himself. "It is by thinking about himself in the light of the attitudes of others toward him that the individual becomes self-conscious and begins to acquire a social self."<sup>32</sup> Mead saw the self carrying on an internal conversation with itself, a part of the whole process of social communication.<sup>33</sup> "In

---

<sup>30</sup>George Herbert Mead, Mind, Self and Society (Chicago: University of Chicago Press, 1934), pg. 136.

<sup>31</sup>Leonard Broom and Philip Selznick, Sociology: A Text With Adapted Readings, (New York: Harper and Row, Publishers, 1968), pg. 96.

<sup>32</sup>Ibid., pg. 97.

<sup>33</sup>Julius Gould and William Kolb, A Dictionary of the Social Sciences, (New York: The Free Press of Glencoe, 1964), pg. 629.

this emergence of the self and its internal conversation with itself, the self comes to direct its own behaviour through the reflected appraisals and expectations of reciprocal others (the 'me') and the more spontaneous responses of the self toward these internalized others (the 'I')".<sup>34</sup>

Social Self-Concept: An individual's social self-conception is his view of himself socially which is derived from taking the attitude of others about him in social interaction. An individual organizes his actions to conform to and to validate his conceptions of himself as an actor in a number of statuses and roles. Utilizing his own social self-conception as a point of reference, he further perceives and interprets the actions, identifications, and self-conceptions of other actors. As an individual builds up and accumulates experiences through many social interactions, he develops a composite notion of himself which is a synthesis of his interactions with many other people. Thus, an individual's social conception of himself is influenced by the way in which he perceives that others view him. During the social act, the individual receives a signal from the other interactants which gives him information concerning the legitimacy of his behavior. Thus, others legitimate the individual's social self-conception or give cues which assists the individual in re-evaluating his self-conception.<sup>35</sup>

---

<sup>34</sup>Ibid., pg. 629.

<sup>35</sup>Jerome Manis and Bernhard Meltzer, Symbolic Interaction: A Reader in Social Psychology, (Boston: Allyn & Bacon, Inc., 1967), pg. 233.

Manford Kuhn points out that an individual's social conception of himself is reflected in his generalized position in society derived from his statuses in the groups to which he is affiliated and the social categories which his group memberships lead him to assign himself.<sup>36</sup> For Kuhn, the way an individual identifies himself (social self-conception) is related to the identities which others have attributed to him in the past and to the ways others have acted toward him in these identities. These identities which are central to an individual's social self-conception may be secured by the question, "Who Am I?".<sup>37</sup> In essence, Kuhn's propositions are linked to Mead's formula that an individual possesses a social self-conception only in relation to the selves of other members of the groups to which he is a member. An individual's self becomes enlarged only to the extent that it belongs to a community of group memberships. An individual's social conception of himself is a reflection of the attitudes of all those whom he is in interaction with. It is Kuhn's interpretation of Mead that is crucial to this research problem, for there occurs a loss of identity when an individual is no longer involved with a community of selves. This leads us to the next theoretical framework of the importance of group affiliations to the uniqueness of personality.

---

<sup>36</sup>Julius Gould and William Kolb, op. cit., pgs. 630-31.

<sup>37</sup>Manford Kuhn, Manual for the Twenty-Statements Problem (Department of Research, The Greater Kansas City Mental Health Foundation, Kansas City, Missouri, 1965), pgs. 2-6.

## B. Group Affiliations and the Personality

George Simmel has suggested that each object has a more enduring configuration the more various the perceptions that constitute the object. Likewise as individuals, we form our personalities out of the elements of life which are interwoven into society. More specifically, we develop in the sense that each of us participates in multiple social groups. It is within these groups that there occurs a reciprocal relation between the subjective and the objective. Objective in the sense that as an individual surrenders himself to a group, he becomes a part of an aggregate; thus, losing some of his individuality. But at the same time he also regains his individuality for his pattern of participation is unique; thus, multiple group participation creates a new subjective element to an individual's uniqueness. "Multiple group affiliations strengthen the individual and reinforce the integration of his personality".<sup>38</sup> Even though affiliations with multiple groups does in fact create external and internal conflicts for the individual, these conflicts are mutually reinforcing. The tendencies in fact arise because the individual has a core of inner unity. "The ego can become more clearly conscious of this unity, the more it is confronted with the task of reconciling within himself a diversity of group interests."<sup>39</sup> The conflicts that may arise due

---

<sup>38</sup>George Simmel, Conflict and the Web of Group Affiliations (Glencoe, Illinois: The Free Press, 1955), pg. 142.

<sup>39</sup>Ibid., pg. 143.

to multiple group affiliations may cause the individual to make external and internal adjustments, but at least he is asserting himself energetically. It is an acting self that is working and not a passive one.<sup>40</sup>

### 1. Individualism and Multiple Group Affiliation

An individual's uniqueness is enhanced by his affiliation with multiple groups, for he accumulates traits or selves from each group that distinguishes him from other members due to his simultaneous affiliation with another group. "Opportunities for individualization proliferate into infinity because the same person can occupy positions of different rank in the various groups to which he belongs".<sup>41</sup> Group affiliations not only expand an individual's opportunity for individualization and uniqueness, but they also enlarge an individual's freedom because it becomes a matter of choice with whom one affiliates and upon whom one is dependent. Group affiliations chosen freely make it possible for the individual to make his beliefs and desires felt. Group affiliations give an individual the opportunity to pursue any of his interests in association with others thus enhancing and developing one's uniqueness. "An infinite range of individualizing combinations is also made possible by the fact that the individual belongs to a multiplicity of groups, in which the relationship between competition and socialization varies greatly."<sup>42</sup> Individuality is

---

<sup>40</sup>Ibid., pg. 146.

<sup>41</sup>Ibid., pg. 151.

<sup>42</sup>Ibid., pg. 155.

characterized by that combination of competition and socialization which is essentially relevant for it. The needs of man propel him into the conflicting tendency of not only feeling and acting with others but also against others. The tendency forces an individual to select certain groups in his effort to articulate and develop his individuality.

Through multiple group affiliations, an individual gains an identity of his own which is distinguishable from the identities of others and this is central to this self-conception. An individual's social self-conception is reflective of his social anchorage within his environment which is related to the statuses and roles he occupies in multiple groups. What is important to this research is that these group affiliations are slowly severed in an institutional setting which depreciates an individual's uniqueness. Institutionalization also destroys individuality which is reflective in an unfavorable social self-conception.

### C. Total Institutions and Self-Conception

A basic social arrangement in modern society is that the individual tends to sleep, play and work in different places, with different people and under no specific rational plan. But with total institutions, the barriers ordinarily separating these spheres of life are broken down and all activities take place under one roof and under one authority.<sup>43</sup> More specifically, Goffman defines total

---

<sup>43</sup>Erving Goffman, op. cit., pgs. 2-6.

institutions as:

First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same together. Third, all phases of the day's activities are tightly scheduled with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution.<sup>44</sup>

Further, there is an almost caste-like split between the large managed group, the residents or patients, and the small supervisory staff. In general the gulf between the two groups is wide with little cross-communication and virtually no social mobility. Social distance between the two is great and formally prescribed. In addition, the staff has exclusive authority and control over the individual.<sup>45</sup>

When an individual is admitted to a total institution, he comes with what Goffman refers to as a "presenting culture" or a way of life derived from a familiar setting. This way of life was organized around experiences that confirmed "a tolerable conception of self and allowed for a set of defensive maneuvers, exercised at his own discretion, for coping with conflicts, discrediting, and failures."<sup>46</sup> What happens within the total institution is "discultura-

---

<sup>44</sup>Goffman, pg. 6

<sup>45</sup>Goffman, pg. 6-12.

<sup>46</sup>Goffman, pg. 13.



tion" or the inability of the individual to maintain a viable link with his "presenting culture" and a failure to keep pace with social changes on the outside. The individual becomes "stripped" of the support of his previous social arrangements which were fundamental for the conception of himself. Curtailment and mortification of the self occurs for the individual no longer has access to the outside world or to outside statuses and roles. A change occurs in the beliefs he has about himself and about significant others.<sup>47</sup>

Like all formal organizations, total institutions are designed to achieve specific, although different, goals. Unlike other formal organizations, total institutions provide "total" maintenance for their residents, e.g., food, shelter, medicine, activity, etc. This all-encompassing control provides justification for the manipulation of the residents without regard for their wishes and personal needs. This manipulation is accomplished through tight control over the residents and by isolating them from the rest of society.<sup>48</sup> "Among the consequences flowing from this manipulation, three are most common: (1) 'stripping', (2) control of resources, and (3) restriction of mobility".<sup>49</sup>

The important feature of these consequences is that they all tend to depersonalize the resident. Henry has stated that in all cultures:

---

<sup>47</sup>Goffman, pgs. 13-15

<sup>48</sup>Goffman, pgs. 13-40

<sup>49</sup>Rodney Coe, op. cit., pg. 228.

The nature of the attachment of the individual to the social system varies through time, and is related to the economic and symbolic contributions made by him to the culture. Everywhere deference, access to goods and services, the ability to influence social decisions, the 'capacity to be missed', and the right to control the disposition of one's own person emerges as independent criteria of 'attachment' and hence, of personalization.<sup>50</sup>

When the resident of a total institution is deprived of modes of attachment to his own social system through routinization, loss of control over resources, decreased mobility, impersonal treatment, he is experiencing depersonalization and dehumanization. It can be inferred from above that the degree of depersonalization and dehumanization will vary directly with the severity of the total characteristics of an institution.<sup>51</sup> It is these characteristics which so mark our nursing homes. It is in these homes that "the components of apathy, obsessive preoccupation with food and excreta, the adoption of the role of child-animal, and defense of the bed" are a way of life for aged individuals who have been left by their families, government and culture.<sup>52</sup> It is with this theoretical framework in mind that important research hypotheses come to mind that need to be tested.

#### D. Hypotheses

Before becoming admitted to a nursing home, an individual has a number of statuses and roles by which he defines himself. Becoming

---

<sup>50</sup>Ibid., pg. 228.

<sup>51</sup>Ibid., pg. 228.

<sup>52</sup>Jules Henry, Culture Against Man (New York: Vintage Books, 1965), pgs. 440-441.

institutionalized within a nursing home, the individual becomes socially and physically separated from former non-institutional social statuses and roles and becomes removed from the source of self-confirming signals. With increasing time in the nursing home, the individual identifies less and less with former non-institutional self identities, because these identities are not reinforced within the institutional setting. It is with this in mind that the following master hypothesis and sub-hypotheses were developed for empirical testing.

MASTER HYPOTHESIS: People institutionalized in nursing homes will experience a greater degree of disengagement from group affiliations and social and family ties which in turn will result in an unfavorable social self-conception, a greater number of self statements that transcend social interaction and a higher anomie condition.

Sub-Hypothesis I: Individuals who are institutionalized will experience a greater degree of disengagement than those non-institutionalized.

Sub-Hypothesis II: Individuals who are institutionalized will experience a more unfavorable social self conception than those non-institutionalized.

Sub-Hypothesis III: Individuals who are institutionalized will report a greater number of self statements that transcend social interaction than those non-institutionalized.

Sub-Hypothesis IV: Individuals who are institutionalized will feel more anomic than those non-institutionalized.

Sub-Hypothesis V: There is an inverse relationship between degree of disengagement and social self-conception.

Sub-Hypothesis VI: There is a direct relationship between degree of disengagement and the number of self statements that transcend social interaction.

Sub-Hypothesis VII: There is a direct relationship between degree of disengagement and anomie.

Sub-Hypothesis VIII: There is a direct relationship between length of stay in a nursing home and degree of disengagement.

Sub-Hypothesis IX: There is an inverse relationship between length of stay in a nursing home and a negative social self-conception.

Sub-Hypothesis X: There is a direct relationship between length of stay in a nursing home and the number of self statements that transcend social interaction.

Sub-Hypothesis XI: There is a direct relationship between length of stay in a nursing home and degree of anomie.

CHAPTER THREE  
RESEARCH METHODOLOGY

In order to test a number of hypotheses which relate to a measure of change in some social dimension, it becomes necessary to develop a research design which allows the researcher to incorporate a time element into the research procedures. A time element was incorporated into this research design by the institutionalized sample which controlled for length of stay in the institutional setting. But this researcher recognizes that changes in characteristics of the research setting over time, changes in relation with the outside community, and changes in social experiences are difficult to control. The research design developed for this investigation is reflective of the causal analysis survey approach that is utilized to search for causal relationships between variables. The research design utilized for this investigation is referred to also as the static-group comparison method.<sup>53</sup> The design was based upon a group (those institutionalized in nursing homes) who experience X (institutionalization) and who are compared with another group (those non-institutionalized) who do not experience X, for the purpose of establishing the effect of X.

---

<sup>53</sup>Donald Campbell and Julian Stanley, Experimental and Quasi-Experimental Designs for Research, (Chicago: Rand McNally and Company, 1963), pg. 12.

This chapter will be concerned with the two study populations and their social characteristics, the selection procedure for the sample populations, size of the two sample populations and the research instruments used in this research. Finally, a brief description of the methods of analysis used in this study will be given.

#### A. The Study Populations

Two study populations were tested in this research investigation: a study population of those institutionalized and a population of those non-institutionalized. The study population of those institutionalized consisted of 56 individuals between the ages of 65 and 101 who were institutionalized as permanent residents of a state licensed nursing home. One of the hypotheses of this research is that these individuals would experience the independent variable of institutionalization which would have a negative effect upon their social self conception by the process of severing the majority of their social roles, statuses and group affiliations which have been instrumental in validating their social self. The study population of those non-institutionalized consisted of those individuals between the ages of 65 and 99 who were either permanent or temporary residents of the community of Toledo, Illinois. Since one of the purposes of this thesis is to establish the effects of institutionalization and disengagement, these individuals constituted the control group.

The criteria for test selection for both populations was based upon two characteristics. First, all individuals had to be aged 65 or older. There were three reasons for this age standard. First, this age limitation was established to guarantee that the subjects selected would be detached from their occupational role. Those subjects confined to an institutional setting are severed from their occupational roles regardless of their age, so in an effort to prevent any bias due to occupation, this age criterion was framed. Second, after 65, Cumming and Henry have reported a gradual lessening of the bonds between the self and others in which there occurs an alteration in the self structure. These authors have also reported that for those 65 and older, a change in self orientation occurs which includes changes in perception, in the management of inner emotional resources, and in the rate at which action is initiated.<sup>54</sup> Shaw and Henry have also revealed that individuals 65 and older shift from a firm commitment to socially normative interaction toward a more quiescent inner preoccupation. With this shift, there appears to be an ego change that permits movement from an active, combative, concrete outer-world orientation to an adaptive, conforming, and abstract inner-world orientation.<sup>55</sup> It was within the structure

---

<sup>54</sup>Elaine Cumming and Willian Henry, Growing Old: The Process of Disengagement, op. cit., pgs. 107-108.

<sup>55</sup>L. C. Shaw and W. E. Henry, "A Method for the Comparison of Groups: A Study in Thematic Apperception", Genetic Psychology Monographs, 54, 1956, pg. 207.

of these findings that the age classification was set. Third, the age category of 65 and older was also based upon the findings of Brecher and Brecher who found in their investigations of nursing homes that the mean age of men and women was 80.03.<sup>56</sup>

The second characteristic for subject selection was that all members had to be free of any past or present chronic illnesses that would have rendered them incapable for any considerable period of time of acting in their customary roles or activities. Subjects who were either moderately or severely impaired, which was determined by the interviewer through direct observation of the subject's physical appearance and movement in the case of the Toledo sample, and by the assistance of the nursing director of each home in the institutionalized sample, were excluded from testing. The rationale for this physical specification was based on studies that have revealed a high significant negative correlation between level of self-image and the presence of a disabling or disfiguring physical or mental illness.<sup>57</sup> Since one of the purposes of this study is to focus upon the social self conception, it is essential that any obvious antecedent variables that would effect the dependent variable such as a crippling illness should be removed and controlled for in the selection of population members.

---

<sup>56</sup>Ruth Brecher and Edward Brecher, "Nursing Homes for the Aged: Part I", Consumer Reports, 1964, 29, pgs. 30-36.

<sup>57</sup>Margaret Clark and Barbara Anderson, Culture and Aging, op. cit., pgs. 205-209.



## B. Characteristics of the Sample Populations

Since no attempt was made to control any social characteristic other than physical illness during the sampling process, it is important to view the social characteristics of the members in each population as a background to the present study. The findings of this thesis will be viewed in the light of these characteristics. Of the 56 cases in the institutionalized sample, 24 were men and 32 were women. The mean age for both sexes was 81.03. Fifty-three percent of the institutionalized sample had been a resident of the home for a period of 13 - 35 months. Of the 55 cases in the non-institutionalized sample, 16 were male and 39 were females. The mean age for both sexes was 78.25. One-hundred percent of the non-institutionalized sample had been a resident of Toledo for more than ten years.

Seventy-eight percent of the non-institutionalized sample were widowed and living alone while fifty percent of the institutionalized sample were of like category. Marital status tended to have little effect on the individual's social self conception.

Sixty-six percent of the institutionalized sample had less than eight years of education and twenty-eight percent of the sample had eight years or more. Seventy percent of the non-institutionalized sample had less than eight years of education while eighteen percent had eight years or more. Those individuals in both samples with more than eight years of education tended to have better self conceptions than did those with less than eight years.

Seventy-five percent of the institutionalized sample and seventy-eight percent of the non-institutionalized sample indicated a religious preference for a Protestant denomination. Twenty-one percent of the institutionalized sample and eighteen percent of the non-institutionalized sample were of the Roman Catholic faith. Religious convictions and affiliations tended to act as an insulator against the effects of institutionalization for those in the institutional setting.

Sixty percent of the institutionalized population were recorded in the mildly impaired status which included such ailments as partial loss of hearing or sight, or some loss in ambulatory movement while fifty-eight percent of the non-institutionalized sample were of excellent physical health. All individuals in both samples were white. Eighty-four percent of the females in the institutionalized sample were formerly housewives while thirty-seven percent of the males were farmers and thirty-seven percent were supervisors of various trades. Nearly seventy percent of the females in the non-institutionalized sample reported their primary function as being a housewife while sixty-two percent of the males indicated farming as their former occupation.\*

Social class categorization was not tabulated due to the large percentage of those in both samples who reported that their primary source of income was Social Security Benefits. Nearly ninety percent of those in both samples could not recall their annual income before retirement.

---

\* See Appendix A, page 128, for further clarification.

C. Study Population and Sample Selection Procedure

The non-institutionalized population of those households with individuals aged 65 and older was secured from a list obtained through the office of the tax assessor of Sumpter Township (Toledo). Under the Revenue Act of 1939, those individuals aged 65 or older who are liable for paying real estate taxes or personal property taxes, may exempt from the value of their total estate or property a maximum of \$1,500. A total of 173 households was secured from the tax assessor. The population was, of course, biased in the direction of those who own property, but according to the tax assessor, there were approximately only 8.6 households in Toledo that were not eligible for the above exemption which constituted only 5.3 percent of the total population of individuals aged 65 or older. The random selection procedure of the Toledo sample was executed as follows: A number was assigned to each household on the list consecutively. These numbers then were written on identical slips of paper, placed in a hat and mixed thoroughly. Then, the number of slips required for the sample was drawn from the hat one at a time and the name of the household to be interviewed checked off on the list. Seventy households were checked off even though the sample size was established at 60 individuals. This large number was needed for 15 percent of those on the list who might refuse to be interviewed. After the number on the slip of paper had been checked off, the slip was then placed back in the hat, thereby assuring randomness. Every case would not have an

equal chance of being selected if the slips were withdrawn and not returned, for as soon as one is drawn and not returned the chances are improved for each of the remaining in the second drawing due to the reduction of the number of slips left in the hat.

The institutionalized population was based on twelve nursing homes from the five area counties of Champaign, Clark, Coles, Cumberland and Effingham. These counties were selected due to the close proximity to the University, and because the homes within these counties were of similar bed size and offered similar medical and rehabilitative services. There is a total of 15 nursing homes within the five county area but three refused to permit any interviewing of their residents. This refusal coupled with the large percentage of those nursing home residents who were mentally or physically disabled and who were incapable of responding to structured tests precluded the possibility of a randomized study population or sample within that population. With this nonprobability sample, no valid estimate, according to Hubert M. Blalock, Jr., of the risks of sampling error can be ascertained nor can statistical inference be legitimate.<sup>58</sup> But, tests of significance are applicable when generalizing to a population made up of entirely nursing home residents which is the purpose of this investigation. Only assumptions about other institutions will be permissible beyond the facts learned in this investigation.

---

<sup>58</sup>Hubert M. Blalock, Jr., Social Statistics (New York: McGraw-Hill Book Company, Inc., 1960), pg. 410.

#### D. Size of the Sample Populations

Blalock puts forth the argument that a total sample size of 100 cases is a conservative level but that a skilled statistician can readily work with smaller samples. He goes on to suggest that 100 cases will not only yield estimations of population means, percentages and totals but will also yield measurements on subclasses of the population.<sup>59</sup> Based upon Blalock's argument and the experience of a similar study conducted in the summer of 1971, which attempted to measure like variables, a total sample size of 111 cases was decided upon.

#### E. Research Instruments

In order to test the hypotheses presented at the end of Chapter II, a number of research instruments were utilized in this study. Before these instruments are discussed, it is necessary to review (by way of "causal diagrams"<sup>60</sup>) the independent and dependent variables and their inter-relationship. Figure 1 depicts the inter-relationships of the sub-hypotheses as well as the total framework of the master hypothesis.

---

<sup>59</sup>Hubert and Ann Blalock, Methodology in Social Research, (New York: McGraw-Hill Book Company, 1968), pgs. 284-285.

<sup>60</sup>Ibid., pg. 19.

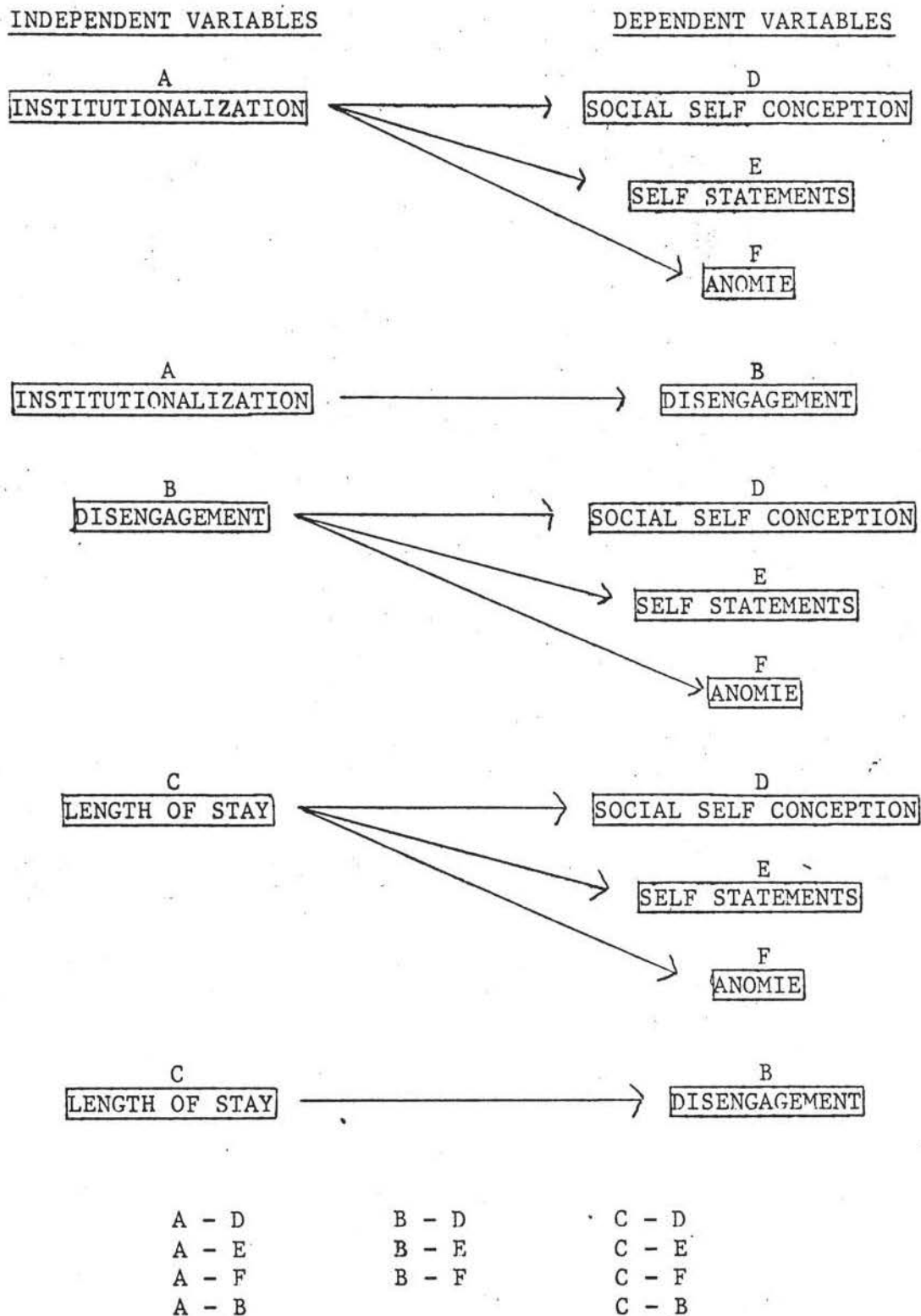


Figure 1. Diagram and letter designations of hypothesized causal connections between independent, intervening, and dependent variables.

Such dependent variables as social self conception, self identification statements and anomic attitudes are not sufficiently close to the operational level that measurement can be thought of as direct. Direct measurement is defined as measurement with few response or coding errors. Also such independent variables as disengagement and length of stay cannot be directly measured. This researcher recognizes that certain systematic errors are expected among these variables because some respondents may wish to disguise their true attitudes toward themselves or their true opinions toward societal norms and regulations. The conceptual and empirical problems encountered with such variables however are relatively minor compared with more abstract postulated properties such as the independent variable of institutionalization.<sup>61</sup> This variable will be measured indirectly by the validation of the other stated independent and dependent variables. The standardized measures of the dependent variables will hopefully represent a valid indicator of institutionalization. With this in mind, it is necessary to pursue the individual research instruments utilized to measure the independent and dependent variables illustrated in figure 1.

#### 1. Measuring the Dependent Variables

Social Self Conception: One of the three dependent variables reflected in Sub-Hypotheses II, V and IX is the individual's conception of himself either in favorable or unfavorable terms. A favorable

---

<sup>61</sup>Blalock, pgs. 19-21.

social self conception being defined as having a respect for one's self as being worthy and acceptable, having a confident attitude in one's relations to others and to one's environment, and finally having goals and ideals which are perceived as having a positive valence. This definition is, of course, "phenomenological" in nature for it assumes that the self is available to awareness to an individual by his conscious perceptions, cognitions and feelings as well as being describable in language.<sup>62</sup> "The self-concept or self-structure may be thought of as an organized configuration of perceptions of the self which are admissible to awareness".<sup>63</sup> The self concept can be viewed as a global concept which is composed of a number of sub-concepts (or components) which enter into it.<sup>64</sup> Components of the phenomenal self include such attitudes as self-acceptance, self-esteem, self-satisfaction, ideal self, etc. To measure favorable to unfavorable self-conception, a self-esteem instrument was utilized, for this researcher feels that self-esteem (being proud of one's attributes or one's self) comes closest of all other components to specifying the dimensional changes to the global concept of the self which are relevant for this study. But whether an instrument is designed to measure self-esteem, self-regard or self-image, they are all a form of an individual's conception of himself as a social

---

<sup>62</sup>Ruth C. Wylie, The Self Concept: A Critical Survey of Pertinent Research Literature (Nebraska: University of Nebraska Press, 1961), pg. 7.

<sup>63</sup>Ibid., pg. 7.

<sup>64</sup>Morris Rosenberg, The Logic of Survey Analysis (New York: Basic Books, Inc., 1968), pg. 41.



object. "In general, any instrument which is constructed to elicit responses from the individual defining his views of his characteristic ways of acting and feeling toward, and evaluating of himself as a social object, should yield responses operationally definable as his self-conception".<sup>65</sup> An individual's conception of himself was measured by Test A (see Appendix B) which consisted of 15 questions which yielded a total of eight separate scale stems. Scoring for the favorable-to-unfavorable dimension of the self is discussed in Appendix C. The first ten questions were designed by M. Rosenberg in his study of the self-esteem of 5,024 high school juniors and seniors.<sup>66</sup> His questions are of the Likert type, allowing one of four responses: strongly agree, agree, disagree and strongly disagree. However, during the pre-test period of both the institutionalized and non-institutionalized samples, it was found that respondents were confused by the distinction between strongly agree (or strongly disagree) and agree. Since Rosenberg makes no distinction in respect to scoring between the two responses, agree and disagree were offered as the only response choices. Rosenberg's questions are alternated in a positive and negative fashion to reduce the danger of a response set.

---

<sup>65</sup>Julius Gould and William Kolb, A Dictionary of the Social Sciences, *op. cit.*, pg. 630.

<sup>66</sup>John Robinson and Phillip Shaver, Measures of Psychological Attitudes, (Survey Research Center, Institute for Social Research, The University of Michigan, Ann Arbor, Michigan, August, 1970).

Utilizing the Guttman procedure, the reproducibility of Rosenberg's scale was .92 indicating that the scale is unidimensional.<sup>67</sup> Figure 2 depicts the formula for determining reproducibility.

$$\text{Reproducibility} = \frac{\text{Number of Errors}}{1 - \text{Number of Responses}}$$

Figure 2. Reproducibility Formula.<sup>68</sup>

bility. If Rosenberg's scale is in fact unidimensional, it signifies that a respondent who has a more favorable social self-conception than another would respond to each question with equal or greater favorableness than the other. The sub-hypotheses set forth in this research investigation have indicated that those individuals who are more socially anchored in social systems through social roles, statuses and group affiliations than those who are not would answer more often to "agree" to those questions that are positive in nature and more often "disagree" to those stated in a negative manner. The analysis chapter to follow will show that this was the actual case. The scalability of Rosenberg's ten questions was .72 for his sample. Several attempts have been conducted by the National Institute of Mental Health to assure validity, and the results have confirmed and supported Rosenberg's measure of the self along a favorable-to-unfavorable dimension.<sup>69</sup>

---

<sup>67</sup>Delbert Miller, Handbook of Research Design and Social Measurement (New York: David McKay Company, Inc., 1964), pg. 94.

<sup>68</sup>Ibid., pg. 94.

<sup>69</sup>John Robinson and Phillip Shaver, op. cit., pgs. 98-99.

The remaining five questions to Test A were designed by this researcher to expand Rosenberg's scale in measuring self-conception or more specifically self-esteem. These questions were formulated and alternated in a positive and negative manner to avoid any response set. Responses of agree and disagree were developed for the questions. These questions yielded the remaining two scale stems. See Appendix C for scoring clarification.

Self Identification Statements: Second of the three dependent variables reflected in sub-hypotheses III, VI, and X is the number of self statements that a respondent makes which transcend social interaction as recorded by the TST instrument. The Twenty Statements Test is a product of M. H. Kuhn and T. S. McParkland.<sup>70</sup> The test (Test B) consists of 20 blanks and the subject is asked to answer the question "Who Am I?". Subjects are confronted with the problem of identifying themselves and are left to decide for themselves how this identification will be made. In an effort to preserve the unstructured nature of the problem, no indication either before or during the test administration was given as to the kind of responses that were possible or were expected. The responses of the TST were analyzed in terms of the referential frame to which the self was related. This researcher is aware that other forms of analysis are possible in terms of logical form, literal content, and valence

---

<sup>70</sup>Manford H. Kuhn and Thomas S. McPartland, "An Empirical Investigation of Self-Attitudes," American Sociological Review, 19, 1954, pgs. 68-78.

of responses but the referential frame seemed to be the most productive and relevant for the purposes of this study.<sup>71</sup>

The referential frame to which the self is identified can be categorized at a rather low level of abstraction. Although each subject may present a unique constellation of replies, the range of variety among the replies is not great. The categorization of responses were divided into "A", "B", "C" and "D" statements and categories. The "C" and "D" categories are only relevant for the hypotheses in this study. "The 'C' category contains responses which refer to the person as a 'situation-free' interactor, through references to socially relevant characteristics of action, habit or mood. The 'D' category contains responses which refer to the person as a situation free actor whose actions and goals transcend ordinary social behavior".<sup>72</sup> The letters used to designate the categories reflect the logical order of successive abstractions indicating that the "D" category reflects freer behavior. Kuhn and McPartland found that subjects whose responses fall in the "D" mode are so free and variable in their behavior that they frequently violate the norms of the situations in which they find themselves, and behave in bizarre ways. The authors also found that those respondents whose modal response category is "D" behave in less socially standardized ways than those respondents characterized by the other three categories. Those in the "D" category also

---

<sup>71</sup>Wyona Hartley, Manual For The Twenty Statements Problem, (Kansas City, Missouri: Department of Research of the Greater Kansas City Mental Health Foundation, 1970, rev.,) pgs. 1-6.

<sup>72</sup>Ibid., pg. 12.

utilize language in a non-social manner, without regard for general usage or without any intent to communicate with others as well as a failure to behave in accordance with general societal norms.<sup>73</sup>

It was based upon this conceptual and theoretical framework of the Twenty Statements Test that the sub-hypothesis of the number of self statements was constructed. It was logical to expect, based upon Mead's self theory, that institutionalized persons would identify themselves in a freer manner than those non-institutionalized who still had some social anchorage.

Anomie: Last of the dependent variables displayed in the "causal" diagram is anomie which has been postulated in sub-hypotheses IV, VII and XI. There are many theoretical definitions of anomie but the one offered by Robert MacIver is most appropriate for this study. He defines anomie as the "fulfillment of the process of desocialization, the retreat of the individual into his own ego, the skeptical rejection of all social bonds. It signifies the state of mind of one who has been pulled up from his moral roots, who has no longer any standards but only disconnected urges, who has no longer any sense of continuity, of folk, of obligation. Anomic persons are displaced persons."<sup>74</sup> The anomie instruments of L. Srole, H. McClosky and J. Schaar were selected, for they were found to represent both

---

<sup>73</sup>Ibid., pgs., 9-21.

<sup>74</sup>Robert M. MacIver, The Ramparts We Guard (New York: The Macmillan Co., 1950), pg. 77.

conceptually and operationally the above definition.<sup>75</sup> The two instruments combined yielded a nine item and nine point scale. Srole's seven item scale refers to individual eunomia-anomia which represents "the individual's generalized pervasive sense of self-to-others belongingness at one extreme compared with self-to-others distance and self-to-others alienation at the other pole of the continuum".<sup>76</sup> Srole's original scale consisted of only five items but four new items have been added to enlarge the scale.<sup>77</sup> Two questions were selected arbitrarily from the four new items to yield the seven item scale.

The seven Srole questions are presented as opinion statements, with possible answers of "agree", "disagree", and "can't decide". Only an unequivocal "agree" receives a score of 1. The possible range of scores, therefore, is 0-7. The unidimensionality of the anomia scale was assessed by the procedure of latent structure analysis and it was found to satisfy the criteria.<sup>78</sup> Bell found that Srole's items had a coefficient of reproducibility of .90 and coefficient of scalability of .65. Bell also found that Srole's anomia scale was related significantly to social isolation.<sup>79</sup> If the interpretation

---

<sup>75</sup>L. Srole, "Social Integration and Certain Corollaries", American Sociological Review, 21, 1956, pgs. 709-716; H. McClosky and J. H. Schaar, "Psychological Dimensions of Anomy", American Sociological Review, 30, 1965, pgs. 14-40.

<sup>76</sup>Srole, pg. 713.

<sup>77</sup>John Robinson and Phillip Shaver, op. cit., pg. 175.

<sup>78</sup>Ibid., pg. 172.

<sup>79</sup>Wendell Bell, "Anomie, Social Isolation, and the Class Structure", Sociometry, 20, 1957, pgs. 106-107.

of institutionalization is valid in this study and the analysis of the data seems to support it, then it is logical to expect that the institutionalized sample would have attitudes or opinions that are more anomic in nature.

The remaining anomie scale items were taken from a scale designed by McClosky and Schaar. These authors viewed anomie from the traditional sociological perspective of Durkheim; that is, the social norms regulating individual conduct break down and are no longer effective as rules for behavior. Of the two samples (a national and Minnesota sample) conducted utilizing this scale, the split-half reliability coefficient for the scale was .76 and the reproducibility coefficient for the national sample was .80<sup>80</sup>. Having discussed the research instruments that were utilized to measure the dependent variables in this investigation, it is necessary to turn to the measures of the independent and intervening variables.

## 2. Measuring the Independent Variables.

Institutionalization: First of the three independent variables relevant to this investigation is institutionalization. Institutionalization is what the Blalocks refer to as an endogenous variable; that is, it is explained and interpreted by the logical theoretical system in which it is imbedded.<sup>81</sup> Thus, its effects will be measured indirectly by the reactions of the dependent variables.

---

<sup>80</sup>John Robinson and Phillip Shaver, op. cit., pg. 168.

<sup>81</sup>Hubert and Ann Blalock, op. cit., pg. 163.

Disengagement: Second of the independent variables is the degree of an individual's engagement or disengagement with group affiliations and social and family relationships. Disengagement has been postulated in sub-hypotheses I, V, VI, VII and VIII. In the "causal" diagram, disengagement is both an independent and dependent variable. But more specifically, it is an intervening variable for it is a consequence of the independent variable and a determinant of the dependent variables. Rosenberg states that in order for a variable to become intervening, it requires the presence of three asymmetrical relationships:

- 1) the original relationship between the independent and dependent variables;
- 2) a relationship between the independent variable and the test factor, here serving as the dependent variable; and
- 3) a relationship between the test factor, here serving as the independent variable, and the dependent variables.<sup>82</sup>

The results of this study will hopefully test these relationships.

Degree of engagement for both sample populations was measured by interview schedules I and II. Schedule I was constructed to reflect the experiences of those living non-institutional lives and Schedule II was developed in light of the living arrangements of institutional settings. Seven items in interview schedule I were developed to measure an individual's "social lifespaces"<sup>83</sup> or the

---

<sup>82</sup>Morris Rosenberg, op. cit., pg. 57.

<sup>83</sup>A term utilized in the research of the disengagement process by Elaine Cumming and William Henry, The Process of Disengagement, op. cit., pg. 38.



variety and density of his interactions. The scoring and coding of these items is presented in Appendix C. Interview Schedule II consisted of 33 questions, only 11 of which were framed to elicit responses needed to measure the degree of "social lifespan". These 11 items yielded not only a present "social lifespan" but also a past lifespan. It is not sufficient merely to state that those institutionalized are more disengaged, for their lives before admittance to the home may have been devoid of social roles, group affiliations and familial interactions.

Length of Stay: The third independent variable relevant to this research is the length of stay of the nursing home resident. Length of stay as formulated in sub-hypotheses VIII, IX, X and XI was operationalized by question 16 of Schedule II which specifically asked the respondent to state his length of time in the nursing home as well as to state the nature of residency. This information was cross-checked with the home administrator for many residents seemed to lose track of time and were unable to recall with any accuracy their length of stay.

In an effort to reach sounder and more meaningful interpretations of the two variable relationships stated in the hypotheses, this researcher recognized that such "test factors" as age, education, marital status, religion and occupation were important variables, so they were also analyzed. Such factors as physiology, temperament, personality and past life situations were not considered nor measured but must be cited as uncontrolled and possible influential variables

in affecting two-variable or three-variable relationships. There are cognitive factors such as intellectuality and awareness and emotional factors such as inflexibility, strong anxiety, aggression tendencies and low ego strength which were not operationalized but must be considered as possible "test factors".

#### F. Methods of Collecting Data

As previously stated, two interview schedules, designated as I and II, were utilized to elicit information from the subjects of both groups on three areas of information: personal data information such as age, sex, education, etc.; "social lifespaces" information which reflected levels of interaction and group affiliations, and; "perceived lifespaces" information which was not analyzed but reflected an individual's awareness of his contact with his social system. All informational and test questions were read by the interviewers to the subjects of both groups. This procedure was adopted after the conducting of the pre-test, for there it was found that much confusion and misunderstanding occurred among both groups as to the questions to be answered and the instructions to be followed. No other information other than the statement of the questions in the interview schedules and test instructions were given to the subjects. The length of the entire interview did not exceed twenty minutes. This researcher felt that any interview of a longer duration would result in fatigue and loss of interest by the subjects.

It has been well documented that the "informant-interviewer relationship and the social and personal characteristics of both parties interact and affect the quality and quantity of material elicited, the willingness of informants to be interviewed, and the length of interviews."<sup>84</sup> Numerous studies have also suggested that the sex, race, language, personality and conceptualizations of the experimenter may influence the subject's behavior.<sup>85</sup>

There are several reasons why experimenter variations should be analyzed. They are:

- "(1) tests for possible interactions between experimenter variables and the independent variables thereby increasing internal validity and decreasing the dependence on the interaction assumption relative to the particular experimenter variables,
- (2) decreases the variation of the experimenter variables within the variations of the independent variables thereby not increasing the uncontrolled variation in the dependent variable,
- (3) increases external validity,
- (4) decreases dependence on the randomization assumption relative to the particular experimenter variables."<sup>86</sup>

---

<sup>84</sup>Howard Freeman and Clarence Sherwood, Social Research and Social Policy, (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970), pg. 92.

<sup>85</sup>Hubert and Ann Blalock, op. cit., pg. 398.

<sup>86</sup>Ibid., pg. 401.

### G. Methods of Analysis

One of the major considerations in planning the analysis of the present study was the necessity of including the length of stay in the nursing home as a control for the analysis. Second, it was also necessary to be able to compare information on institutionalized residents in relation to non-institutionalized residents. Third, it was necessary to introduce into the analysis certain fixed properties such as age and sex to see whether the presumed causal relationship between the hypothesized independent and dependent variables will continue to hold asymmetrically or whether the relationships are of a reciprocal or symmetrical nature. Other sociological variables which are relatively, but not absolutely fixed properties such as education, health and occupation will also be introduced into the analysis.<sup>87</sup>

The data in this study are organized into four major groups upon which the analysis revolves. The four groups are:

- (1) Group A - Total Institutional Sample (N = 56)
- (2) Group B - Institutional residents for one year or less (N = 17)
- (3) Group C - Institutional residents for more than one year (N = 39)
- (4) Group D - Total Non-Institutional Sample (N = 55)

General base data will be obtained for the total institutional and non-institutional samples. Comparisons will be made between the institutional (Group A) and non-institutional (Group D) sample on all

---

<sup>87</sup>Morris Rosenberg, op. cit., pgs. 3-12

stated dependent variables. Comparisons will also be made between Groups B, and C and the stated dependent variables. More specifically, all sub-hypotheses will be analyzed separately in table form. Both Groups A and D will be further broken down and compared on several social variables, e.g., sex, age, health status, marital status, education, religion and occupation.

The data will be statistically analyzed using both parametric and non-parametric measures. "The concept of tests of significance is commonly used in sample studies in order to estimate the true distribution of variables, a true distribution being the extent to which measures of central tendency or of proportions are stable, or to which variation can be expected around the particular value because of sampling error. Such tests of significance permit us to judge the likelihood that replication will yield noncontradictory results."<sup>88</sup> The test of significance has as its aim the obtaining of information concerning a characteristic of a population which is in itself not directly observable but what is observable is a sample from that population. The work assigned to the test of significance is that of assisting in making inferences from the observed sample to the unobserved population. Significance tests are not legitimately used for any purpose other than that of assessing the sampling error of a statistic designed to describe a particular population on the basis of a probability sample.<sup>89</sup>

---

<sup>88</sup>Howard Freeman and Clarence Sherwood, op. cit., pg. 125.

<sup>89</sup>Thomas Duggan and Charles Dean, "Common Misinterpretations of Significance Levels in Sociological Journals", The American Sociologist, 3, 1968, pg. 46.

Since the institutional sample in this study is a non-probability sample, tests of significance can only be used to generalize to populations made up entirely of nursing home residents. The Chi-square tests, which evaluates any significance difference between frequencies empirically obtained with those expected under a certain set of theoretical assumptions, will be used in the analysis in those situations in which significance is tested between groups.<sup>90</sup> A test for the difference between means for correlated data will also be applied in those situations in which significance is tested between the institutional and non-institutionalized group.

The data in this study are of an ordinal nature, so the coefficient gamma developed by Goodman and Kruskal will be used to measure the association between two variables.. A + gamma sign indicates agreement between the scales; that is, a +1.00 signifies that all individuals are ranked in exactly the same order on two ordinal scales. "If all the individuals are ranked in exactly the opposite order on two ordinal scales - if the highest individual on one scale is lowest on the other and so on - the scales are in perfect inversion (-1.00)."<sup>91</sup>

---

<sup>90</sup>Hubert Blalock, Social Statistics, op. cit., pg. 212.

<sup>91</sup>Linton Freeman, Elementary Applied Statistics: For Students in Behavioral Science. (New York: John Wiley and Sons, Inc., 1965), pg. 79.

These are the general methodological considerations relative to the analysis in this thesis. In the next chapter, the analysis of the data will be reported.

## CHAPTER IV

## ANALYSIS

A. Introduction

The central focus of this chapter will be the analysis of the relationships hypothesized in the diagram on page 36 of the third chapter. The analysis will be directed toward the process of elaboration and specification involving the introduction of a third variable into the hypothesized two-variable relationships. "By stratifying on the test factor, one can compare the relationships in the contingent associations with the original relationship."<sup>92</sup> The object of this elaboration is the clarification of the true value of the original relationship stripped of possible contaminating factors. Three-variable tables will be utilized to empirically test the theoretical causal model exhibited in Figure 1. The chi-square values will not be revealed in the tables due to the repetitive fact that for all hypothesized relationships the values were of such a magnitude that it warranted the rejection of the  $H_0$  at the .05 level of significance.<sup>93</sup> The .05 level of significance was chosen due to the relatively small sample size of this study. The difficulty with the .05 level of significance is that it becomes easier to reject the  $H_0$  and accept

---

<sup>92</sup>Morris Rosenberg, op. cit., pg. 105.

<sup>93</sup>Sub-Hypotheses I - VII were also significant at the .01 level.



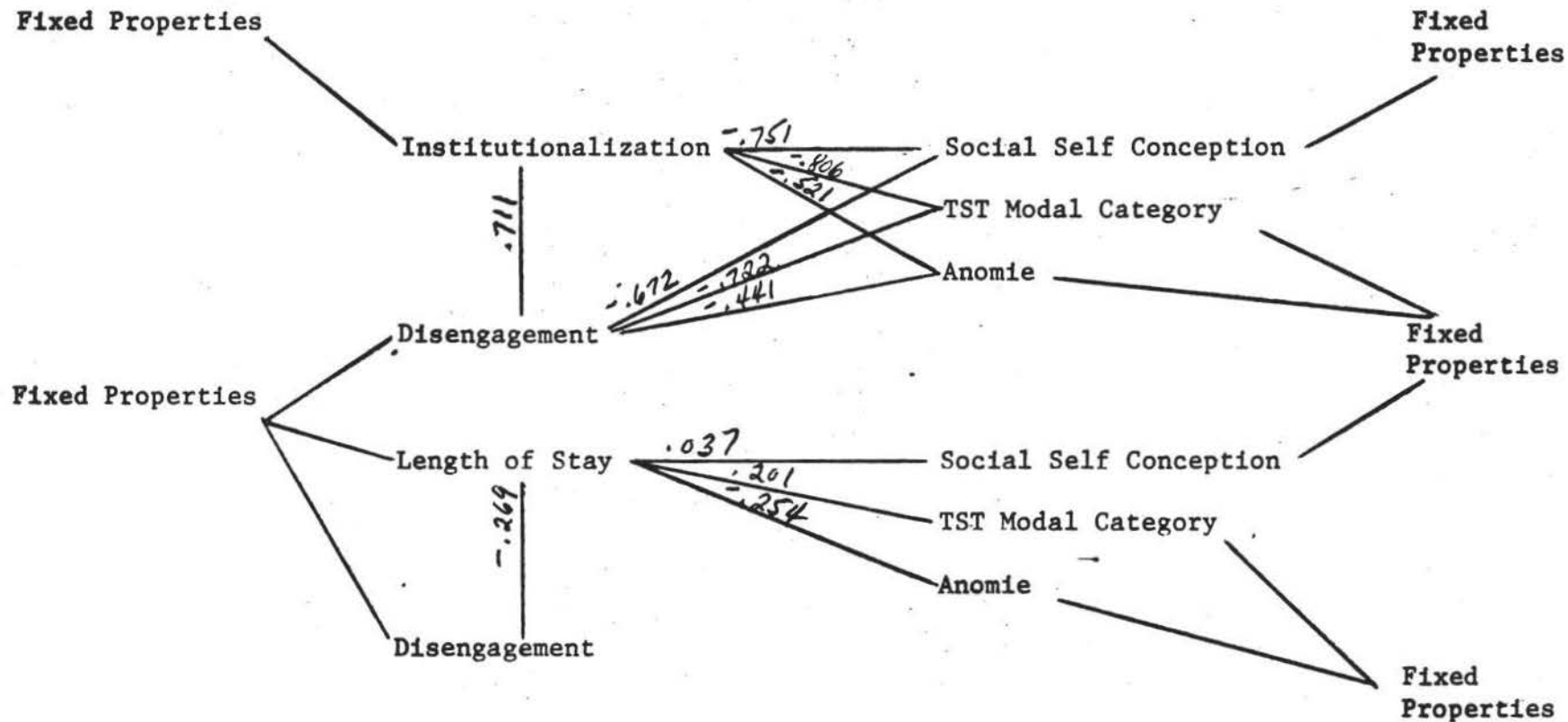


Figure 1. Diagram of possible causal first-order relationships with the Goodman and Kruskal coefficient gamma.

the original hypotheses especially when those hypotheses are directional as is the case. But since the gammas for seven of the eleven hypothesized relationships were reasonably high, which indicates that slightly less than half of the variation was being explained. this researcher feels that committing a Type I error would be less likely to occur than approximately 5% of the time.

There are no causal arrows depicted in Figure 1 for it is not certain before analysis what influences other fixed or intervening variables will have on the original relationships. It is not known, until controlling for properties that have high gamma coefficients with the independent and the dependent variables, whether the original hypothesized two-variable relationships are asymmetrically or reciprocally related or are "spuriously" related.<sup>94</sup>

The analysis that follows will attempt to reveal the "causal" direction between the variables specified in Figure 1 which have gammas of over .30. Blalock states that a coefficient of less than .30 explains only 9% of the variation and is meaningless for any prediction.<sup>95</sup> With this in mind, sub-hypotheses VIII, IX, X and XI will not be analyzed due to their low coefficient gammas. These hypotheses are presented in tabular form in Appendix D, Tables III - VI. The tables that follow will also

---

<sup>94</sup>Ibid., pgs. 2-15.

<sup>95</sup>Hubert M. Blalock, Social Statistics, op. cit., pg. 299.

not depict the self conception scale by the scale stem scoring method nor Schaar and McClosky's anomie scale. This decision was reached when a coefficient gamma of .907 was obtained when Srole's scale and Schaar and McClosky's scale were cross-classified. (see Appendix D, Table I). Srole's anomie scale will be utilized because it has more items and a wider range of values. The self conception scale by the scale stem was cross-classified with the self conception scale by individual question scoring method and a coefficient gamma of .851 was obtained (see Table II, Appendix D). Since both the Schaar and McClosky anomie scale and the self conception scale by scale stem scoring measured the same variables as the other two scales with such consistency, it is only necessary to display in tabular form one measurement scale for each dependent variable. With this framework developed, it is necessary to turn to the analysis of Sub-Hypothesis I.

### B. Sub-Hypothesis I

One of the major purposes of this study is to examine the effects of the institutionalization process upon a person's attachment to various social systems. Sub-hypothesis I predicts that individuals who are institutionalized will experience a greater degree of disengagement than those non-institutionalized. Upon examining the total association in Table I, it is apparent that the data does in fact support the hypothesis. The means for both groups reveal that those persons who are institutionalized are more highly disengaged than those non-institutionalized. Eighty-five percent of the institutionalized group are ranked in the 0 - 10 category (indicating high disengagement) while only 21.8 percent of the non-institutionalized group are of that same position. A gamma of 0.711 is indicative of a high association between institutionalization and disengagement. In an effort to explore the possibility that some variables may be contaminating, the original relationships, health, sex and education are held constant.

When controlling for excellent health and mild impairment in Table I, the relationship between institutionalization and disengagement gets stronger as indicated by the higher coefficient gammas. In the excellent health category, all of the institutionalized group are ranked in the disengagement position while only 12.5 of the non-institutionalized group are of this rank. The mildly impaired category offers similar results. It does seem from these two health categories that they are not exerting much influence upon

the original relationship. The category specified as no gross impairments posits a different form of specification. From the substantial and significant gamma reduction, it is apparent that the original relationship is weakened by controlling for this sub-category. The moderately low association is revealed by the fact that 57.1 of the institutionalized group are reported as disengaged while 40.0 of the non-institutionalized group are also disengaged. The no gross impairment status seems to have inflated the original high gamma of institutionalization and disengagement. It suggests that there is a similar pattern in disengagement for both groups which weakens somewhat the confirmation of the original relationship.

Controlling for sex in Table II, it is observed that the original relationship becomes strengthened representative of the fact that sex is somewhat modifying the original relationship. It is noteworthy that males in the non-institutionalized group are more disengaged (43.8 percent) than their female counterpart (12.8 percent). Institutionalized females (78.1 percent) are less disengaged than institutionalized males (95.8 percent). Therefore, sex does influence somewhat the original relationship.

Table III contains the results of another search for a mediating variable. Here education is controlled while re-examining the original relationship between institutionalization and disengagement. There seems to be very little significant variation in the sub-categories of 0 - 5 and 6 - 9 years of education but the higher educated group warrants further comment. It is observed that fewer

TABLE I

RELATIONSHIP BETWEEN INSTITUTIONALIZATION  
AND DISENGAGEMENT: I. CONTROLLED ON  
HEALTH STATUS, II. ORIGINAL RELATIONSHIP

ENGAGEMENT SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	EXCELLENT HEALTH			NO GROSS IMPAIRMENTS			MILDLY IMPAIRED			TOTAL SAMPLE		
	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.
0 - 10 (disen- gagement)	100.0	12.5	(12)	57.1	40.0	(14)	94.1	25.0	(34)	85.7	21.8	(60)
11 - 46 (engage- ment)	0.0	87.5	(28)	42.9	60.0	(15)	5.9	75.0	( 8)	14.3	78.2	(51)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	(8)	(32)	(40)	(14)	(15)	(29)	(34)	(8)	(42)	(56)	(55)	(111)

ASSOCIATION LEVEL = GAMMA = 1.000      GAMMA = .333      GAMMA = 0.959      GAMMA = 0.711

SIGNIFICANCE LEVEL = P < .05      P < .05      P < .05      P < .05  
FOR THE GAMMAS

For the original relationship: The mean on the engagement scale for the institutionalized group is 8.94 and 22.23 for the non-institutionalized group. Student's t = 1.21 which is significant at the .05 level.

TABLE II

RELATIONSHIP BETWEEN INSTITUTIONALIZATION  
AND DISENGAGEMENT: I. CONTROLLED ON  
SEX, II. ORIGINAL RELATIONSHIP

ENGAGEMENT SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	MALES			FEMALES			TOTAL SAMPLE		
	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.
0 - 10 (dis- engagement)	95.8	43.8	(30)	78.1	12.8	(30)	85.7	21.8	(60)
11 - 46 (engagement)	<u>4.2</u>	<u>56.3</u>	(10)	<u>21.9</u>	<u>87.2</u>	(41)	<u>14.3</u>	<u>98.2</u>	(51)
	100.0	100.1		100.0	100.0		100.0	100.0	
	(24)	(16)	(40)	(32)	(39)	(71)	(56)	(55)	(111)

ASSOCIATION LEVEL = GAMMA = .935

GAMMA = .921

GAMMA = 0.711

SIGNIFICANCE LEVEL  
FOR THE GAMMAS =  $P < .05$  $P < .05$  $P < .05$

TABLE III

RELATIONSHIP BETWEEN INSTITUTIONALIZATION  
AND DISENGAGEMENT: I. CONTROLLED ON  
EDUCATION, II. ORIGINAL RELATIONSHIP

ENGAGEMENT SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	0 - 5 YEARS			6 - 9 YEARS			10 - 15 YEARS			TOTAL SAMPLE		
	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
0 - 10(dis- engagement)	88.9	33.3	(10)	96.8	20.5	(38)	62.5	20.0	(12)	85.7	21.8	(60)
11 - 46(en- gagement)	11.1	66.7	(5)	3.2	79.5	(32)	37.5	80.0	(14)	14.3	78.2	(51)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	(9)	(6)	(15)	(31)	(39)	(70)	(16)	(10)	(26)	(56)	(55)	(111)

ASSOCIATION  
LEVEL = GAMMA = .882

GAMMA = .983

GAMMA = .684

GAMMA = .711

SIGNIFICANCE  
LEVEL FOR THE  
GAMMAS = P < .05

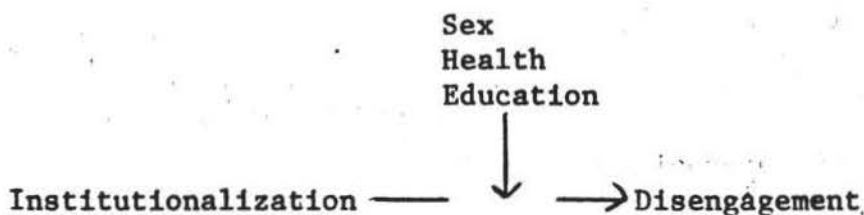
P < .05

P < .05

P < .05



members of the institutionalized group are disengaged as indicated by their lower proportion (62.5 percent) in the 10 - 15 year association. The non-institutionalized group seems relatively unaffected by degree of education in reference to the continuum of disengagement to engagement. The conclusion seems warranted, thus, that the original relationship between institutionalization and disengagement cannot be explained away by the influences of health, sex and education. At best, however, our original relationship is moderate in strength due to these factors. A diagram is helpful for concluding the analysis of Sub-hypothesis I;



Other factors such as age, religion, marital status and occupation revealed little if any impact on the original relationship.

### C. Sub-Hypothesis II

This hypothesis predicts that individuals who are institutionalized will experience a more unfavorable social self conception than those non-institutionalized. In accord with the hypothesis, it is observed in Table IV that a greater proportion (90.9 percent) of the non-institutionalized group hold a more favorable self concept than those institutionalized (32.2 percent). There is also a significant mean difference between the two groups which offers further support that there is a direct causal link between the two variables.

The gamma coefficient of  $-0.751$  also offers further evidence of a strong relationship between institutionalization and social self conception. However, a number of variables suggest themselves as possible mediating variables.

Degree of engagement of both groups is examined by the partial correlation coefficients in Table IV. This choice seems reasonable since it has been observed in the preceding tables that institutionalization and disengagement are significantly associated, so it is possible that disengagement is an intervening variable between institutionalization and self conception. But to have a true intervening variable in the causal sense, the original relationship must disappear when the intervening variable is held constant. As can be observed in Table IV, the original relationship is not substantially affected by the control variable. What is relevant is that disengagement is significantly related to social self conception. Of those in the institutionalized group who were highly engaged, 75.0 percent revealed a favorable self concept while only 25.0 percent of the institutionalized group who were disengaged showed signs of a favorable self. What this signifies is that the effects of institutionalization upon an individual's self concept is neutralized somewhat by being highly engaged but there were only six individuals (out of a total sample of 56) who were of the institutionalized group that were so engaged. But the fact still remains that high engagement is a mediating link between institutionalization and an unfavorable self concept.

Table V controls for sex and demands further interpretation of the original relationship. Here it is found that there is a significance difference between males and females. The original relationship is greatly strengthened in the female contingent association. Of those in the institutionalized group who are females, 40.6 percent are located in the favorable self category while only 20.8 percent of the institutionalized males are of the same classification. Thus, sex is acting as a mediating force in the original relationship. Since the social prescription and social rewards of men are based on their capacity to perform "instrumental tasks" rather than "socio-emotional" ones, we would assume that men would be more affected by institutionalization and disengagement than women. Women do not have to learn a new skill when admitted to a nursing home. Their task becomes not so much different in kind as different in quantity. Men have to develop an entirely new set of skills more suitable for pure sociability in an institutional setting and have to be less practical and instrumental.

In Table VI health status is controlled for its possible mediating effect upon the original relationship. In the excellent health category, we find that the original relationship is strengthened by the fact that there is an increase of 30 percentage points of the institutionalized group in the favorable self category. From this datum, it is apparent that the excellent health of those institutionalized does act as an insulator against the effects of institutionalization. In the no gross impairment contingent association, the original relationship is weakened considerably. (A note of

caution must be offered at this point for in this association as well as some others, the base n's are smaller which raises strong doubts about the reliability of the percentages associated with them). In the non-institutionalized group, 73.3 percent are ranked in the favorable self category which is nearly 17 percentage points less than what occurred in the original relationship. In the mildly impaired contingency association, all of the non-institutionalized group indicated a favorable self. From Table VI, it is apparent that health made a consistent difference to those institutionalized in regards to self conception but it had a differential effect for those non-institutionalized.

Table VII offers further specification in controlling for education. In these contingent associations, it is evident that those institutionalized individuals who have more than nine years of education held a more favorable self concept. The relationship between institutionalization and social self conception does not become spurious simply because there is not a significant difference between higher education and a favorable self at the institutional level for the base fact that there were only a total of 26 persons in the entire category in which 16 were of the institutionalized group. In short, we cannot explain away our original relationship as an effect of higher education, but it is an interesting anomaly in the search for extraneous variables. Even though the numbers are small, it does seem reasonable to assert that being more educated does protect an individual's self against the processes of institutionalization. The analysis of Sub-hypothesis II can be schematically

TABLE IV

RELATIONSHIP BETWEEN INSTITUTIONALIZATION  
AND SOCIAL SELF CONCEPTION: I. CONTROLLED  
ON DEGREE OF ENGAGEMENT, II. ORIGINAL RELATIONSHIP

SELF CONCEPTION SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	LOW ENGAGEMENT			HIGH ENGAGEMENT			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
0 - 2 (favorable self)	25.0	66.7	(20)	75.0	97.7	(48)	32.2	90.9	(68)
3 - 8 (unfavorable self)	<u>75.0</u>	<u>33.3</u>	(40)	<u>25.0</u>	<u>2.3</u>	( 3)	<u>67.9</u>	<u>9.1</u>	(43)
	100.0	100.0		100.0	100.0		100.1	100.0	
	(48)	(12)	(60)	( 8)	(43)	(51)	(56)	(55)	(111)

ASSOCIATION LEVEL = GAMMA = -.714

GAMMA = -0.867

GAMMA = -0.751

SIGNIFICANCE LEVEL  
FOR THE GAMMAS =

P < .05

P < .05

P < .05

For the original relationship: The mean on the self scale for the institutionalized group is 4.17 and 1.03 for the non-institutionalized group. Student's t = 1.43 which is significant at the .05 level.

TABLE V

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
 SOCIAL SELF CONCEPTION: I. CONTROLLED ON SEX,  
 II. ORIGINAL RELATIONSHIP

SELF CONCEPTION SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	MALE			FEMALE			TOTAL SAMPLE		
	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.
0 - 2 (favorable self)	.20.8	68.8	(16)	40.6	100.0	(52)	32.2	90.9	(68)
3 - 8 (unfavorable self)	<u>79.2</u>	<u>31.3</u>	(24)	<u>59.4</u>	<u>0.0</u>	(19)	<u>67.9</u>	<u>9.1</u>	(43)
	100.0	100.1		100.0	100.0		100.0	100.0	
	(24)	(16)	(30)	(32)	(39)	(71)	(56)	(55)	(111)

ASSOCIATION LEVEL =

GAMMA = -0.786

GAMMA = -1.000

GAMMA = -0.751

SIGNIFICANCE LEVEL  
 OF THE GAMMAS =

P < .05

P < .05

P < .05

TABLE VI

RELATIONSHIP BETWEEN INSTITUTIONALIZATION  
AND SOCIAL SELF CONCEPTION: I. CONTROLLED  
ON HEALTH, II. ORIGINAL RELATIONSHIP

SELF CON- CEPTION SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	EXCELLENT HEALTH			NO GROSS IMPAIRMENTS			MILDLY IMPAIRED			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
0 - 2(favor- able self)	62.5	96.9	(36)	50.0	73.3	(18)	17.6	100.0	(14)	32.2	90.9	(68)
3 - 8(unfav- orable self)	37.5	3.1	(4)	50.0	26.7	(11)	82.4	0.0	(28)	67.9	9.1	(43)
	100.0	100.0		100.0	100.0		100.0	100.0		100.1	100.0	
	(8)	(32)	(40)	(14)	(15)	(29)	(34)	(8)	(42)	(56)	(55)	(111)

ASSOCIATION  
LEVEL =

GAMMA = -0.898

GAMMA = -0.467

GAMMA = -1.000

GAMMA = -0.751

SIGNIFICANCE  
LEVEL OF THE  
GAMMAS =

P < .05

P < .05

P < .05

P < .05

TABLE VII

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
SOCIAL SELF CONCEPTION: I. CONTROLLED ON  
EDUCATION, II. ORIGINAL RELATIONSHIP

SELF CON- CEPTION SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	0 - 5 YEARS			6 - 9 YEARS			10 - 15 YEARS			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
0 - 2 (favor- able self)	11.1	83.3	( 6)	12.9	94.9	(41)	68.7	80.0	(21)	38.2	90.9	(68)
3 - 8 (unfav- orable self)	88.9	16.7	( 9)	87.1	5.1	(29)	31.3	20.0	( 5)	67.9	9.1	(43)
	100.0	100.0		100.0	100.0		100.0	100.0		100.1	100.0	
	(9)	(6)	(15)	(31)	(39)	(70)	(16)	(10)	(26)	(55)	(56)	(111)

ASSOCIATION  
LEVEL

GAMMA = -0.951

GAMMA = -0.984

GAMMA = -.043

GAMMA = -0.751

SIGNIFICANCE  
LEVEL OF THE  
GAMMAS

P < .05

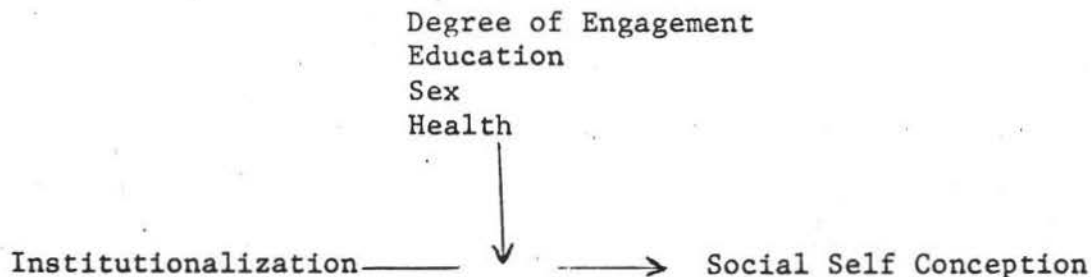
P < .05

NOT SIGNIFICANT

P < .05



revealed as follows:



Other facts such as age, religion, marital status and occupation were looked at as possible mediating variables but were found to be of little importance.

#### D. Sub-Hypothesis III

This hypothesis states that individuals who are institutionalized will report a greater number of self statements that transcend social interaction than those non-institutionalized. Table VIII provides confirmation for these expectations. As presented, there is a high gamma coefficient of  $-.806$  reflecting the fact that 48.2 percent of the institutionalized group were located in the "D" modal category while only 9.1 percent of the non-institutionalized group were of that same modality. Conversely 51.8 percent of those institutionalized reported "C" self statements while 90.9 percent of those non-institutionalized made identical self identifications. The "C" modality reflects self identifications which are within the realm of social interaction as contrasted to the "D" modality which reflects "autistic" behavior. Even though the significant chi-square and gamma meets the necessary condition for the statistical significance of a relationship, it must be questioned and further specified whether it is strong enough to be of importance.

The contingent associations in Table VIII reveal that the original relationship is weakened when degree of engagement is controlled. In the low engagement category, there occurs an increase of approximately 14 percentage points for those in the non-institutionalized group in the "D" modal category as contrasted with their position in the original relationship. The institutionalized group in the low engagement category show little change in relationship to the original association. What is significant, however, for both groups is the data in the high engagement contingent association. There is a decrease of 36 percentage points in the "D" mode for the institutionalized group in the high engagement category in contrast to their position in the original association. The non-institutionalized group show a substantial reduction in proportion to their status in the low engagement category as contrasted to their position in the high engagement category for "D" responses, and a minor percentage decrease in relation to the original relationship. All this seems to indicate that high engagement is related to the "C" TST category and is influencing the original relationship. There is a percentage increase for both groups in the "C" modal category with higher engagement as contrasted to their positions in the disengaged category. A possible explanation for higher engagement acting as a buffer against making "D" responses is the fact that higher engagement is conducive to the development of the self by taking the role of the "generalized other". This will become more clear as the analysis progresses.

Table IX offers another illustration of the search for mediating variables. Health status is controlled and its effects are of an irregular nature. The effects of controlling these three health classes upon the non-institutionalized group are somewhat minor and irregular and will not be discussed further. What is significant is the differential impact upon the institutionalized group in reference to their position in the "D" modality. With increasing impairment, there occurs a substantial increase in percentage points in the "D" category indicating that health is a strong mediating force between institutionalization and the TST modal category. Thus, excellent health acts as a fortification against making "D" modal responses.

When marital status is controlled in Table X, the original relationship is strengthened in one category and unmodified in the other. The single category cannot be analyzed due to the non-representation of any persons in the institutionalized group. Those institutionalized and married represent a larger proportion in the "C" modality than those in the divorced or widowed category who are also institutionalized. Those non-institutionalized and married are also higher ranked in the "C" mode than those in the divorced or widowed position. This seems to reflect that being married acts as a defense against making "D" responses. Marriage does increase each group's representation in the "C" category in relation to their position in the original association. There also appears to be very little effect by the divorced and widowed category on the original relationship. A plausible explanation for this occurrence is that

TABLE VIII

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
 TST MODAL CATEGORY: I. CONTROLLED ON DEGREE  
 OF ENGAGEMENT, II. ORIGINAL RELATIONSHIP

TST MODAL CATEGORY	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	LOW ENGAGEMENT			HIGH ENGAGEMENT			TOTAL SAMPLE		
	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.	INSTI. GROUP	NON- INST.	NO.
C	45.8	75.0	(31)	87.5	95.3	(48)	51.8	90.9	(79)
D	<u>54.2</u>	<u>25.0</u>	(29)	<u>12.5</u>	<u>4.7</u>	( 3)	<u>48.2</u>	<u>9.1</u>	(32)
	100.0	100.0		100.0	100.0		100.0	100.0	
	(48)	(12)	(60)	( 8)	(43)	(51)	(56)	(55)	(111)

ASSOCIATION LEVEL =

GAMMA = -0.560

GAMMA = -0.491

GAMMA = -.806

SIGNIFICANCE LEVEL  
 FOR THE GAMMAS =

P < .05

P < .05

P < .05

TABLE IX

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
TST MODAL CATEGORY: I. CONTROLLED ON HEALTH,  
I. ORIGINAL RELATIONSHIP

TST MODAL CATEGORY	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	EXCELLENT HEALTH			NO GROSS IMPAIRMENTS			MILDLY IMPAIRED			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
C	100.0	90.6	(37)	64.3	86.7	(22)	35.3	100.0	(20)	51.8	90.9	(79)
D	0.0	9.4	( 3)	35.7	13.3	( 7)	64.7	0.0	(22)	48.2	9.1	(32)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	( 8)	(32)	(40)	(14)	(15)	(29)	(34)	(8)	(42)	(56)	(55)	(111)

ASSOCIATION  
LEVEL = GAMMA = 1.000      GAMMA = -0.566      GAMMA = -1.000      GAMMA = -.806

SIGNIFICANCE  
LEVEL OF THE  
GAMMAS = P < .05      P < .05      P < .05      P < .05

TABLE X

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
TST MODAL CATEGORY: I. CONTROLLED ON  
MARITAL STATUS, II. ORIGINAL RELATIONSHIP

TST MODAL CATEGORY	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	SINGLE			MARRIED			DIVORCED & WIDOWED			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
C	0.0	81.3	(13)	66.7	100.0	(17)	48.9	92.9	(49)	51.8	90.9	(79)
D	0.0	18.8	( 3)	33.3	0.0	( 3)	51.1	7.1	(26)	48.2	9.1	(32)
	0.0	100.1		100.0	100.0		100.0	100.0		100.0	100.0	
	0	(16)	(16)	( 9)	(11)	(20)	(47)	(28)	(75)	(56)	(55)	(111)

ASSOCIATION

LEVEL = NO GAMMA

GAMMA = -1.000

GAMMA = -.863

GAMMA = -.806

SIGNIFICANCE

LEVEL OF THE

GAMMAS = NOT SIGNIFICANT

P < .05

P < .05

P < .05

TABLE XI

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
TST MODAL CATEGORY: I. CONTROLLED ON  
EDUCATION, II. ORIGINAL RELATIONSHIP

TST MODAL CATEGORY	CONTINGENT ASSOCIATIONS PART I									TOTAL ASSOCIATION PART II		
	0 - 5 YEARS			6 - 9 YEARS			10 - 15 YEARS			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
C	22.2	83.3	( 7)	35.5	94.9	(48)	100.0	80.0	(24)	51.8	90.9	(79)
D	<u>77.8</u>	<u>16.7</u>	( 8)	<u>64.5</u>	<u>5.1</u>	(22)	<u>0.0</u>	<u>20.0</u>	( 2)	<u>48.2</u>	<u>9.1</u>	(32)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	(9)	(6)	(15)	(31)	(39)	(70)	(16)	(10)	(26)	(56)	(55)	(111)

ASSOCIATION

LEVEL = GAMMA = -0.892

GAMMA = -.942

GAMMA = 1.000

GAMMA = -.806

SIGNIFICANCE  
LEVEL FOR THE  
GAMMAS =

P &lt; .05

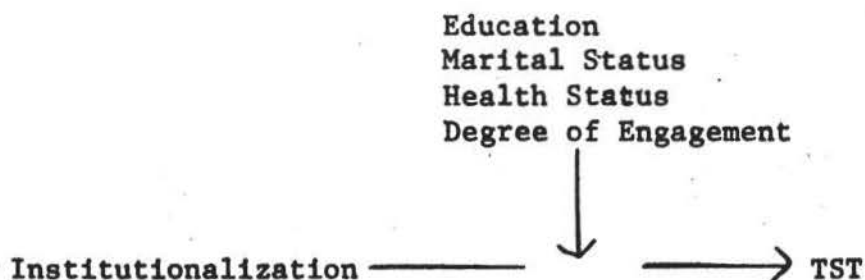
P &lt; .05

P &lt; .05

P &lt; .05

marriage offers to the individual a relationship that is still basically normatively governed which "C" self identifications encourages and stabilizes.

Table XI controls for education and reveals an interesting pattern in relationship to the original association. This table is not as nearly significant for the non-institutionalized group as it is for the institutionalized group. It is this latter population which needs specification. It is observed that with increased education, there occurs for the institutionalized group a proportional increase in ranking in the "C" modality. For example, there is an increase of 88 percentage points between those with 0 - 5 years of education and those with 10 - 15 years of academic experience. This clearly suggests that education is a factor influencing whether an individual makes self statements that are of the "C" or "D" mode. If it were not for the fact that only 18.1 percent of those institutionalized occupy the higher educational category, the original gamma coefficient would be considerably smaller in size. Thus, the analysis of Sub-hypothesis III may be represented as follows:



Other factors such as age, sex, religion and occupation were of minor consequence to the original relationship.



#### E. Sub-Hypothesis IV

This hypothesis predicts that individuals who are institutionalized will feel more anomic than those non-institutionalized. Table XII reveals that a greater proportion of the non-institutionalized group were non-anomic (78.2 percent) than the institutionalized group (35.7 percent). The mean on the anomie scale for those institutionalized is 4.19 as contrasted to a 2.74 mean for the non-institutionalized group. Both the moderately high gamma and significant student's *t* provide support for the confirmation of the expectations.

What was unexpected are the similar proportions in both the institutionalized and non-institutionalized group on the anomie scale when low engagement is controlled. In the low engagement association presented in Table XII, it can be seen that the original relationship almost disappears which indicates that the original relationship holds only for those who are highly engaged. The insignificant gamma of the low engagement association specifies that the effects of institutionalization are completely neutralized when controlling for disengagement. More specifically, it is the low engagement or disengagement that is responsible for the anomic condition and not institutionalization. A probable explanation for this lack of difference between the two groups is the small base *N* attributed to the non-institutionalized group. In the high engagement contingency, the original relationship is modestly strengthened by the nearly similar percentages between the two institutionalized groups in the high engagement category compared to the percentages

TABLE XII

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
ANOMIE: I. CONTROLLED ON DEGREE OF  
ENGAGEMENT, II. ORIGINAL RELATIONSHIP

SROLE'S ANOMIE SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	LOW ENGAGEMENT			HIGH ENGAGEMENT			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
0 - 2 (non-anomic)	27.1	25.0	(16)	37.5	76.7	(36)	35.7	78.2	(63)
3 - 7 (anomic)	<u>72.9</u>	<u>75.0</u>	(44)	<u>62.5</u>	<u>23.3</u>	(15)	<u>64.3</u>	<u>21.8</u>	(48)
	100.0	100.0		100.0	100.0		100.0	100.0	
	(48)	(12)	(60)	( 8)	(43)	(51)	(56)	(55)	(111)

ASSOCIATION  
LEVEL \*

GAMMA = .054

GAMMA = -0.692

GAMMA = -0.521

SIGNIFICANCE  
LEVEL FOR THE  
GAMMAS =

NOT SIGNIFICANT

P < .05

P < .05

For the original relationship: the mean on Srole's anomie scale for the institutionalized group is 4.19 and it is 2.74 for the non-institutionalized group. The Student's t = 1.645 which is significant at the .05 level.

TABLE XIII

RELATIONSHIP BETWEEN INSTITUTIONALIZATION AND  
ANOMIE: I. CONTROLLED ON EDUCATION,  
II. ORIGINAL RELATIONSHIP

SROLE'S ANOMIE SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	0 - 5 YEARS			6 - 9 YEARS			10 - 15 YEARS			TOTAL SAMPLE		
	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.	INST. GROUP	NON- INST.	NO.
0 - 2 (non- anomic)	11.1	0.0	(1)	19.4	74.4	(35)	56.2	70.0	(16)	35.7	78.2	(63)
3 - 7 (anomic)	<u>88.9</u>	<u>100.0</u>	(14)	<u>80.6</u>	<u>25.6</u>	(35)	<u>43.8</u>	<u>30.0</u>	(10)	<u>64.3</u>	<u>21.8</u>	(48)
	100.0	100.0	—	100.0	100.0		100.0	100.0		100.0	100.0	
	(9)	(6)	(15)	(31)	(39)	(70)	(16)	(10)	(26)	(56)	(55)	(111)

ASSOCIATION  
LEVEL =

GAMMA = 1.000

GAMMA = -0.847

GAMMA = -0.400

GAMMA = -0.521

SIGNIFICANCE  
LEVEL FOR THE  
GAMMAS =

$P < .05$

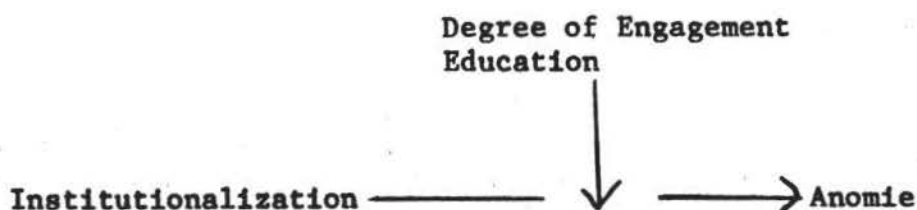
$P < .05$

$P < .05$

$P < .05$

in the original relationship. Thus, it is reasonable to expect that high engagement acts somewhat as an inner shield in protecting an individual against the effects of institutionalization. Of those institutionalized and disengaged, 72.9 percent were anomic as contrasted to 62.5 percent who were in the high engagement category and also institutionalized. There is still more of a substantial reduction in percentage points with the non-institutionalized group in relation to low and high engagement. Thus, degree of engagement has differential effects upon the original relationship, but as a whole does not explain away the relationship.

Differential or irregular effects upon the original relationship are also noticeable when education is controlled in Table XIII. As a whole, it is observable once again that with increased education, the proportion of those institutionalized individuals who are anomic decreases substantially especially between the 6 - 9 year group and the 10 - 15 year category. In the 6 - 9 category, 80.6 percent of those in the institutionalized group were ranked in the anomic position as contrasted to 43.8 percent who were in the 10 - 15 year classification. This is a reduction of 37 percentage points which clearly discloses the fact that degree of educational attainment also dampens the effects of the institutionalization process. The analysis of the original hypothesized relationship and the stratifying of the two possible mediating variables may be exposed as such:



Other factors such as age, marital status, sex, etc., were not significantly related to the original relationship.

#### F. Sub-Hypothesis V

Hypothesis V predicted that there would be an inverse relationship between degree of disengagement and social self conception. More specifically, it was expected that the more disengaged an individual became, the more he would conceptualize himself in unfavorable terms. What is being stated is that there is a direct link between disengagement and an unfavorable social self conception. Table XIV extends support for the indorsement of the hypothesized relationship. A moderately high and significant gamma of  $-0.659$  attests to the association between low engagement and an unfavorable self concept. Of those in the high engagement category, 91.6 percent reported a favorable self while 34.3 percent of those who were disengaged reported an equivalent self. The difference is significant.

But as with all relationships, it is useful to search for modifying forces that may be operating upon the association. Table XIV introduces institutionalization as a possible mediating link between degree of engagement and social self conception. Controlling for institutionalization and non-institutionalization, the original relationship becomes strengthened. It is apparent in both control categories that those who are more disengaged are more highly represented in the unfavorable self ranking. Of those in the institutionalized group, 75.0 percent in the low engagement category held a more unfavorable self as contrasted to 25.0 of the same group who were more highly engaged,

The difference between the two categories is 50 percentage points which is lower than the difference between the same categories in the original relationship. The difference is even more pronounced in the non-institutionalized group. The percentage difference between the disengaged and engaged categories of those non-institutionalized and ranked in the unfavorable class is 31 points as contrasted to the 57 percentage points in the original relationship. This is indicative of the fact that institutionalization and especially non-institutionalization are modifying the original relationship between degree of engagement and social self conception.

Controlling for age in Table XV, it is observable that the original relationship is once again strengthened in all age categories. The contingent associations between the 65 - 75 year class and the 76 - 86 year class reveal that with increasing age, those disengaged show a higher proportion in the favorable self rank. Those disengaged who are 65 - 75 years of age have a representation of 14.3 percent in the favorable self classification while those who are disengaged and 76 - 86 years of age have a proportion of 33.3 percent in the favorable self rank. This seems to indicate that the effects of disengagement are somewhat modified with increasing age. But in the 87 - 101 year class, there is a decrease in the proportion of those disengaged who hold a favorable self concept. Those who are disengaged in the 65 - 75 and 87 - 101 classes reveal a higher proportion in the unfavorable rank than what is observable in the original relationship. The gammas for all these age classes are misleading due to the small

number of n's in the cells of the engagement categories. Thus, age still must be considered a modifying variable mediating the relationship between degree of engagement and social self conception.

The original relationship is again strengthened by controlling on sex as presented in Table XVI. It is apparent that disengaged females are more likely to hold more favorable selves than disengaged males. Of those females disengaged, 40.0 percent were ranked in the favorable self position as contrasted to 26.7 percent of those males who were disengaged. Very clearly, females were more likely than males (in both low and high engagement categories) to report a more favorable self conception. Degree of engagement is related to sex as well as to social self conception. Sex does not explain away the original relationship, but it does mediate it to some degree.

In Table XVII, health status is controlled for its possible influences upon the association between the hypothesized relationship. Caution must be entered in interpreting too much to these high gammas due to the small number of n's in each health category. It is observable that health status is exerting a consistent pressure on the original relationship; that is, those who are disengaged and in excellent health are more proportionally represented in the favorable self status in contrast to the remaining two categories and the original relationship. For example, those who are disengaged and in excellent health, 66.7 percent reported a favorable self conception as contrasted to 35.7 percent who were disengaged in the no gross impairment category and 20.6 percent who were disengaged

TABLE XIV

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
 SELF CONCEPTION: I. CONTROLLED ON  
 INSTITUTIONALIZATION, II. ORIGINAL RELATIONSHIP

SOCIAL SELF SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	INSTITUTIONALIZATION			NON-INSTITUTIONALIZATION			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (favorable self)	25.0	75.0	(18)	66.7	97.7	(50)	34.3	91.6	(68)
3 - 8 (unfavorable self)	<u>75.0</u>	<u>25.0</u>	(38)	<u>33.3</u>	<u>2.3</u>	( 5)	<u>65.7</u>	<u>8.4</u>	(43)
	100.0	100.0		100.0	100.0		100.0	100.0	
	(48)	( 8)	(56)	(12)	(43)	(55)	(60)	(51)	(111)

ASSOCIATION =  
LEVEL

GAMMA = -0.800

GAMMA = -0.909

GAMMA = -0.659

SIGNIFICANCE  
LEVEL FOR  
GAMMAS =

P < .05

P < .05

P < .05



TABLE XV

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
 SELF CONCEPTION: I. CONTROLLED ON AGE  
 II. ORIGINAL RELATIONSHIP

SOCIAL SELF SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	65 - 75 YEARS			76 - 86 YEARS			87 - 101 YEARS			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (fav- orable self)	14.3	95.8	(25)	33.3	95.2	(29)	15.8	66.7	(7)	34.3	91.6	(61)
3 - 8 (un- favorable self)	<u>85.7</u>	<u>4.2</u>	(13)	<u>66.7</u>	<u>4.8</u>	(19)	<u>84.2</u>	<u>33.3</u>	(18)	<u>65.7</u>	<u>8.4</u>	(50)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	(14)	(24)	(38)	(27)	(21)	(48)	(19)	(61)	(25)	(60)	(51)	(111)

ASSOCIATION  
LEVEL

= GAMMA = -0.986

GAMMA = -0.951

GAMMA = -0.829

GAMMA = -0.659

SIGNIFICANCE  
LEVEL FOR  
GAMMAS

= P < .05

P < .05

P < .05

P < .05

TABLE XVI

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
 SELF CONCEPTION: I. CONTROLLED ON SEX,  
 II. ORIGINAL RELATIONSHIP

SOCIAL SELF SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	MALES			FEMALES			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (favorable self)	26.7	80.0	(16)	40.0	97.6	(52)	34.3	91.6	(68)
3 - 8 (unfavor- able self)	<u>73.3</u>	<u>20.0</u>	(24)	<u>60.0</u>	<u>2.4</u>	(19)	<u>65.7</u>	<u>8.4</u>	(43)
	100.0	100.0		100.0	100.0		100.0	100.0	
	(30)	(10)	(40)	(30)	(41)	(71)	(60)	(51)	(111)

ASSOCIATION LEVEL = GAMMA = -0.833

GAMMA = -0.967

GAMMA = -0.659

SIGNIFICANCE LEVEL  
 FOR GAMMAS =

P < .05

P < .05

P < .05

TABLE XVII

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
SOCIAL SELF CONCEPTION: I. CONTROLLED ON  
HEALTH, II. ORIGINAL RELATIONSHIP

SOCIAL SELF SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	EXCELLENT HEALTH			NO GROSS IMPAIRMENTS			MILDLY IMPAIRED			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (favor- able self)	66.7	100.0	(36)	35.7	86.7	(18)	20.6	87.5	(14)	34.3	91.6	(68)
3 - 8 (unfav- orable self)	<u>33.3</u>	<u>0.0</u>	(4)	<u>64.3</u>	<u>13.3</u>	(11)	<u>79.4</u>	<u>12.5</u>	(28)	<u>65.7</u>	<u>8.4</u>	(43)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	(12)	(28)	(40)	(14)	(15)	(29)	(34)	(8)	(40)	(60)	(51)	(111)

ASSOCIA-  
TION

LEVEL = GAMMA = -1.000

GAMMA = -0.843

GAMMA = -0.929

GAMMA = -0.659

SIGNIFI-  
CANCEFOR  
GAMMAS = P < .05

P &lt; .05

P &lt; .05

P &lt; .05

TABLE XVIII

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
 SOCIAL SELF CONCEPTION: I. CONTROLLED ON  
 EDUCATION, II. ORIGINAL RELATIONSHIP

SOCIAL SELF SCALE	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	0 - 5 YEARS			6 - 9 YEARS			10 - 15 YEARS			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (favor- able self)	20.0	80.0	(6)	28.9	93.8	(41)	58.3	100.0	(21)	34.3	91.6	(68)
3 - 8 (unfav- orable self)	<u>80.0</u>	<u>20.0</u>	(9)	<u>71.1</u>	<u>6.3</u>	(29)	<u>41.7</u>	<u>0.0</u>	(5)	<u>65.7</u>	<u>8.4</u>	(43)
	100.0	100.0		100.0	100.1		100.0	100.0		100.1	100.0	
	(10)	(5)	(15)	(38)	(32)	(70)	(12)	(14)	(26)	(60)	(51)	(111)

ASSOCIA-  
TION

LEVEL = GAMMA = -0.882

GAMMA = -0.947

GAMMA = -1.000

GAMMA = -0.659

SIGNIFI-  
CANCE  
LEVEL  
FOR

GAMMAS = P < .05

P < .05

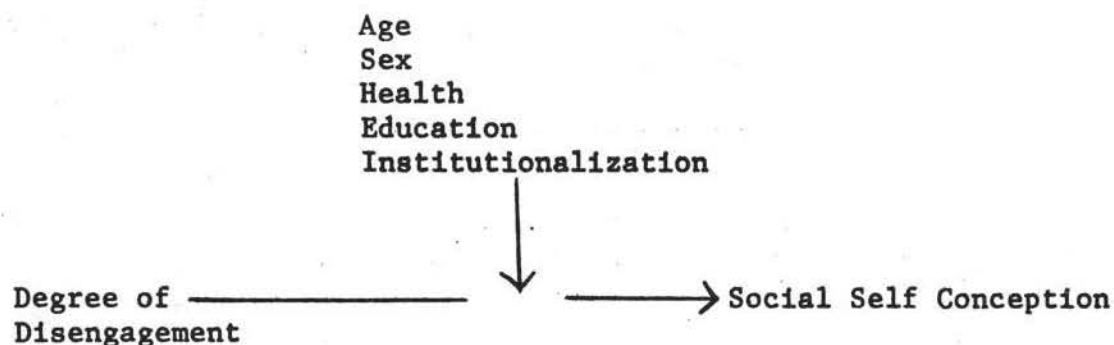
P < .05

P < .05

in the mildly impaired class. This merely represents the fact that the disengagement process is modified and attenuated by an individual's health status. With more failing health, an individual is less defensive against the effects of disengagement.

Table XVIII controls on education. The significant fact about education and its component categories is that they strengthen the original relationship. The effects are of a regular pattern specifying the fact that more education acts as a shield against the effects of disengagement. Eighty percent of those individuals disengaged with 0 - 5 years of education were located in the unfavorable self status as contrasted to 41.7 who were also disengaged but who had achieved 10 years of education or more. It is apparent that an individual with higher education has more tools to defend his self against the effects of institutionalization and disengagement.

Sub-hypothesis V and its analysis can be portrayed as follows:



Thus, there is a direct link between degree of engagement and social self conception but this relationship is filtered through by age, sex, health, education and institutionalization. Other fixed properties such as religion, marital status and occupation were not influential in operating upon the original relationship.

### G. Sub-Hypothesis VI

This hypothesis states that there is a direct link between degree of disengagement and the number of self statements that transcend social interaction. Stated somewhat differently, the more disengagement an individual experiences, the more likely that he will identify himself by "D" responses or responses that are more free and less normative in content and in action. The original relationship is revealed in Table XIX. The gamma coefficient is  $-0.722$  reflective of a high association between disengagement and the "D" modal category. Of those individuals who were reportedly disengaged, 48.3 percent were ranked in the "D" mode while only 5.9 percent of those highly engaged were of the equivalent rank or position.

Controlling for age in Table XIX, it can be recognized that there is only one age classification which substantially modifies (in a more positive sense) the original relationship and that is the 65 - 75 year range. It must be noticed, however, that the gamma coefficient of 1.000 for the 65 - 75 class is inflated due to the non-representation in the high engagement and "D" cell. Between the control associations of the 65 - 75 year class and the 76 - 86 year class, there is a reduction of 13 percentage points for those who were disengaged and in the "D" modality. This points to the possibility that with increasing age, the processes of disengagement are no longer as effective. But when an individual reaches the age of 87 and beyond, disengagement becomes even a greater weapon in causing individuals to identify themselves in more autistic

and less normative ways. In the 87 - 101 year class, 63.2 percent of those who were disengaged were located in the "D" modal position as contrasted to 37.0 percent and 50.0 percent in the remaining two disengaged aged categories who were of the same modality. A possible explanation for the 76 - 86 year class having a smaller proportion in the "D" modality for those disengaged is that there occurs for these individuals an agreeable stability between the inner and outer aspects of disengagement which prevents them from deserting their former normative and "generalized other" selves.

Table XX looks at health status for its possible variable effects upon the original association. In all three categories of health, the original relationship is increased in strength as indicated by the higher gamma coefficients. It can be observed that there is a patterned increase in the proportional representation of those disengaged and reporting "D" self-identifications as an individual becomes more impaired. For instance, of those who were disengaged in the excellent health class, only 8.3 percent were situated in the "D" self classification while 61.8 of those disengaged and mildly impaired were of the same self modality. Once again, this suggests that the status of an individual's health is somewhat of a modest determiner in regard to the type of self-identifications he makes. The effects of health upon the engagement classification in relationship to "D" responses were of an irregular nature.

When marital status is introduced as a control variable in Table XXI, it is recognized that the original association is substan-

tially and significantly strengthened in the single and married category while in the divorced or widowed class, there exists only a minor modification. What these contingent associations reveal is that being married acts as a buffer against disengagement and the falling into the abyss of identifying oneself by "D" self-statements or statements that are so comprehensive that they do not meaningfully differentiate the individual. It is observable that there is very little difference in proportions between the disengaged single category and disengaged widowed category (with respect to "D" classification) and the original relationship. Thus, the trend is reversed in the married category because of those disengaged, only 33.3 percent identified themselves by "D" responses in contrast to 48.3 percent in the original relationship. It is logical to expect that being married would neutralize the effects of disengagement, for an individual's marriage partner would reaffirm the acting dimension of the self as a separate entity within social interaction.

The last variable to be controlled in the analysis of Sub-Hypothesis VI is the degree of educational attainment as depicted in Table XXII. In all educational categories, the original relationship is strengthened. What is significant and relevant for analysis is the effects that higher education experience has upon those who are both disengaged and engaged. For both engagement categories, there is a percentage reduction in the "D" self classification. Those who were disengaged with 0 - 5 years of education identified themselves by "D" self statements more often than those either in the 0 - 6 range or the 10 - 15 year class. Seventy percent of those disengaged



TABLE XIX

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
TST MODAL CATEGORY I. CONTROLLED ON AGE,  
II. ORIGINAL RELATIONSHIP

TST CATEGORY	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	65 - 75 YEARS			76 - 86 YEARS			87 - 101 YEARS			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH. ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
C	50.0	100.0	(31)	63.0	90.5	(36)	36.8	83.3	(12)	51.7	94.1	(79)
D	<u>50.0</u>	<u>0.0</u>	( 7)	<u>37.0</u>	<u>9.5</u>	(12)	<u>63.2</u>	<u>16.7</u>	(13)	<u>48.3</u>	<u>5.9</u>	(32)
	100.0	100.0		100.0	100.0		100.0	100.0		<u>100.0</u>	100.0	
	(14)	(24)	(38)	(27)	(21)	(48)	(19)	( 6)	(25)	(60)	(51)	(111)

ASSOCIA-  
TION LEVEL = GAMMA = -1.000

GAMMA = -0.696

GAMMA = -0.791

GAMMA = -0.722

SIGNIFI-  
CANCE FOR  
GAMMAS = P < .05

P < .05

P < .05

P < .05

TABLE XX

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
TST MODAL CATEGORY: I. CONTROLLED ON  
HEALTH, II. ORIGINAL RELATIONSHIP

TST MODAL CATEGORY	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	EXCELLENT HEALTH			NO GROSS IMPAIRMENTS			MILDLY IMPAIRED			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
C	91.7	92.9	(37)	50.0	100.0	(22)	38.2	87.5	(20)	51.7	94.1	(79)
D	<u>8.3</u>	<u>7.1</u>	( 3)	<u>50.0</u>	<u>0.0</u>	( 7)	<u>61.8</u>	<u>12.5</u>	(22)	<u>48.3</u>	<u>5.9</u>	(32)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	(12)	(28)	(40)	(14)	(15)	(29)	(34)	( 8)	(42)	(60)	(51)	(111)

ASSOCIA-  
TION LEVEL =

GAMMA = -0.083

GAMMA = -1.000

GAMMA = 0.837

GAMMA = -0.722

SIGNIFI-  
CANCE  
LEVEL FOR  
GAMMAS =

NOT SIGNIFICANT

P < .05

P < .05

P < .05

TABLE XXI

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
TST MODAL CATEGORY, I. CONTROLLED ON  
MARITAL STATUS, II. ORIGINAL RELATIONSHIP

TST CATEGORY	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	SINGLE			MARRIED			DIVORCED OR WIDOWED			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
C	50.0	100.0	(13)	66.7	100.0	(17)	48.9	90.0	(49)	51.7	94.1	(79)
D	<u>50.0</u>	<u>0.0</u>	( 3)	<u>33.3</u>	<u>0.0</u>	( 3)	<u>51.1</u>	<u>10.0</u>	(26)	<u>48.3</u>	<u>5.9</u>	(32)
	100.0	100.0		100.0	100.0		100.0	100.0		100.0	100.0	
	( 6)	(10)	(16)	( 9)	(11)	(20)	(45)	(30)	(75)	(60)	(51)	(111)

ASSOCIA-  
TION LEVEL =            GAMMA = -1.000            GAMMA = -1.000            GAMMA = -0.808            GAMMA = -0.722

SIGNIFI-  
CANCE  
LEVEL FOR  
GAMMAS =            P < .05            P < .05            P < .05            P < .05

TABLE XXII

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
TST MODAL CATEGORY: I. CONTROLLED ON  
EDUCATION, II. ORIGINAL RELATIONSHIP

TST CATEGORY	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	0 - 5 YEARS			6 - 9 YEARS			10 - 15 YEARS			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
C	30.0	80.0	(7)	47.4	93.8	(48)	80.0	100.0	(24)	51.7	94.1	(79)
D	<u>70.0</u>	<u>20.0</u>	(8)	<u>52.6</u>	<u>6.3</u>	(22)	<u>20.0</u>	<u>0.0</u>	(21)	<u>48.3</u>	<u>5.9</u>	(32)
	100.0	100.0		100.0	100.1		100.0	100.0		100.0	100.0	
	(10)	(5)	(15)	(38)	(32)	(70)	(10)	(16)	(26)	(60)	(51)	(111)

ASSOCIA-  
TION LEVEL =

GAMMA = -0.806

GAMMA = -0.887

GAMMA = -1.000

GAMMA = -0.441

SIGNIFI-  
CANCE  
LEVEL FOR  
GAMMAS =

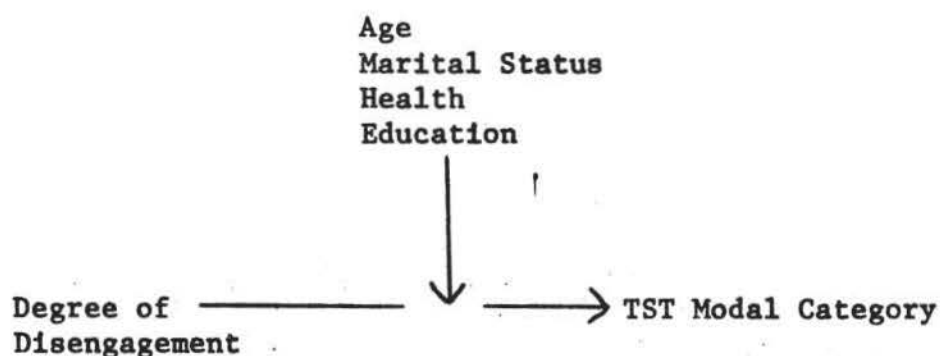
P < .05

P < .05

P < .05

P < .05

persons with less than six years of education can be located in the "D" modality in contrast to 20.0 percent of those disengaged who had obtained ten years of education or more. This is a significant difference of 50 percentage points. The effects of increasing education upon those who are highly engaged are similar but less pronounced due to their smaller numbers in the "D" modality. It is obvious once again that educational attainment does not explain away the original moderate association between disengagement and "D" self identifications pattern. A diagram is again useful for showing the direct and indirect links between the independent, dependent variables with the introduction of certain control variables.



#### H. Sub-Hypothesis VII

This hypothesis predicted that there would be a direct relationship between degree of disengagement and anomie. Thus, an individual who is highly disengaged would be more anomic than one who was less disengaged. Stated differently, as a person becomes more disengaged, he also becomes more anomic. The data revealed in Table XXIII support in somewhat moderate strength the hypothesized expectations. In the disengagement category, 73.3 percent were ranked in the anomic class while only 29.4 percent

of those revealing high engagement were of similar rank. The difference of 44 percentage points between the two engagement rankings is significant.

Controlling for institutionalization in Table XXIII, it can be seen that the original relationship still holds, but the contingent tables do reveal some variation. In the institutionalized category, the original association between disengagement and anomie is weakened. It is observable that the difference between the disengaged and engaged categories in respect to the anomic position is substantially reduced than what occurred in the original relationship. The low gamma coefficient of 0.235 seems to suggest that being institutionalized is more influential in determining anomie than being disengaged. This interpretation is somewhat misleading, however, due to the small number of cases of those who were highly engaged and anomic. Those who were non-institutionalized confirmed more strongly the original hypothesized relationship. Of those non-institutionalized individuals who were reportedly anomic, 75.0 percent were disengaged while only 23.3 percent of those who were highly engaged reported similar attitudes. But the fact still remains that being institutionalized does transform and modify the original relationship. The relationship or association between the independent and dependent variables is still present but conditions have now been specified that variations do exist when the control variable of institutionalization is introduced.

Table XXIV controls for sex and the results disclose that the original relationship is strengthened considerably in both the male

and the female contingent associations. Disengaged females are less likely to be anomic than disengaged males. Seventy percent of those females who were disengaged were anomic in contrast to 73.3 percent of those disengaged and anomic in the total association. Females suppress the relationship between the degree of disengagement and anomie. In contrast to the females are the males who are more anomic in both the disengaged and engaged categories in respect to the proportional representation in the total sample. Highly engaged males were more likely to be anomic than highly engaged females suggesting that males are more anomic regardless of their degree of engagement. There is an 11 percentage point difference between males who were engaged and anomic and the engagement and anomie position in the original relationship. One possible explanation for males being more anomic than females is the assumption that males when institutionalized cease having frequent intensive interactions with their peers; thus, their eccentricities are allowed to emerge. In our institutionalized study population, there were 15.0 percent more females than males indicating that men have fewer sex peer contacts than females which possibly might cause their normative web to loosen more rapidly than would otherwise occur.

The last control variable to be introduced in the analysis of hypothesis VII is educational achievement, and the results are revealed in Table XXV. When introduced as a control variable, it can be observed that the original trend is not explained away but it is strengthened in each educational class. The effects of education

TABLE XXIII

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
ANOMIE: I. CONTROLLED ON  
INSITUATIONALIZATION, II. ORIGINAL RELATIONSHIP

ROLE'S ANOMIE SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	INSTITUTIONALIZATION			NON-INSTITUTIONALIZATION			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (non- anomic)	27.1	37.5	(16)	25.0	76.7	(36)	26.7	70.6	(52)
3 - 7 (anomic)	<u>72.9</u>	<u>62.5</u>	(40)	<u>75.0</u>	<u>23.3</u>	(19)	<u>73.3</u>	<u>29.4</u>	(59)
	100.0	100.0		100.0	100.0		100.0	100.0	
	(48)	( 8)	(56)	(12)	(43)	(55)	(60)	(51)	(111)

ASSOCIATION

LEVEL =

GAMMA = -0.235

GAMMA = -0.817

GAMMA = -0.441

SIGNIFICANCE

LEVEL FOR

GAMMAS =

P &lt; .05

P &lt; .05

P &lt; .05



TABLE XXIV

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
ANOMIE: I. CONTROLLED ON SEX, II. ORIGINAL  
RELATIONSHIP

SROLE'S ANOMIE SCALE	CONTINGENT ASSOCIATIONS I						TOTAL ASSOCIATION II		
	MALES			FEMALES			TOTAL SAMPLE		
	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0 - 2 (non- anomic)	23.3	60.0	(13)	30.0	73.2	(39)	26.7	70.6	(52)
3 - 7 (anomic)	<u>76.7</u>	<u>40.0</u>	(27)	<u>70.0</u>	<u>26.8</u>	(32)	<u>73.3</u>	<u>29.4</u>	(59)
	100.0	100.0		100.0	100.0		100.0	100.0	
	(30)	(10)	(40)	(30)	(41)	(71)	(60)	(51)	(111)

ASSOCIATION  
LEVEL

=

GAMMA = -0.663

GAMMA = -0.728

GAMMA = -0.441

SIGNIFICANCE  
LEVEL FOR  
GAMMAS

=

P &lt; .05

P &lt; .05

P &lt; .05

TABLE XXV

RELATIONSHIP BETWEEN DEGREE OF ENGAGEMENT AND  
ANOMIE: I. CONTROLLED ON EDUCATION,  
II. ORIGINAL RELATIONSHIP

	CONTINGENT ASSOCIATIONS I									TOTAL ASSOCIATION II		
	0 - 5 YEARS			6 - 9 YEARS			10-15 YEARS			TOTAL SAMPLE		
ANOMIE SCALE	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.	LOW ENGAGE.	HIGH ENGAGE.	NO.
0-2 (non-anomic)	10.0	0.0	(1)	23.7	81.3	(35)	40.0	71.4	(16)	26.7	70.6	(52)
3-7 (anomic)	90.0	100.0	(14)	76.3	18.8	(35)	60.0	28.6	(10)	73.3	29.4	(59)
	100.0	100.0		100.0	100.1		100.0	100.0		100.0	100.0	
	(10)	(5)	(15)	(38)	(32)	(70)	(10)	(16)	(26)	(60)	(51)	(111)

ASSOCI-  
ATION  
LEVEL =

GAMMA = 1.000

GAMMA = -0.866

GAMMA = -0.579

GAMMA = -0.441

SIGNI-  
FICANCE  
LEVEL  
FOR  
GAMMAS =

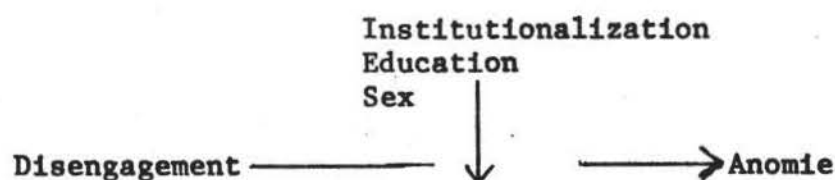
P < .05

P < .05

P < .05

P < .05

upon being disengaged and anomic is significant and requires further elaboration. It is relevant that with more education, an individual is less likely to feel anomic even when he is disengaged from social structures in which he was previously enmeshed. Of those disengaged persons with less than six years of education, 90.0 percent reported an anomic attitude while only 60.0 percent of those disengaged with more than nine years of education were similarly affected. The 0 - 5 years and 6 - 9 year educational class strengthen the support of the original relationship but the 10 - 15 year range minimizes the effects of disengagement. A possible explanation for interpreting the data that reveals more education minimizes the effects of disengagement is as follows: Henry states that pathogenic institutions metamorphose the inmates into specific types and treat the perceptual apparatus of the inmates as if it belonged to the metamorphosis.<sup>96</sup> It is reasonable to assume that if an individual is more highly educated, the modification of his perceptual apparatus by the culture of the institution would be more difficult to complete and achieve. A contrasting note is the relationship between engagement and anomie. Between the 6 - 9 year and the 10 - 15 year category, for those engaged, there occurs a proportional increase in the anomic category suggesting further that disengagement by itself is not a direct cause of anomie. The conclusion of this analysis may be presented as follows:



<sup>96</sup>Jules Henry, op. cit., pg. 419.

## CHAPTER V

## CONCLUSIONS

A. Summary of Findings

In Chapter IV, a model was presented in which all hypothesized relationships were interconnected in an independent and dependent fashion with corresponding gamma coefficients revealing strength linkages. No "causal" arrows were drawn at that time, because it was not known before analysis what fixed properties could be contaminating or distorting the original relationships. In figure 1 on page 107, this model (A) is presented again to briefly summarize the original hypothesized independent and dependent relationships. On the following page, model B reveals the directional flow between the independent, control and dependent variables based upon the findings of the analysis chapter. Model (C) on the next page depicts the type of mediating variables that were exerting some force on the influence or effect on the independent variables upon the dependent variables.

As the reader reviews these models, it is observable that out of the eleven original hypotheses, seven received reasonably high gamma coefficients and were significant at the .05 level. The remaining four hypotheses were of low association, and in three of the cases, the relationships were in the direction opposite to that predicted. The gamma coefficients in all these hypotheses (see Appendix D) were misleading due to the small base number in each category. If a larger sample would have been obtained for these four hypotheses it is

MODEL A

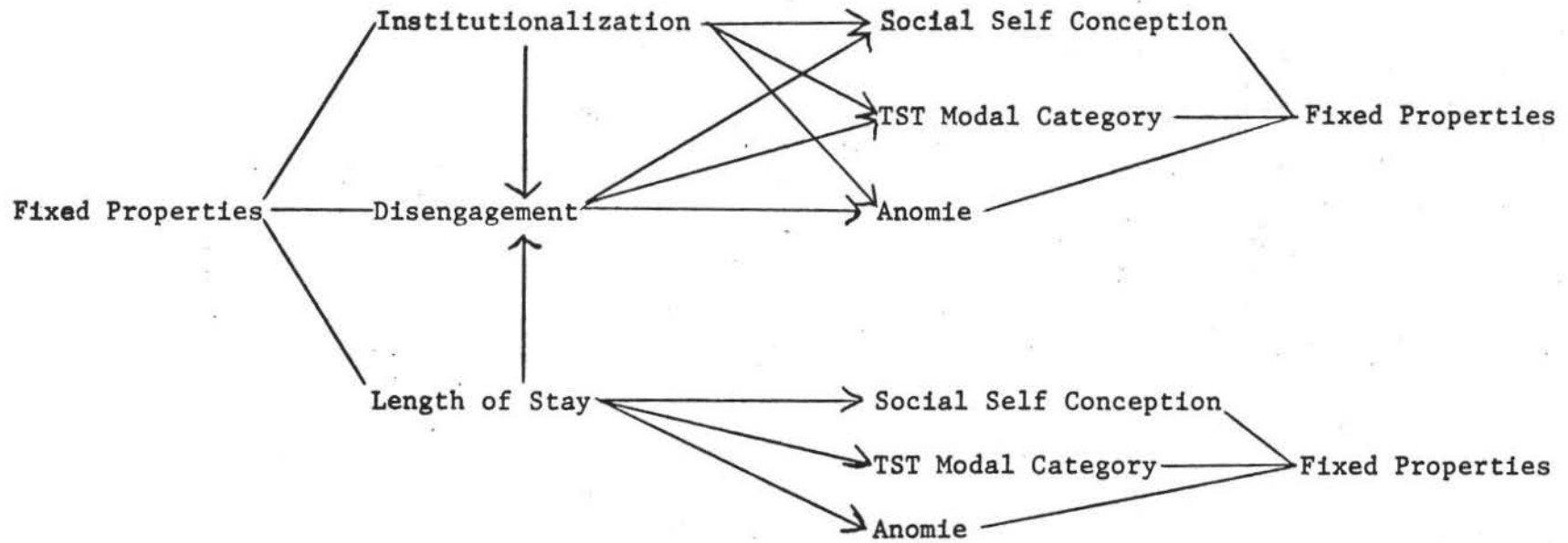


Figure 1: Original Hypothesized Relationships

MODEL B

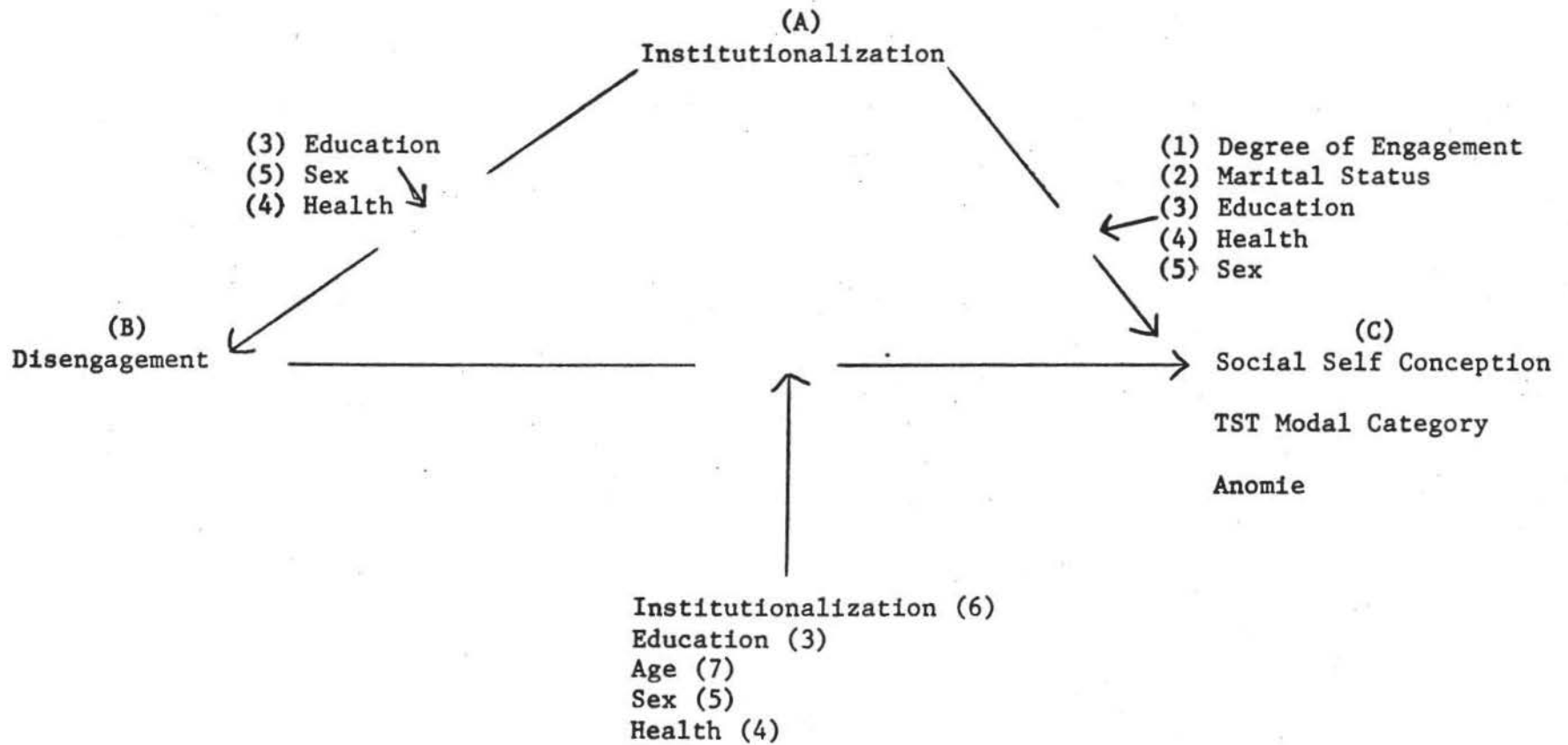


Figure 2. Hypothesized Relationship after Analysis

MODEL C

	<u>INDEPENDENT VARIABLES</u>	<u>MEDIATING VARIABLES</u>	<u>DEPENDENT VARIABLES</u>
Hypothesis I	A (Institutionalization)	(3, 4, 5)	B (Disengagement)
Hypothesis II	A (Institutionalization)	(1, 3, 4, 5)	C (Self Conception)
Hypothesis III	A (Institutionalization)	(1, 2, 3, 4)	C (TST Modal Category)
Hypothesis IV	A (Institutionalization)	(1, 3)	Anomie
Hypothesis V	B (Disengagement)	(3, 4, 5, 6, 7)	C (Social Self)
Hypothesis VI	B (Disengagement)	(2, 3, 4, 7)	C (TST Category)
Hypothesis VII	B (Disengagement)	(3, 5, 6)	C (Anomie)

Figure 3: Diagram of Mediating Fixed Properties Between Hypothesized Independent and Dependent Variables.

- 1 = Degree of Engagement
- 2 = Marital Status
- 3 = Education
- 4 = Health Status
- 5 = Sex
- 6 = Institutionalization
- 7 = Age

conceivable that the trends would have been more pronounced and significant, regardless of the direction. A possible explanation for the lack of support for these hypotheses will be offered in the discussion section which follows.

A profile of those institutionalized in our sample contains the following characteristics: Institutionalized persons were more disengaged, held lower self conceptions, identified themselves in a more variable manner, and were more anomic. On the other hand, however, they were relatively unaffected by passage of time in the institutional setting. It was also discovered that such properties as sex, marital status, health, age and education acted as protective shields against the effects of institutionalization and disengagement. These findings will become more significant in the discussion which follows.

#### B. Discussion of Findings

The results of this study show that institutionalization is not a unidimensional process. It has a number of components which have not been clearly delineated. There has been little speculation about and almost no empirical evidence of the intermeshing of the various components of the institutionalization process and information about the various time relationships involved in the process. In fact, it is not yet possible to label all of the components of institutionalization. The present study has attempted to identify a few of the components, but it does not completely exhaust the possibilities.



Further, many changes have occurred during the last five years in the organization and treatment philosophies of many nursing homes, so that great variations now exist among them. The consequences and ramifications of the effects of institutionalization does not appear to be uniform in every home. Therefore, institutionalization is not only a concept of many components, but it also differs substantively in its effects upon a person's perceptual apparatus or personality configuration.

### 1. Nursing Home Setting

Before looking at the institutionalization process as it relates to our sample, it is important and valuable to briefly view the various home atmospheres in which this study took place. A majority of the nursing home residents interviewed were located in homes close to the area in which they had lived most of their lives. Many residents had life-long friends with them in the home. The findings of this study become even more significant when this is taken into account. However, the most relevant fact about all of the nursing homes, regardless of their custodial or therapeutic orientation, was the pervasiveness of an institutional culture that subtly defined their subjects as special kinds of entities in terms of its conceptions of these persons' capacities to see, hear, and understand. "A lethal component of pathogenic institutions is that they challenge the soundness of the perceptual apparatus of the inmates, thus forcing them to lose confidence in their own judgement and to

become as they are defined."<sup>97</sup> Although for the majority of those institutionalized, this was indeed the case (as revealed by their low self-concepts and anomic attitudes), there were exceptions. Those institutionalized persons who were of better health, of the female sex, and were better educated showed that they were not as transformed by the dehumanizing institutional process as their fellow residents. But, there was a common mood prevalent in the responses of those with strong self configurations as well as those with weak ones and that was that they would not be in the home if given a free choice. Nearly every resident, regardless of his background characteristics, felt the coercive power of the institution's need for orderliness, routine, and profit. They seemed to sense the fact that they were being cared for by people who were being paid to do it. Many of the more alert, healthy, and educated residents were reluctant to close the interview, for they found it difficult to cope with the deprivation of communication which surrounded them and which was only occasionally broken by family visits.

Activities in the nursing homes were always group-oriented rather than tailored to the needs and capacities of each individual. When activities were conducted, they were staff initiated and confined to the nursing home. There were few exceptions to this rule. A point relevant to this discussion is that the more alert residents (with higher self concepts) often initiated their own activities which included sewing, reading, or writing personal

---

<sup>97</sup>Jules Henry, op. cit., pg 418.

letters. But for most of the residents, the home was a remote impersonal "they", inexorable and inscrutable like the prosecution in Kafka's, The Trial. For these people, life consisted of sleeping in bed all day or watching T.V. which were weak defenses against the processes of institutionalization.

## 2. Self Conception and Self Identification

One component of the institutionalization process relates to the change in self concept as represented by the self identifications which the individual makes. Goffman argues that the stripping of the self to a non-entity occurs very early in the institutional experience.<sup>98</sup> The results from the data in this study support the general applicability of Goffman's argument. But the assumption by Goffman that the institutional experience becomes one of a long time series of abasements and profanations of the self is unfounded in this study.<sup>99</sup> Of those persons who had been institutionalized for less than twelve months, 35.3 percent reported a favorable self conception as compared to 30.8 percent who had been living in the home for over a year or more. In respect to the TST category, 41.2 percent of those institutionalized less than twelve months reported a modality of "D" responses in relation to 51.3 percent who had been in the home for one year or more. Contrasting results also appear with the relationship between length of stay and anomie. Those institutionalized for less than one year were more anomic (88.2 percent)

---

<sup>98</sup>Erving Goffman, op. cit., pg. 14.

<sup>99</sup>Ibid.

than those institutionalized longer than one year (53.9 percent). In all three relationships, there were no significant differences between length of stay and the hypothesized effects. Therefore, self concept and self identification do not change significantly with the passage of time.

No change in the status of the self has a number of possible explanations. In terms of the institutional setting, it signifies that neither the nursing staff nor the administrative treatment are causing a mortification of the individual's self conception. This could be due to the instability of staff help which prevents the emergence of a strong staff social structure which would possibly force the residents into a more inclusive institutional role. Thus, there does not appear to be any attempt on the part of the staff to transform the self configurations of the residents, which raises doubts about Goffman's contention that the staff are instrumental tools in the dehumanization process.<sup>100</sup> Another possible explanation for the insignificant difference between length of stay and negative self attitudes is that the nursing home residents may be adapting (in a behaviorial or attitudinal sense) to the institutional setting, especially those who are less educated, older, widowed and more physically impaired. It is only obvious that when a great deal of time is spent in bed, it reduces the individual's social contacts and other forms of experience that could possibly help to actualize

---

<sup>100</sup>Erving Goffman, op. cit., pgs. 16 - 41.

his uniqueness and individuality. It is quite possible that Henry is correct when he asserts that delusions of extrication, reminiscence, and resignation make it possible for institutional residents to accept their environment.<sup>101</sup> These delusions of extrication in which one imagines himself in different circumstances may be one weapon in adaptation which protects against the deterioration of the former self. Reminiscing, in which one imagines himself to be in a former life may also be another protective tool against further self-degradation. "Finally, hopelessness itself assuages some pain, because hope presents images of better possibilities and so stirs discontent."<sup>102</sup> Thus, the lack of significant findings concerning length of stay gives strength to the argument that institutionalization is not a unidimensional process.

### 3. Degree of Engagement

A second component of the institutionalization process relates to the disengagement of those individuals in the nursing homes. In the institutional setting, the individual is slowly disengaged from social structures in which he was previously enmeshed and the number of social roles previously played are decreased which leads to feelings of self depreciation. The results of this study clearly reveal the enormous gap in engagement scores between those institutionalized and those non-institutionalized. Although Cummings

---

<sup>101</sup>Jules Henry, op. cit., pg. 427.

<sup>102</sup>Ibid.

and Henry may be correct in their assumption that the aged initiate the disengagement process themselves<sup>103</sup>, it is quite evident that the institutional setting provides them with no choice on the matter. It is easy to comprehend the fact that there was a high association between disengagement and anomie for the following reasons: Because interactions create and reaffirm norms, a reduction in the number and variety of interactions leads to an increased freedom from the control of the norms governing behavior. What is more complex in thought is the fact that males were more affected by disengagement than females. Several suggestions come to mind. The status identity of most men in our culture is manifested in their instrumental tasks and in their occupational membership. While still in the community, a man may still hold on to an instrumental role, regardless of his age, by executing such tasks as gardening, painting, house repairs and lawn care. These tasks are not available in the institutional atmosphere so it is reasonable to expect him to experience identity loss. Men have to develop a new set of skills when introduced to institutionalization. The cultural role of the female has been one of a socio-emotional agent, and their task in an institution becomes not so much different in kind as different in quantity.

### C. Limitations of This Study

Most studies raise questions for further research and this one is no exception. This study raises several questions. The

---

<sup>103</sup>Elaine Cummings and William Henry, op. cit., pg. 105.

first major query is concerned with time. In order to fully access the fact that institutionalization causes negative self attitudes, it is imperative that a longitudinal study design be conducted in which the nursing home resident can be interviewed before entrance into the institutional structure. This can be achieved by calling upon nursing home administrators in an effort to get at the home waiting list. In this respect, the nursing home resident can be interviewed and tested in the community environment, and then tested in various time periods after admittance to the home. What must be ascertained and validated is the assumption that the individual is not disengaged and self-degraded before his entrance into the institutional world, but that it is truly the institutional setting that is stripping away his former self.

A second major issue concerns the instruments utilized in the present study. With the aged nursing home resident, an unstructured self concept instrument such as the Twenty Statements Test may not measure self identification effectively. An individual's degree of engagement was measured by a questionnaire instrument constructed by this researcher and may not have been reliable since no reliability tests were used. Thus, replications of this research should be planned which utilize the same instruments to test the results or to substitute other self instruments.

A third major consideration relates to the type of institutional setting in which the present research occurred. The interpretations of the findings in this study relate to only one possible "total institution"; that is, the nursing home. A comparative analysis of

three institutions representing different points on the continuum of severity of total characteristics of institutionalization should give different results.

The above points argue for further research into the self identifications and self conceptions of nursing home residents. This is an area of sociological significance and offers great promise for future gains in knowledge.



APPENDIX A  
CHARACTERISTICS OF THE  
STUDY POPULATIONS

TABLE XXVI

AGE COMPOSITION OF THE INSTITUTIONALIZED  
AND THE NON-INSTITUTIONALIZED POPULATION

AGE CATEGORY	INSTITUTIONALIZED POPULATION				NON-INSTITUTIONALIZED POPULATION			
	MALES		FEMALES		MALES		FEMALES	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
65 - 69	5	20.83	2	6.25	1	6.25	8	20.51
70 - 74	2	8.33	6	18.75	2	12.50	8	20.51
75 - 79	5	20.83	4	12.50	3	18.75	8	20.51
80 - 84	2	8.33	8	25.00	4	25.00	9	23.08
85 - 89	5	20.83	8	25.00	2	12.50	5	12.82
90 - 94	2	8.33	3	9.38	3	18.75	1	2.56
95 - 99	2	8.33	1	3.13	1	6.25	--	---
100 - 104	1	4.17	--	---	--	---	--	---
TOTAL	24	99.98	32	100.01	16	100.00	39	99.99
MEAN			BOTH SEXES	81.03			BOTH SEXES	78.25

Chi-square = 3.998

Not significant at .05 level

Gamma = -0.207

Not significant at .05 level

TABLE XXVII

RACE COMPOSITION OF THE  
 INSTITUTIONALIZED AND NON-  
 INSTITUTIONALIZED POPULATION

RACE CATEGORY	INSTITUTIONALIZED POPULATION		NON-INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT	NUMBER	PERCENT
WHITE	56	100.00	55	100.00
BLACK	--	---	--	---
OTHER	--	---	--	---
TOTAL	56	100.00	55	100.00

TABLE XXVIII

HEALTH COMPOSITION OF THE  
INSTITUTIONALIZED AND NON-  
INSTITUTIONALIZED POPULATION

HEALTH CATEGORY	INSTITUTIONALIZED POPULATION		NON-INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT	NUMBER	PERCENT
EXCELLENT PHYSICAL HEALTH	8	14.29	32	58.18
NO GROSS IMPAIRMENTS	14	25.00	15	27.27
MILDLY IMPAIRED	34	60.71	8	14.55
TOTAL	56	100.00	55	100.00

Chi-square = 13.380: Significant at .05 level

Gamma = -0.680 : Significant at .05 level

TABLE XXIX

MARITAL COMPOSITION OF THE  
 INSTITUTIONALIZED AND THE NON-  
 INSTITUTIONALIZED POPULATION

MARITAL CATEGORY	INSTITUTIONALIZED POPULATION		NON-INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT	NUMBER	PERCENT
SINGLE	--	---	16	29.09
MARRIED	9	16.07	11	20.00
WIDOWED	44	78.57	28	50.91
DIVORCED	3	5.36	--	---
TOTAL	56	100.00	55	100.00

Chi-square = 21.006: Significant at the .05 level

Gamma = -0.697: Significant at the .05 level

TABLE XXX

LENGTH OF STAY COMPOSITION OF  
THE INSTITUTIONALIZED POPULATION

LENGTH OF STAY CATEGORY	INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT
0 - 5 MONTHS	11	19.64
6 - 12 MONTHS	6	10.71
13 - 35 MONTHS	30	53.57
36 MONTHS OR MORE	9	16.07
TOTAL	56	100.00

TABLE XXXI

SEX COMPOSITION OF THE INSTITUTIONALIZED  
AND THE NON-INSTITUTIONALIZED POPULATION

SEX CATEGORY	INSTITUTIONALIZED POPULATION		NON-INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT	NUMBER	PERCENT
MALE	24	42.86	16	29.09
FEMALE	32	57.14	39	70.91
TOTAL	56	100.00	55	100.00

Chi-square = 2.281: Not significant at the .05 level

Gamma = 0.293: Not significant at the .05 level

TABLE XXXII

RELIGIOUS COMPOSITION OF THE INSTITUTIONALIZED  
AND THE NON-INSTITUTIONALIZED POPULATION

RELIGIOUS CATEGORY	INSTITUTIONALIZED POPULATION		NON-INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT	NUMBER	PERCENT
PROTESTANT	42	75.00	43	78.18
CATHOLIC	12	21.43	10	18.18
OTHER	2	3.57	2	3.64
TOTAL	56	100.00	55	100.00

Chi-square = 3.021: Not significant at .05 level

Gamma = 0.210: Not significant at .05 level



TABLE XXXIII

EDUCATIONAL COMPOSITION OF  
THE INSTITUTIONALIZED AND THE  
NON-INSTITUTIONALIZED POPULATION

EDUCATIONAL CATEGORY	INSTITUTIONALIZED POPULATION		NON-INSTITUTIONALIZED POPULATION	
	NUMBER	PERCENT	NUMBER	PERCENT
0 - 4 yrs.	3	5.36	6	10.91
5 - 9 yrs.	37	66.07	39	70.91
10 - 14 yrs.	14	25.00	10	18.18
15 yrs. & Over	2	3.57	--	---
TOTAL	56	100.00	55	100.00
MEAN	8.52		7.87	

Chi-square = 2.172: Not significant at the .05 level

Gamma = -0.041: Not significant at the .05 level

TABLE XXXIV

OCCUPATIONAL COMPOSITION OF THE INSTITUTIONALIZED  
AND THE NON-INSTITUTIONALIZED POPULATION

OCCUPATIONAL CATEGORY	INSTITUTIONALIZED POPULATION				NON-INSTITUTIONALIZED POPULATION			
	MALES		FEMALES		MALES		FEMALES	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
HOUSEWIFE			27	84.38			27	69.23
FARMER	9	37.50			10	62.50		
FACTORY WORKER	--	---	--	---	--	---	--	---
GOVT. WORKER	4	16.67	1	3.13	3	18.75	2	5.13
SUPERVISORY WORK	9	37.50	1	3.13	3	18.75	4	10.26
PROFESSIONAL WORK	2	8.33	3	9.38	--	---	6	15.38
TOTAL	24	100.00	32	100.02	16	100.00	39	100.00

Chi-square = 0.743: Not significant at the .05 level

Gamma = -0.042: Not significant at the .05 level

APPENDIX B

RESEARCH INSTRUMENTS

## NON-INSTITUTIONALIZED STUDY

## INTERVIEW SCHEDULE I

1. Name \_\_\_\_\_
2. Present Address \_\_\_\_\_  
City State
3. Length of time at present address: \_\_\_ Less than one year,  
\_\_\_ One year but less than three years, \_\_\_ Three years but  
less than six years, \_\_\_ Six years or longer.
4. Where did you reside before your present address? \_\_\_\_\_  
City  
State
- And for how long? \_\_\_ Less than one year  
\_\_\_ One year but less than three years  
\_\_\_ Three years but less than six years  
\_\_\_ Six years or longer
- 4a. Place of birth: \_\_\_\_\_  
City State
5. Age: \_\_\_\_\_ 6. Sex: \_\_\_ Male \_\_\_ Female  
7. Race: \_\_\_ White  
\_\_\_ Black  
\_\_\_ Other
8. Religious faith? \_\_\_ Catholic  
\_\_\_ Protestant  
\_\_\_ Other
9. What has been the state of your health for the last five years?  
\_\_\_ Excellent physical health for my age.  
\_\_\_ No gross impairments.  
\_\_\_ Mildly impaired such as loss of some hearing or sight but  
not enough to disturb functional activity.  
\_\_\_ Moderately impaired such as loss of one arm or leg.  
\_\_\_ Severely impaired such as loss of both arms, legs or sight.
10. Marital status: \_\_\_ Single \_\_\_ Widowed  
\_\_\_ Married \_\_\_ Separated  
\_\_\_ Divorced \_\_\_ Other
11. Number of children by marriage: \_\_\_\_\_
12. All children still living? \_\_\_ Yes \_\_\_ No

- 12a. If no, how many are still living? \_\_\_\_
13. What was the last grade that you completed in school? 0 1 2  
3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate School  
1 2 3
14. What occupation has occupied the major part of your employment career?

\_\_\_\_ Housewife                      \_\_\_\_ Factory worker (skilled or unskilled)  
\_\_\_\_ Farmer                         \_\_\_\_ Govt. worker  
   \_\_\_\_ Other

15. Approximately, what was your annual income? State combined income if married.

\_\_\_\_ Over \$1,000 but not over \$2,500  
\_\_\_\_ Over \$2,500 but not over \$4,000  
\_\_\_\_ Over \$4,000 but not over \$5,400  
\_\_\_\_ Over \$5,400 but not over \$6,900  
\_\_\_\_ Over \$6,900 but not over \$8,400  
\_\_\_\_ Over \$8,400

16. What is the major source of your income now?

\_\_\_\_ Social Security Benefits                      \_\_\_\_ Investments  
\_\_\_\_ Pension    \_\_\_\_ Disability Payments  
\_\_\_\_ Insurance    \_\_\_\_ Other  
\_\_\_\_ Inheritance

17. Are you presently a member of any group, club or association?  
\_\_\_\_ Yes      \_\_\_\_ No

- 17a. If yes, how many groups are you affiliated with as a member?

\_\_\_\_ One                                      \_\_\_\_ Four  
\_\_\_\_ Two                                      \_\_\_\_ More than four  
\_\_\_\_ Three                                    \_\_\_\_ Other

- 17b. List the groups to which you are a member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 17c. Are you presently associated with any groups, clubs or associations but are not a member? \_\_\_\_ Yes      \_\_\_\_ No

If yes, how many and list the organizations:

\_\_\_\_\_  
\_\_\_\_\_

- 17d. Do you presently hold any offices in any of these groups?  
 Yes  No

If yes, what offices held and in which groups?

_____	_____
_____	_____
_____	_____

- 17a. How long have you been associated with each of these groups or clubs?

Name of group

_____	1 - 3 years
_____	Over 3 but less than 5 years
_____	5 but less than 8 years
_____	8 but less than 14 years
_____	14 years and over

18. How often do you attend meetings in each of these groups or clubs?

Name of group

_____	Never	If not a regular attender, explain why: _____
_____	Seldom	
_____	Often	
_____	Regularly	

19. How much total time do you devote to all group meetings and activities in a week or a month? (Circle week or month and check appropriate box)

_____	Less than 5 hours
_____	5 hours but less than 10 hours
_____	10 hours but less than 15 hours
_____	15 hours but less than 20 hours
_____	20 hours or more

20. How many people that you know do you consider friends, that is, people you can confide in and talk over personal matters? (Family and relatives do not count)

_____	One	_____	Four
_____	Two	_____	Five - Seven
_____	Three	_____	Over Seven

21. Now take the friends you're closest to - about how often do you get together with each of them?

_____	At least once a week	_____	A few times a year
_____	A few times a month	_____	Almost never
_____	About once a month		

22. How often do you get together with your relatives?

- |   |   |
|---|---|
| <input type="checkbox"/> Every day            | <input type="checkbox"/> A few times a year |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> About once a year  |
| <input type="checkbox"/> A few times a month  | <input type="checkbox"/> Almost never       |
| <input type="checkbox"/> About once a month   |   |

23. Do you see more or less of your relatives now than you did five years ago?

- I see them more now.  
 I see them about the same now as I did five years ago.  
 I used to see them more five years ago.

24. Do you have more or fewer friends now whom you see regularly than you did five years ago?

- I have more friends now.  
 I have about as many friends now as before.  
 I used to have more friends five years ago.

25. Would you say you're more or less active in clubs and organizations now than five years ago?

- I am more active now.  
 I am about the same as I was five years ago.  
 I was more active five years ago.





14. Approximately, what was your average annual income? State combined income if married.

- Over \$1,000 but not over \$2,500  
 Over \$2,500 but not over \$4,000  
 Over \$4,000 but not over \$5,400  
 Over \$5,400 but not over \$6,900  
 Over \$6,900 but not over \$8,400  
 Over \$8,400

15. What is the major source of your income now?

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Investments         |
| <input type="checkbox"/> Pension                  | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Insurance                | <input type="checkbox"/> Payments            |
| <input type="checkbox"/> Inheritance              | <input type="checkbox"/> Other               |

16. How long have you been a resident of this home?

- Less than 6 months.  
 Six months to one year.  
 More than one year but less than three years.  
 Three years or more

16a. Have you been a resident of other homes?  Yes,  No

If yes, which ones and for how long?

\_\_\_\_\_

17. Is your stay permanent or temporary? (Underline one)

17a. If your stay is permanent, who recommended that decision?

- |   |   |
|---|---|
| <input type="checkbox"/> My doctor              | <input type="checkbox"/> I thought it was the |
| <input type="checkbox"/> My family and friends  | best thing to do.                             |
| <input type="checkbox"/> The Home Administrator |   |

18. What was (or is) your previous address before coming to any home?

\_\_\_\_\_

City State

18a. How long had you lived at this address? \_\_\_\_\_

19. What were your primary reasons for coming to this home?

- It was recommended to me by friends living in the home.  
 My former residence was unsatisfactory in comparison to this home.

- The brochure distributed by this home offered the services I was looking for.  
 For economic considerations. It is cheaper living and provides the medical services I need.  
 It is close to my family, friends and neighbors.  
 For personal reasons, I felt that I should no longer live with my family.
20. How often do your (A) friends, (B) relatives, and (C) family visit you here in the home?  Never,  Seldom,  Often,  Regularly.
21. How often do you visit with your (A) friends, (B) relatives, and (C) family in their homes or apartments?  Never,  Seldom,  Often,  Regularly
22. How often do you keep in touch with your (A) friends, (B) relatives, and (C) family by telephone calls or letters?  Never,  Seldom,  Often,  Regularly.
23. While you have been a resident here in this home, do you see your (A) friends, (B) relatives, and (C) family as often as you did while living at home in \_\_\_\_\_  
 Previous Residence
- I see more of them now.  
 I see them about the same.  
 I saw more of them while in \_\_\_\_\_  
 Previous Residence
24. The people that you are still (or were) acquainted with in \_\_\_\_\_, how many of them do (did) you consider  
 Previous Residence
- friends; that is, people you could confide in and talk over matters? (Do not include marriage partner or relatives).
- One  Five - Seven  
 Two  More than Seven  
 Three  
 Four
25. Of the people that you have become acquainted with since you have been in this home, how many do you consider friends?
- One  Four  
 Two  Five - Seven  
 Three  More than Seven

26. Are you presently a member of any group, club or association not related to the activities within the home?  Yes,  No

26a. If yes, list as many as you can.

_____	_____
_____	_____
_____	_____

26b. If no, were you ever a member of any group, club or organization? List groups and the reason for no membership at the present time.

_____	_____
_____	_____
_____	_____

27. Do (did) you presently hold any offices in any of these groups? (Those not related to the nursing home)  Yes,  No

If yes, what offices held and in which groups?

_____	_____
_____	_____
_____	_____

28. Are (were) you presently associated with any groups, clubs or associations and not a member? (Those not related to the nursing home)  Yes,  No

If yes, how many and list the groups.

_____	_____
_____	_____
_____	_____

29. How long have (were) you been associated with all of these groups or clubs (those that exist outside of the nursing home)?

Name of Group

_____	1 - 3 years.
_____	Over 3 but less than 5 years.
_____	5 but less than 8 years.
_____	8 but less than 14 years.
_____	14 years and over.

30. Do (did) you attend meetings regularly in each group?  Yes,  No

Name of Group

_____	Never	If not regular attender, explain why.
_____	Seldom	
_____	Often	
_____	Regularly	
_____	_____	_____
_____	_____	_____

31. How much time do (did) you devote to all of your group meetings and activities in a week or month (those that exist outside of the nursing home)? (Underline week or month and check box).

Less than 5 hours  
 5 hours but less than 10 hours  
 10 hours but less than 15 hours  
 15 hours but less than 20 hours  
 20 hours or more

32. In the home here, what activity or activities occupy the major part of your day or week? Explain.

---

---

---

33. When you were living at home, what activities occupied the major part of your day or week? Explain.

---

---

---

## TEST A

SOCIAL SELF  
CONCEPTION SCALE

Please answer the following questions as quickly and as best you can. Let your first impression be your guide in selecting an answer. Check only one line for each question asked.

I. I feel that I'm a person of worth, at least on an equal plane with others.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

II. I feel that I have a number of good qualities.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

III. All in all, I am inclined to feel that I am a failure.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM I

IV. I am able to do things as well as most other people of the same health.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

V. I feel I do not have much to be proud of.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM II

VI. I take a positive attitude toward myself.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM III

VII. On the whole, I am satisfied with myself.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM IV

VIII. I wish I could have more respect for myself

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM V

IX. I certainly feel useless at times.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

X. At times I think I am no good at all.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM VI

XI. I feel that I am a friendly and likeable person.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

XII. I certainly feel unimportant, at times.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM VII

XIII. I am a kind person.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

XIV. Oftentimes, I feel very stupid.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

XV. I have never considered myself an intelligent person.

1. \_\_\_\_ Agree
2. \_\_\_\_ Disagree

SCALE STEM VIII

## TEST B

## SELF IDENTIFICATION

There are twenty numbered blanks on the page below. Please write twenty answers to the question "Who Am I?" in the blanks. Answer as if you were giving the answers to yourself, not to someone else. Write the answers in the order that they occur to you. Do not worry about logic or importance.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_



## TEST C

## ANOMIE SCALE

Please read the following questions carefully and circle the answer that agrees with your feelings. Please circle only one answer for each question.

1. Most public officials are not really interested in the problems of the average man. (Agree, Disagree, Can't Decide)
2. Nowadays a person has to live pretty much for today and let tomorrow take care of itself. (Agree, Disagree, Can't Decide)
3. In spite of what some people say, the lot of the average man is getting worse, not better. (Agree, Disagree, Can't Decide)
4. It's hardly fair to bring children into the world with the way things look for the future. (Agree, Disagree, Can't Decide)
5. These days a person doesn't really know whom he can count on.  
(Agree, Disagree, Can't Decide)
6. Most people really don't care what happens to the next fellow.  
(Agree, Disagree, Can't Decide)
7. You sometimes can't help wondering whether anything is worthwhile.  
(Agree, Disagree, Can't Decide)
8. I often feel awkward and out of place.  
(Agree, Disagree, Can't Decide)
9. Everything changes so quickly these days that I often have trouble deciding which are the right rules to follow.  
(Agree, Disagree, Can't Decide)

APPENDIX C

CODING AND SCORING

This appendix will contain first the coding and scoring method for the Twenty Statements Test (Test B) and then scoring instructions will be discussed for Tests A and C. Finally, the scoring and coding for both interview schedules will be specified.

1. TST Coding Method<sup>104</sup>

The "Who Am I?" was scored into four major categories. Before discussing these four categories, it is important to relate the general rules that were followed in the coding of the test:

- (1) Responses were recorded by the interviewer exactly as the individual worded them.
- (2) If the individual rambled and did not give responses which the interviewer could place into numbered units on the test form, each complete thought was scored as one response.
- (3) Negations were coded in the same manner as affirmations.
- (4) If more than 20 statements were recorded by the interviewer, only the last 20 statements were coded.

The first category of scoring refers to those responses (labeled as "A") which identify the self in terms of concrete or

---

<sup>104</sup>Wyona Hartley, op. cit., pgs. 11-27.

physical attributes. Responses of this type provide identification of the respondent without giving information on behavior which directly affects the interaction situation. These responses yield information about the self which can be validated without social interaction. "A" self-identifications imply no others, but it does present the self as a social object. Four types of responses fit into this scoring category:

- (1) Statements referring explicitly to the physical body, dress or "vital statistics" such as age, address, and telephone number, and the like.
- (2) Respondent's name when mentioned for the first time (repetitions are coded under the "D" category).
- (3) Most references to the state of health and illness - for example, "I have diabetes", "I am sick".
- (4) Names of other people when no relationship is indicated.

The second category of responses (labeled as "B") refer to status or positional responses. This category contains references to explicit statuses which are socially defined and can be socially validated. Statements in this category relate to social interaction and refer to performance in defined social relationships for their definition and maintenance. Statements of the "B" category imply involvement in more or less explicitly structured social situations.

Responses in this category imply norms for the behavior of the person who identifies himself in this way. "B" statements generally support inference to experience of the self as involved in structured interpersonal relations, as related to others through the mediation of internalized norms, implying the general other as referent. Some specific guidelines for coding in this category are:

- (1) Socially distinguishing references to marital status, family, occupation, religion, education, ethnic group, etc.
- (2) Names prefaced by titles.
- (3) Sex reference.
- (4) Positional statements about hobbies and enthusiasms such as, "I am a movie lover", "I am a baseball fan".

Category three (labeled as "C") responses refer to stylistic or action oriented statements which the respondent attributes to himself. Any behavior which relates to activities in which the respondent engages are classified under this category. This category also includes statements in which the respondent makes evaluations of himself - "I am a friendly person". "C" responses emphasize the acting dimension of the self or the self as a separate entity within social interaction. Some specific types of responses which are included in this category are:

- (1) Habits and participation in activities such as "I like people", "I like good music".

- (2) Statements of taste, wish preferences, likes and dislikes such as, "I like to read", "I wish I could sew well".
- (3) Statements relating to style of behavior or adjectives of temperament - for example, "I am moody", "I live in a nice neighborhood".

The fourth category designated as "D" responses refers to statements which are extravagant or global in content. Statements categorized as global are so comprehensive that they do not meaningfully differentiate the individuals who make the statements. These kinds of responses are so vague and ambiguous that they lead to no reliable expectations about behavior. Examples of this type of statement are "People are not trustworthy" and "The world is against me". Unrealistic identifications are also included in this category. Specific types of statements to be included in this category are:

- (1) Comprehensive and vague statements that transcend social interaction.
- (2) Unrealistic identifications.
- (3) Irrelevant statements which imply that the respondent does not understand the question being asked.
- (4) Information about the past, such as an historical account of jobs held, or previous addresses.
- (5) Names of other people and remarks about their activities.

## 2. TST Scoring Method

The scoring of the TST was based on the use of modal responses to categories "A", "B", "C" and "D". The greatest number of responses that a respondent made to any one category was his modal classification. For example, if a respondent made a total of ten identifications and six of them were coded in the "D" category then his modal classification was that category. Two thoughts come to mind about the application of modal categories of responses to differentiate and characterize respondents. The first is conceptual and the second is empirical.

Given the framework that self-conception is an organization and internalization of accumulated social past and present experiences, it follows that a shift in a respondent's social experiences will influence the manner in which he conceptualizes himself. Kuhn and McPartland state that in more radical experiential shifts in behavior, one should expect radical changes in conception of the self which encompasses changes in organization and levels of abstraction as well as in content.<sup>105</sup> "The point is that the conception of self reported at a given time is probably more accurately interpreted as evidence about a state of being and a set of experiences of the self at that time, than as an irreversible trend to personality."<sup>106</sup> Thus, the employment of modal categories reflect recent social experiences and will change as experiences and behavior change.

---

<sup>105</sup>Hartley, pg. 19.

<sup>106</sup>Ibid., pg. 20.

As to the empirical nature of modal scoring, Kuhn and McPartland relate that nine respondents in ten write responses which show a clear mode in some one category. They found that respondents made at least one more statement in one category more than another.<sup>107</sup> This was proven to be the case for 99% of the respondents in the two study populations. When there was a tie between two categories, the deeper response or more sub-conscious self-identification (such as a "D" response) was given the greater weight in analysis. For example, if there was a tie between the number of responses made to "A" and "D" categories, the "D" category was given the most weight.

3. Scoring Procedure for Social Self Conception Scale (Test A) and Anomie Scale (Test C).

The scoring for the 15 question social self-conception scale was accomplished in two different approaches. The first was based on the total number of positive responses that a respondent made to all of the questions. A positive response indicated a low self conception. If a respondent disagreed with a positively stated question or agreed with a negatively worded one, he was given a score of 1 for that question. There was a possible range of 0 - 15 in which 0 was at the extreme end of favorable self conception and 15 at the unfavorable extreme. The second approach developed in scoring was based on eight scale stems. Scale Stem I was contrived

---

<sup>107</sup> Ibid., pg. 20.



from the combined responses to the first three questions. "If a respondent answered 2 out of 3 or 3 out of 3 positively, he received a positive score (or 1) for Scale Stem I. If he answered 1 out of 3 or 0 out of 3 positively, he received a negative score (or 0) for Scale Stem I. Scale Stem II was contrived from the combined responses to two self esteem questions ( 4 and 5). One out of 2 or 2 out of 2 positive responses were considered positive for Scale Stem II."<sup>108</sup> Scale Stems III, IV and V were developed from questions 6, 7 and 8 respectively. Scale Stem VI was constructed from the combined responses to questions 9 and 10. One out of 2 or 2 out of 2 positive responses were considered positive.<sup>109</sup> Scale Stems VII and VIII were developed by this researcher. Questions 11 and 12 were constructed for their combined responses which yielded Scale Stem VI. One out of 2 or 2 out of 2 positive responses were considered positive for this stem. Questions 13, 14 and 15 were formulated by this researcher to yield Scale Stem VIII. The instructions that were applicable for Scale Stem I were also applied to Scale Stem VIII. The Scale Stem scoring method yielded a possible range of 0 which was again extreme in a favorable direction and 8 which was extreme in an unfavorable manner.

---

<sup>108</sup> John Robinson and Phillip Shaver, Measures of Social Psychological Attitudes, Survey Research Center, Institute for Social Research, The University of Michigan, Ann Arbor, Michigan, August, 1970, pgs. 100-101.

<sup>109</sup> *Ibid.*, pg. 101.

The scoring for the anomie scale which consisted of seven Srole items and two McClosky and Schaar items was performed by allocating one point for each "agree" response. Answers to each item were either "agree", "disagree" or "can't decide". Scores ranged from 0 - 9. Those scoring 6 - 9 were considered to be highly anomic, 3 - 5 was the middle group, and 0 - 2 were low or non-anomic.

#### 4. Scoring of Interview Schedules I and II

The only scoring of the schedules which is relevant for interpretation and analysis is that which is related to the degree of engagement questions. In Schedule I, questions 17 - 19 and questions 21 - 22 were utilized for the total engagement score of each individual. A score of one was allocated for each organizational membership cited and for each office held within these associations. Higher scores were also awarded to those with longer affiliations and regular attendance. Those who reported more frequent interactions with relatives were also assigned higher scores. In Schedule II, questions 20 - 21 and 26 - 31 were formulated to yield a total engagement score for those non-institutionalized. The scoring was similar in respect to Schedule I except that the questions were verbally framed to reflect the nature of the institutional experience.

APPENDIX D  
MISCELLANEOUS TABLES

TABLE I

RELATIONSHIP BETWEEN SROLE'S  
ANOMIE SCALE AND SCHAAR  
AND MC CLOSKY'S ANOMIE SCALE

SCHAAR AND MC CLOSKY'S ANOMIE SCALE	SROLE'S ANOMIE SCALE							
	(non-anomic) 0 - 1		2 - 3		4 - 5		(anomic) 6 - 7	
	No.	%	No.	%	No.	%	No.	%
0 (non-anomic)	22	(88.0)	22	(57.9)	2	( 9.1)	0	( 0.0)
1	3	(12.0)	13	(34.2)	4	(18.2)	2	( 7.7)
2 (anomic)	0	( 0.0)	3	( 7.9)	16	(72.7)	24	(92.3)
Total 111 Cases	25	(100.0)	38	(100.0)	22	(100.0)	26	(100.0)

GAMMA = 0.907

TABLE II

RELATIONSHIP BETWEEN SELF CONCEPTION  
SCALE BY INDIVIDUAL SCORING AND  
SELF CONCEPTION BY SCALE STEM SCORING

SELF SCALE BY INDIVIDUAL QUESTION SCORING	SELF SCALE BY SCALE STEM SCORING							
	0 (fav- orable)		1		2 - 3		4 - 6 (un- favorable)	
	No.	%	No.	%	No.	%	No.	%
0 (favorable)	17	(85.0)	22	(55.5)	2	( 6.7)	0	( 0.0)
1 - 2	3	(15.0)	15	(37.5)	15	(50.0)	2	( 9.5)
3 - 5	0	( 0.0)	3	( 7.5)	10	(33.3)	5	(23.8)
6 - 8 (unfavorable)	0	( 0.0)	0	( 0.0)	3	(10.0)	14	(66.7)
TOTAL 111 CASES	20	(100.0)	40	(100.0)	30	(100.0)	21	(100.0)

GAMMA = 0.851

TABLE III\*

RELATIONSHIP BETWEEN LENGTH OF  
STAY IN NURSING HOME AND  
DEGREE OF ENGAGEMENT

ENGAGEMENT SCALE	LENGTH OF STAY SCALE			
	1 - 12 MONTHS		12 MONTHS AND OVER	
	NUMBER	PERCENT	NUMBER	PERCENT
0 - 4 (highly disengaged)	5	29.4	13	33.3
5 - 6	2	11.8	12	30.8
7 - 10	6	35.3	10	25.6
11 - 21	0	0.0	0	0.0
22 - 46 (highly engaged)	4	23.5	4	10.3
56 CASES TOTAL	17	100.0	39	100.0

CHI-SQUARE = 9.167, SIGNIFICANCE LEVEL =  $P < .05$

GAMMA = -0.269, SIGNIFICANCE LEVEL =  $P < .05$

\*This table corresponds to Sub-Hypothesis VIII. The significant minus gamma and chi-square indicate that there is an inverse relationship between length of stay and degree of engagement and not as hypothesized, a direct relationship. As stated, Sub-hypothesis is not supported by the data, for there is no direct significance difference between length of stay and degree of engagement.

TABLE IV\*

RELATIONSHIP BETWEEN LENGTH OF  
STAY IN NURSING HOME AND  
SOCIAL SELF CONCEPTION SCALE

SOCIAL SELF CONCEPTION SCALE SCORED BY IND. QUES.	LENGTH OF STAY			
	1 - 12 MONTHS		12 MONTHS & OVER	
	NUMBER	PERCENT	NUMBER	PERCENT
0 (favorable self concept)	0	0.0	8	20.5
1 - 2	6	35.3	4	10.3
3 - 5	5	29.4	9	23.1
6 - 8 (unfavorable self concept)	6	35.3	18	46.2
TOTAL 56 CASES	17	100.0	39	100.0

CHI-SQUARE = 8.159, SIGNIFICANCE LEVEL =  $P > .05$

GAMMA = 0.037, SIGNIFICANCE LEVEL =  $P > .05$

\*This table corresponds to Sub-Hypothesis IX. The significant positive gamma and chi-square indicate that there is a direct relationship between length of stay and social self conception and not an inverse relationship as hypothesized. Sub-Hypothesis IX is not supported by the data for there is no significant difference between an increase in length of stay and a lower self conception.

TABLE V\*

RELATIONSHIP BETWEEN LENGTH OF  
STAY IN NURSING HOME AND  
TST MODAL CATEGORY

TST MODAL CATEGORY	LENGTH OF STAY			
	1 - 12 MONTHS		12 MONTHS & OVER	
	NUMBER	PERCENT	NUMBER	PERCENT
"C"	10	58.8	19	48.7
"D" (reflects self statements that transcend social inter- action)	7	41.2	20	51.3
TOTAL 56 CASES	17	100.0	39	100.0

CHI-SQUARE = 0.484, SIGNIFICANCE LEVEL =  $P > .05$

GAMMA = 0.201, SIGNIFICANCE LEVEL =  $P > .05$

\*This table corresponds to Sub-Hypothesis X. As shown, there is a significance difference in the hypothesized relationship but this is misleading because of the small number of people in the 0 - 1 year category and because of the low coefficient gamma.



TABLE VI\*

RELATIONSHIP BETWEEN LENGTH  
OF STAY IN NURSING HOME  
AND SROLE'S ANOMIE SCALE

SROLE'S ANOMIE SCALE	LENGTH OF STAY			
	1 - 12 MONTHS		12 MONTHS & OVER	
	NUMBER	PERCENT	NUMBER	PERCENT
0 - 1 (non-anomic)	0	0.0	5	12.8
2 - 3	2	11.8	13	33.3
4 - 5	12	70.6	9	23.1
6 - 7 (anomic)	3	17.6	12	30.8
TOTAL 56 CASES	17	100.0	39	100.0

CHI-SQUARE = 12.123, SIGNIFICANCE LEVEL =  $P > .05$

GAMMA = -0.254, SIGNIFICANCE LEVEL =  $P > .05$

\*This table corresponds to Sub-Hypothesis XI. The significant minus gamma and chi-square indicate that there is an inverse relationship between length of stay and anomie in contrast to the hypothesized direct relationship. Thus, Sub-Hypothesis XI is not supported by the data, for there is no direct significance difference between length of stay and degree of anomie.

## BIBLIOGRAPHY

- Albrecht, Ruth. "The Social Roles of Older People." Journal of Gerontology, 6, 1951, 138-145.
- Anderson, J.E. "Environment and Meaningful Activity." Processes of Aging. Edited by R. H. Williams and W. Donahue. New York: Alberton Press, 1963.
- Anderson, Nancy. "Institutionalization, Interaction and Self-Conception in Aging." Older People and Their Social World. Edited by Arnold Rose and Warren Peterson. Philadelphia: F. A. Davis Co., 1965.
- Beattie, W. M. and Bullock, J. "Evaluating Services and Personnel in Facilities for the Aged." Geriatric Institutional Management. Edited by M. Leeds and H. Shore. New York: G. P. Putnam's Sons, 1964.
- Bell, Wendell. "Anomie, Social Isolation, and the Class Structure." Sociometry, 20, 1957, 106-107.
- Blalock, Hubert M. Social Statistics. New York: McGraw-Hill Book Co., Inc., 1960.
- Blalock, Hubert M. and Blalock, Ann. Methodology in Social Research. New York: McGraw-Hill Book Co., Inc., 1968.
- Bowman, Karl and Bernice Engle. "Some Current Trends in Problems of the Aged." Gerontology: A Book of Readings. Edited by Clyde Vedder. Illinois: Charles Thomas, Publisher, 1963.
- Brecher, Ruth and Brecher, Edward. "Nursing Homes for the Aged: Part I." Consumer Reports, 29, 1964, 30-36.
- Broom, Leonard and Selznick, Phillip. Sociology: A Text With Adapted Readings. New York: Harper and Row, Publishers, 1968.
- Campbell, Donald and Stanley, Julian. Experimental and Quasi-Experimental Designs for Research. Chicago: Rand McNally & Company, 1963.
- Cavan, Ruth, et. al. Personal Adjustment in Old Age. Chicago: Science Research Associates, Inc., 1953.
- Clark, Burton. "The Cooling Out Function in Higher Education." The American Journal of Sociology, 65, 569-576.

- Clark, Margaret and Anderson, Barbara. Culture and Aging: An Anthropological Study of Older Americans. Illinois: Charles Thomas, Publisher, 1967.
- Coe, Rodney M. "Self-Conception and Institutionalization." Older People and Their Social World. Edited by Arnold Rose and Warren Peterson. Philadelphia: F. A. David Co., 1965.
- Cumming, Elaine and Henry, William E. Growing Old: The Process of Disengagement. New York: Basic Books, Inc., 1961.
- Duggan, Thomas and Dean, Charles. "Common Misinterpretations of Significance Levels in Sociological Journals." The American Sociologist, 3, 1968, 46.
- Francis, Ray G. "The Anti-Model as a Theoretical Concept." Sociological Quarterly, 4, 1963, 198-199.
- Frankl, Victor. Man's Search for Meaning. New York: Washington Square Press, Inc., 1959.
- Freeman, Howard and Sherwood, Clarence. Social Research and Social Policy. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970.
- Goffman, Erving. Asylums. New York: Doubleday and Company, 1961.
- Gould, Julius and Kolb, William L., eds. A Dictionary of the Social Sciences. Glencoe, Illinois: The Free Press, 1964.
- Hartley, Wyona. Manual for the Twenty Statements Problem. Kansas City, Missouri: Department of Research of the Greater Kansas City Mental Health Foundation, 1970.
- Henry, Jules. Culture Against Man. New York: Vintage Books, 1965.
- Kaplan, Jerome, ed. Old Age in the Modern World. London: Third Congress of the International Association of Gerontology, 1955.
- Kuhn, Manford H. Manual for the Twenty Statements Problem. Department of Research, The Greater Kansas City Mental Health Foundation, Kansas City, Missouri, 1965.
- Kuhn, Manford H. and McPartland, Thomas S. "An Empirical Investigation of Self-Attitudes." American Sociological Review, 19, 1954, 68-76.
- Kutner, Bernard. Five Hundred Over Sixty. New York: Russell Sage Foundation, 1956.

- Lepkowski, Richard. "The Attitudes and Adjustment of Institutionalized and Non-Institutionalized Aged." Journal of Gerontology, 2, 1956, 185-191.
- Lindesmith, Alfred R. and Strauss, Anselm L. Social Psychology. Third Edition. New York: Holt, Rinehart and Winston, Inc., 1968.
- Mason, Evelyn. "Some Correlates of Self-Judgment of the Aging." Journal of Gerontology, 9, 1954, 324-337.
- McClosky, H. and Schaar, J. H. "Psychological Dimensions of Anomy." American Sociological Review, 30, 1965, 14-40.
- Mead, George Herbert. Mind, Self and Society. Chicago: University of Chicago Press, 1934.
- Merton, Robert K. Social Theory and Social Structure. Illinois: Glencoe Press, Inc., 1957.
- Miller, Delbert. Handbook of Research Design and Social Measurement. New York: David McKay Company, Inc., 1964.
- Pan, Ju-Shu. "Factors in the Personal Adjustment of Old People in Protestant Homes for the Aged." American Sociological Review, 12, 1951, 379-381.
- Parsons, Talcott, and Shils, Edward. Toward a General Theory of Action. New York: Harper & Row, Publishers, 1951.
- Pollack, M. et. al. "Perception of Self in Institutionalized Aged Subjects: Response Patterns to Mirror Reflection." Journal of Gerontology, 17, 1962, 405-408.
- Robinson, John and Shaver, Phillip. Measures of Psychological Attitudes. Survey Research Center, Institute for Social Research, The University of Michigan, Ann Arbor, Michigan, August, 1970.
- Rose, Arnold M. Human Behavior and Social Processes. Boston: Houghton Mifflin Co., 1962.
- Rosenberg, Morris. The Logic of Survey Analysis. New York: Basic Books, Inc., 1968.
- Scott, Francis. "Factors in the Personal Adjustments of Institutionalized and Non-Institutionalized Aged." American Sociological Review, 16, 1955, 538-546.

- Shanas, Ethel. "Living Arrangements and Housing of Old People." Behavior and Adaptation in Late Life. Edited by Ewald Busse and E. Pfeiffer. Boston: Little, Brown and Company, 1969.
- Shanas, Ethel. "The Personal Adjustments of Recipients of Old Age Assistance." Journal of Gerontology, 4, 1950, 249-253.
- Shaw, L. C. and Henry, W. E. "A Method for the Comparison of Groups: A Study in Thematic Apperception." Genetic Psychology Monographs, 54, 1956, 207.
- Simmel, George. Conflict and the Web of Group Affiliations. Glenco, Illinois: The Free Press, 1955.
- Srole, L. "Social Integration and Certain Corollaries." American Sociological Review, 21, 1956, 709-716.
- Townsend, P. "On the Likelihood of Admission to an Institution." Social Structure and the Family: Generational Relations. Edited by E. Shannas and G. Streib. Englewood Cliffs, New Jersey: Prentice-Hall, 1965, 226.
- Tuckman, Jacob., et. al. "The Self-Image in Aging." Journal of Genetic Psychology, 99, 1961, 317-321.
- U. S. Department of Health, Education and Welfare, Public Health Service, Division of Hospital and Medical Facilities, Program Planning and Analysis Branch, Washington, D. C., Hill-Burton State Plan, January 1, 1965, 27.
- Williams, Robin W. American Society: A Sociological Interpretation. New York: Alfred A. Knopf, 1965.
- Wylie, Ruth C. The Self Concept: A Critical Survey of Pertinent Research Literature. Nebraska: University of Nebraska Press, 1961.

## VITA

Jack D. Nelson was born in Rockford, Illinois on July 19, 1944. He received his B. A. in Business from Augustana College, in June, 1967. He worked for three corporations in Chicago from 1967 to 1971. In March, 1971, he entered graduate school at Eastern Illinois University in the field of Sociology. He will receive his Master of Arts degree in August, 1972.

Beginning in September, 1972, he will hold the position of Sociology Instructor at East Central State College in Ada, Oklahoma.