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A STUDY OF ATTITUDES OF L. D. S. SENIOR
CITIZENS OF LOGAN, UTAH REGARDING
PERSONAL ADJUSTMENTS

by

Antoine R. Munk

A thesis submitted in partial fulfillment
of the requirements for the degree


of

MASTER OF SCIENCE

in

Sociology

Approved:



UTAH STATE UNIVERSITY
Logan, Utah

1971

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Antoine R. Munk

Antoine R. Munk

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ABSTRACT

A Study of Attitudes of L.D.S. Senior
Citizens of Logan, Utah Regarding
Personal Adjustments

by

Antoine R. Munk, Master of Science

Utah State University, 1971

Major Professor: Nile D. Meservy

Department: Sociology

The objectives of this study were first, to examine the attitudes of L.D.S. (members of the Church of Jesus Christ of Latter-Day Saints; also commonly known as the Mormon Church) senior citizens living within the city limits of Logan, Utah regarding certain of their personal adjustments during old age (a personal adjustment score was derived from a scale developed by Cavan, Burgess, Havighurst and Goldhamer, 1949); and second, to determine whether selected variables were related to these attitudes toward personal adjustment. The variables examined in determining this relationship were chronological age, sex, marital status, the individual's definition of present health, length of time in current housing and the degree of social involvement.

Each of the following four variables proved to have a positive, significant association with the personal adjustment attitudinal score--chronological

age, marital status, the individual's definition of present state of health and degree of social involvement. The two remaining variables are sex and length of time in current housing. Neither of these latter two was found to be significantly associated with the personal adjustment score.

(85 pages)

CHAPTER I
INTRODUCTION

The Need for Sociological Research in Aging

In our society, those 65 and older are commonly referred to as the "aging population." Over the past several decades, the proportion of aging members within the population has shown an increasing trend. A report by Barron (1961) gives some idea of the amount of increase that has occurred in the United States since 1900. Those over 65 years of age constituted a mere 4 percent of the United States population in 1900. This figure had increased to 5.5 percent by 1930. By 1960 it had climbed to 8.7 percent. The prediction was that this number would reach 9 percent by 1970. According to the Statistical Abstracts of the United States Census Bureau (1967), the proportion for 1966 was 9.4 percent or noticeably more than the 1960 estimate for 1970.

This increase in the aging population has resulted in the need for certain social provisions. These include counseling and services relating to the various health and welfare needs of the aged. In a society with a growing proportion of older people, living for them has become less comfortable than a rural society used to be (Horton and Hunt, 1968). One

way of determining the need for these services is through the use of scientific sociological surveys to study the attitudes of the aging toward certain vital aspects of their environment.

Knowledge obtainable through valid research makes it possible to better understand the various special needs of members of an aged population living in a particular locality.

Historical and Religious Background of Setting

The pioneers who settled this community were members of the Church of Jesus Christ of Latter-Day Saints.¹ This continues to be the dominant religious institution in Logan and its general philosophy relating to personal adjustment strongly influences the attitudes of its present day members.

Within the Latter-Day Saint (L.D.S.) Church, the ideal of the patriarchal extended family, involving close and frequent interaction, was very strongly held by the pioneers who settled this community. Their belief included continuation of family solidarity into the next world. Salvation to them was a family concern, not just a personal concern. These same beliefs are held by members today and strongly influence the attitudes of aging members that are only two generations away from the pioneers.

The expectation is that each family will proudly take care of its own aged in the family home and should misfortune strike, the Church welfare plan can help as necessary.

¹ Also referred to as Latter-Day Saints, L.D.S. and Mormons.

CHAPTER II
STATEMENT OF PROBLEM

The objective of this study is to examine the attitudes of L. D. S. senior citizens living within the city limits of Logan, Utah regarding certain of their personal adjustments during old age. It seeks to answer the following question: Do chronological age, sex, marital status, the individual's definition of present health, length of time in current housing and degree of social involvement affect the overall attitudes or feelings of personal adjustment of senior citizens of Logan, Utah?

Statement of Hypotheses

The positive hypothesis

It is believed that certain basic factors affect the attitudes of the older individual toward his or her personal adjustments.² They are:

1. Chronological age. Physical and mental changes of age, depending on individual differences, affect the older person's attitude toward various aspects of his adjustments.
2. Sex. Older individuals may or may not be adaptable for reasons of training and life experiences, relating to their lifelong sexual role.

2

In this study attitudes toward personal adjustment will be the focus of attention. For my purposes the phrase, "attitudes toward personal adjustment" and the phrase, "personal adjustment" will be used interchangeably.

3. Marital status. The status and experiences relating to having never been married or of being divorced or presently married likewise affect the individual's attitudes toward his surroundings.

4. The individual's definition of present health. A person's definition of his present state of health may affect his attitudes toward personal adjustment to his surroundings.

5. Length of time in current housing. The length of time a person resides at a particular residence may affect to what extent an older person is adjusted to his environment.

6. Degree of social involvement. The extent of social involvement may affect the personal adjustment of senior citizens depending upon the degree and satisfactions experienced in his environment.

The foregoing mentioned factors will be considered as the independent variables in this study. The dependent variable will be the personal adjustment score as measured by a revised scale developed by Cavan, Burgess, Havighurst, and Goldhamer (1949).

This study will not attempt to evaluate individual behavioral characteristics of personal adjustment, but only seeks to determine the attitudes of the individual toward personal adjustment.

Determining the attitudes of older people toward personal adjustment could provide community agencies with information that could be utilized in the improvement of existing services and provide information on needed, but lacking services for the senior citizens of this community.

The null hypothesis

In order to establish the positive hypothesis of relationship, the opposite or null hypothesis will be tested for the purpose of ruling out chance. The null hypothesis states that no relationship exists between the selected variables and the personal adjustment attitudinal scores.

Definition of Terms

For purposes of consistency, certain operational definitions are established and conscientious effort is made throughout this study toward consistent use of these terms. These are:

Attitude

Attitude is referred to as an acquired, or learned, and established tendency to react negatively or positively to a given phenomenon based on the individual's evaluation.

Senior citizen

A senior citizen for purposes of this study would include any person who is between the ages of 65 and 85, employed or unemployed, and living outside of special care facilities for the aged.

Personal adjustment

Personal adjustment will signify how well the older person is able to accept the requirements of a changed situation.

Chronological age

Chronological age will refer to the number of years a person has lived.

Sex

Sex refers to the distinction between male and female.

Marital status

Marital status pertains to one's status to a marriage--single (never married), married, widowed, divorced, or separated.

Length of time in current housing

Length of time in current housing refers to the length of time one has most recently resided in a given place. Such place can be a house, apartment, rooming house, hotel or abode with relatives.

The individual's definition of present health

The individual's definition of present health refers to the older person's own definition of the condition of his or her health and to what extent such a person feels limited or unlimited in physical abilities.

Social involvement

Social involvement refers to the extent of involvement of the older person as reflected by frequency of attendance at social functions during the six months period immediately preceding this study.

Scope of Study

In a sociological study of this type, the major limitation is that the study would be localized and projections to other populations or cultural areas would be invalid. However, the study could indicate possible problem areas for all populations.

This study is limited to the city boundaries of Logan, Utah. It deals with both male and female members of the Church of Jesus Christ of Latter-Day Saints. Only persons between the ages of 65 and 85 are included. This study does not deal with senior citizens institutionalized or residing in special care facilities for the aged. It is concerned primarily with the attitudes of senior citizens regarding their personal adjustments during the age period specified.

CHAPTER III

REVIEW OF LITERATURE

Specific literature on personal adjustment during old age is limited. Accordingly, this review of literature is primarily directed at a general level of relationship to the thesis problem. This discussion of literature will explore the concept of personal adjustment, and the attitudinal factors relating to personal adjustment in later years.

Concept of Personal Adjustment

Personal adjustment, for purposes of this study, relates to the individual's attitudes toward selected aspects of his or her life situation.

Interest in personal adjustment appearing in the literature and contemporary research dates from the earliest period of modern gerontology to the present time (Cavan, Burgess, Havighurst, and Goldhamer, 1949; Folsom and Morgan, 1937; Pollak, 1948). These and other authors have put forth effort to measure, scale, and interpret factors which are related to personal adjustment in old age.

In studying adjustment of older people, researchers have taken diverse but related approaches to the measurement of adjustment. A few of the different measures of adjustment will be reviewed here to indicate the kinds of approaches taken.

Taves and Hansen (1961) sought to measure the personal adjustment of 6,700 persons over 65. The measurement scales they used consisted of items covering seven areas. These are: health, friendships, work, religion, usefulness, morale and family. They say:

Good personal adjustment as measured by this scale involves feeling good about one's health, enjoying a number of close friendships, satisfaction with work, finding security or comfort in religion, feeling useful, placing positive value on the later years, being relatively happy (i.e., relative to one's earlier life), and experiencing satisfaction with one's family, excluding domination from and rejection by the family. (Taves and Hansen, 1961, p. 2)

In a study of 1,211 persons 65 years of age and older, Gordon F. Streib (1956) looked for factors related to high morale. He used three scales designed to measure what he identified as the three major components of morale--goal centeredness, satisfaction with present life situation, and reaction to danger or adversity. Goal centeredness, as described by Streib, is the tendency to plan ahead for one's future. Satisfaction with present life situation is self-explanatory. Reaction to danger and adversity was measured by having the interviewer rate the subject's "hardships."

In a later study, Thompson, Streib, and Kosa (1960) used three indices to measure personal adjustment. These indices were: satisfaction with life, dejection, and hopelessness. The researchers found an ordered relationship between these three indices. They found that the person who had a feeling of hopelessness was also likely to be dejected and dissatisfied with life. The person who did not feel hopeless but did feel dejected was also likely to be

dissatisfied. Logically enough, the person who was satisfied was unlikely to be either dejected or to feel hopeless. The most extreme form of personal maladjustment was marked by a feeling of hopelessness.

The common theme in these and other attempts to measure adjustment is a concern with the individual's feeling of well-being and self-fulfillment. The emphasis is on the individual's evaluation of himself and his present circumstances.

From the literature concerning harmonious adjustment, two areas of importance stand out in personal adjustment. These are: personal adjustment and happiness, and personal adjustment and social involvement.

Personal adjustment and happiness

Because of our culture's emphasis on the value of personal happiness, several investigators have explicitly used happiness or life satisfaction as an adjustment index (Kuhlen, 1948; Lebo, 1953; Pollak, 1948; Rose, 1955). There are major weaknesses of happiness as a scientific concept. It may vary in content and importance from one society to another. This is true even among Western nations or between subgroups within them (Townsend, 1957; Wylie, 1957).

Personal adjustment and social involvement

This second assumption is that, the more active old people are, the happier and better adjusted they will be. Certain studies report strong

correlations between various measures of adjustment and extent of activity or social participation (Albrecht, 1956; Burgess, 1954; Havighurst, 1951; Kleemeier, 1951; Morrison and Kristijanson, 1958; Snyder, 1955). Presumably, the more active a person is, the better adjusted he is according to these studies.

Measures of Adjustment Appearing In The Literature and Contemporary Research

Adjustment rating scale

One of the most prevalent measures used is the Cavan adjustment rating scale, developed from the early work at the University of Chicago (Cavan et al., 1949). This has been formulated in Havighurst and Albrecht's *Older People* (1953).

Morale measures

Another common type of adjustment index is found in measures of morale, best exemplified in the work of Kutner, Fanshel, Togo, and Langer (1956). Others have used the same or modified morale indexes of this type (Morrison and Kristijanson, 1958).

Other adjustment indexes

Fantasy. Phillips (1956, 1957) uses a measure of fantasy, or the degree of withdrawal from reality.

Self-images. Several investigators have used self-images as an index. They have shown a strong relationship between younger self-conceptions and "good" adjustment and between older self-images and deteriorating adjustment (Blau, 1956; Deutsch and Solomon, 1959; Mason, 1954; Phillips, 1957).

Specific literature centered around age, sex, marital status, the individual's definition of present health, length of time in current housing and degree of social involvement relating to personal adjustment, is extremely limited. In general, very few controlled objective studies have been done in the field of the foregoing factors. However, many articles and books give insight into the characteristics of old people. These include the changes in social relationships that come with age, the emotional and attitudinal reactions to these changes and the beneficial as well as detrimental methods of adjustment.

Literature Relating to the Attitudinal

Factors of Personal Adjustment

Chronological age

In the literature questions arise concerning what relation age has to personal adjustment.

Rabb and Selznick (1964) suggest that during the more productive years the aging American has not developed the habit of relaxing or seeking

personally satisfying activities. After the age of retirement is reached, the steady diet of non-productive activity soon becomes tiresome. They also suggest that during the younger years people need to intensify the present trend of filling leisure time with productive activities that give them a feeling of usefulness.

Havighurst and Albrecht (1953) point out that it might ordinarily be expected that an 80-year-old person would be less happy and less well adjusted than one aged 65. They suggest that there is a very slight tendency in this direction, but it is remarkably slight. Many people remain happy and content with life throughout this period while others at 60 or 65 are already wretched and miserable. They say:

When people are asked how old they feel, their answers have a more definite relation to their state of adjustment. In general, those who say they feel "old" or "aged" are not as well adjusted as those who say they feel "middle-aged." In the Prairie City Sample, half of the people aged 65-69 said they felt young or middle-aged. Ten percent said they felt young. Everybody over 80 said he felt "old" or "aged." (Havighurst and Albrecht, 1953, p. 53)

The trends with age and adjustments are summarized in Personal Adjustment in Old Age (Cavan et al., 1949). According to this, advancing age brings about:

1. A higher percentage living in dependent family relationships-- in institutions, with sons or daughters, or with relatives.
2. A decrease in amount of close companionship.
3. A decrease in participation, as shown by attendance at meetings, offices held, number of hobbies, and plans for the future.

4. Increase in physical handicaps, illness, and nervousness, and a decrease in feeling of satisfaction with health.

5. Decrease in feelings of happiness, usefulness, zest, and a corresponding increase in lack of interest in life (Cavan et al., 1949, p. 60).

Sex

Literature concerning personal adjustment by sex is extremely limited. Cavan, Burgess, Havighurst, and Goldhamer (1949) offer their summary of personal adjustment according to the sex of the individual.

Many of the differences between men and women in old age stem from two facts: women live longer than men; and most women do not experience complete retirement from work between ages 65 and 75 as do most men. It is probable that the most drastic and widespread adjustment which old women must make is to widowhood, whereas the most drastic and widespread adjustment for old men is to retirement from employment. Each type of adjustment often brings changes in economic status and mode of living. The two differ in that widowhood makes its greatest disturbance in affectional relationships, while occupational retirement primarily disturbs social status. (Cavan, Burgess, Havighurst, and Goldhamer, 1949, p. 61)

Of the senior citizens in a southern Utah study sample (Kupfer and Witt, 1968), females had a greater tendency than males to view their church as being valuable to society. However, both males and females had an extremely positive attitude toward the social value of church affiliation. This study also points out that older women in their study tended to live longer than the men, but the men had a greater tendency than the women to live alone or with non-spouse relatives.

Marital status

The significance of one's particular marital status to personal adjustment as well as social adjustment has many ramifications. Many individuals have expressed agreement that marital stability and solidarity tend to have positive effects or at least are positively correlated with other areas of life adjustment and happiness. One author has observed:

Research patterns indicate that older married persons have lower rates of mental illness than do widowed persons of the same age. This suggests that the marriage relationship of older people has the potential for providing them with a sense of security, of worth, and of dignity.

The husband and wife who throughout their marriage have maintained good communication, who have sought and found experiences they could share, and who, in short, have preserved the intimacy of the husband-wife relationship enter the later stages of the family life cycle with a decided advantage. (Kenkel, 1966, pp. 476-477)

Marital status is also seen to be related to personal adjustment in the study by Cavan, Burgess, Havighurst, and Goldhamer (1949). The men and women who were married and whose spouses were living, had superior adjustment scores over those widowed or single.³ There appears not much difference between widows and single women, nor between widowed and single men on the adjustment rating. The single men, however, have a higher attitude score than widowed men.

It was found in the Salt Lake County study (Griffiths, Dean, Koldewyn, and Nelson, 1969) that a greater percentage of the L.D.S. people included in the study

³ Divorced or never married.

were presently living with a spouse. This religion also had a slightly smaller percentage of older members who were single, divorced or separated than did other sects.

The individual's definition
of present health

Havighurst and Albrecht (1953) found that health is more definitely related to happiness and adjustment than either age or socio-economic status. They point out, however, that there are exceptions to the rule that good health and personal adjustment go together.

The general condition of health of the older American as given in The President's Council on Aging states that:

Although the percentage of older persons with one or more "chronic conditions" is high (81 percent during the 1961-1963 period) only half of them had any interference with their major activity due to the condition. Less than 16 percent suffered serious restriction in their usual activity. (The President's Council on Aging, 1967, p. 26)

The President's Council on Aging (1963, p. 10) reported that more and more people live to increasingly older ages. It is stated that "Millions of older Americans enjoy relatively good health and many of them can be almost as active as they were when years younger." A point is made that is many times overlooked by investigators in the field of gerontology. "Many of those with disabilities have learned to live with them and accept their limitation." Sometimes when the person is asked how he feels or if he is in good health, his answer may not represent the true picture. He may

have had a chronic heart condition for years but feels his health is good because he is still living and able to get around.

The Cavan, Burgess, Havighurst, and Goldhamer study (1949) illustrates health information from self-ratings. For both men and women, the self-ratings of "excellent" or "good health," showed a tendency to decline from ages 65 to 89. The attitude of satisfaction with health was shown to fluctuate irregularly for the men. For the women, the percentage who felt satisfied with their health, tended to decline slightly for the 85 to 89 age grouping. Also pointed out by this study was the fact that the older person's description of his or her physical condition corresponds rather closely with personal attitudes toward health in general. The percentage of individuals claiming to have three or more serious physical problems was shown to increase from age 65 through age 89 for men and from 65 through 85 for the women. It should be emphasized that these reports are from the old people themselves and are not based upon a physical examination. That is, they represent each old person's own expressed interpretation of his or her health problems.

Health also has an important bearing upon the kind of adjustment made. Streib (1956) found that two-thirds of the people he studied were in "good" health and one-third in "poor" health. Of those in good health, 43 percent scored low on morale; of those in poor health 67 percent scored low on morale. Among the retired, 55 percent of those in good health scored low on morale, compared to 71 percent of those in poor health.

In the Salt Lake County Study of Senior Citizens (Griffiths et al., 1969) data revealed no significant difference in the health of married and non-married groups. While 54 percent of those with excellent or good health were married and living with a spouse, 57 percent of the poorer health group likewise were married and living with a spouse.

Length of time in current housing

Suitable living accommodations are necessary for the well-being of people of all ages and stations in life. However, the suitability of living accommodations becomes even more crucial for older persons because of the proportionately greater amount of time they are likely to spend at home. Some older people spend almost every moment of their last years at home. As the United States Senate's Committee on Aging (1965) has pointed out:

Housing and its immediate physical surroundings influence well-being and the quality of life of people in any age group, but suitable housing is doubly important to the retired person whose home is the center of virtually all of his activities. Few factors have as much potential for promoting the well-being of the elderly as housing of appropriate size which offers safety, comfort, and the opportunity of choice between privacy and contact with the community. (United States Senate's Committee on Aging, 1965, p. 7)

In a national survey of persons aged 65 and over conducted in 1957, Ethel Shanas (1962) found that 83.3 percent of the respondents preferred to live in their own homes. An additional 7.5 percent preferred to live with a child or relative and 2.9 percent preferred a home for the aged.

A California Legislature Report on Housing (1961) found that about two of every three persons 65 and over maintained their own households either

living with a spouse or alone. In addition, almost one of every four lived with an adult child and about one of every ten lived with some other relative.

Successful interpersonal relations can be crucial to successful housing. Of course, some people prefer to be alone and get along perfectly well on their own. Others need much social interaction in order to be contented.

The study, *Our Senior Citizens of Salt Lake County*, (Griffiths et al., 1969) showed that 34 percent of the sample had lived at their present address ten years or less; 25 percent had lived at their present address up to 20 years; and 41 percent had lived at their present address from 21 to 84 years. The mean length of residence was 20 years.

In the report submitted to the Utah Council on Aging (Kupfer and Witt, 1968) the data reflected a minimum of population mobility within the communities of the southern portion of the State of Utah. Approximately 86 percent of the senior citizens of southern Utah had lived in their present residence for at least ten years or more. Furthermore, of the 13.9 percent who had lived in their present homes less than ten years, only 3.2 percent had lived there less than one year. This strongly indicates stability of residency and implies that the problem of transiency is minimal.

Degree of social involvement

A question of concern is whether or not it is natural and desirable for the elderly to withdraw from social involvement.

Cumming and Henery (1961), in their study of an elderly sample in Kansas City, Missouri, maintained as their first major proposition that social involvement inevitably decreases with age.

It may be expected that personal adjustment will be related in such a way that more active people are the better adjusted. To test this concept, Havighurst and Albrecht (1953) measured the activity of the Prairie City Sample and found the more active people to be definitely happier and better adjusted.

The characteristics of later maturity described by Cavan, Burgess, Havighurst, and Goldhamer (1949) points to participation in activities. The percentage of men and women for each age period who had high, moderate, and low degrees of participation in nine different activities showed a general trend of decline in the degree of participation.

Although the trends in the decline of specific activities are not always regular, in general, there is indication of fewer activities with increased age. Not only does the degree of social involvement change with age but attitudes toward participation also change. (Cavan, Burgess, Havighurst, and Goldhamer, 1949, p. 49)

The study of Our Citizens of Salt Lake County (Griffiths et al., 1969) revealed that 80 percent of the L.D.S. people polled attended church daily, weekly or monthly. For all religions within this sample, over 63 percent of the senior citizens reported having daily or weekly involvement in religious activities. When church activity represents the only organizational contact for 64 percent of the senior citizens, the importance of the

church as a meaningful and vital facet of life during later years is even more evident. It is interesting to note in this same study that while 35 percent of the senior citizens had become less involved in church activities since age 65, only 13 percent were more active. Of this sample, 20 percent gave "physical limitations" as their reason for becoming less active and an additional five percent said that a lack of transportation had reduced their religious involvement. Further investigation revealed that less than one-third of the senior citizens participated in activities at clubs, fraternities, business organizations and social organizations. Most of these were found to have only one such association.

From the Depth Survey of Existing Feelings and Needs for Programs and Assistance to Senior Citizens in Rural Communities of Southern Utah (Kupfer and Witt, 1968), 96 percent of the respondents in their sample were members of the Mormon Church. Of these, 67 percent were relatively active. This is supported by the indication that only 28 percent attended church less than four times per year. Kupfer and Witt suggest that senior citizens within southern Utah have generally positive attitudes toward religion regardless of how active they are in it. They go on to suggest that one might assume that high degrees of church activity and involvement are related to the happiness or general well-being of senior citizens.

Summary

The foregoing represents a review of sociological research dealing with certain aspects related to personal adjustment. Many conceptual and

theoretical contributions have been made by various writers from analyses of the research findings.

It is apparent, however, that very little research has been focused on personal adjustment of older people. If social scientists are to predict future behavior patterns of senior citizens, it appears advisable to conduct additional research on personal adjustments of older people.

CHAPTER IV

METHODOLOGY

Selection of Respondents

The names of the respondents used in this study were obtained through the cooperation of the Bridgerland Senior Citizens Organization of Logan, Utah. Arrangements were made to obtain a list of names to be used in the interviews compiled by the Senior Citizens Secretary. This was the most complete list available. This included L.D.S. residents by ward, 65 years and older, within the Logan City limits. Every fifth name on this list was chosen as a respondent to be contacted.

A random sample of 121 L.D.S. senior citizens between the ages of 65 and 85 who resided within the city limits were interviewed.

Gathering Information

In order to secure information from as many people in the sample as possible and to secure as much good information as possible from the L.D.S. senior citizens, the interview method was used in preference to a mailed questionnaire. The interviewing was done by the writer over a period of two months. The writer tried a number of approaches for appointments, including letters, telephone calls, and simple door bell ringing.

Telephone calls for appointments were made where possible. Direct house calls were made in a few instances where appointments could not be made by telephone.

The writer usually started by identifying himself as from Utah State University and saying that he was interested in knowing what older people thought about things and how their experience could be used to help other people. The interview itself was designed to throw light on various aspects of the person's experience, his family life, his social activities, his social participation, and his attitudes about aging. One hundred and forty-six names were first obtained by the method described above. Of these, 13 were ill, deceased or otherwise unavailable and 12 preferred not to participate. Therefore, the sample consists of 121 senior citizens.

The Interview

The interview schedule served as an outline for obtaining information in the areas of activities and attitudes with regard to personal adjustment during old age. To obtain expressions of attitudes about one's own health, financial situation, usefulness, feelings toward one's friends and family and about religion, the attitude section adapted from Cavan, Burgess, Havighurst, and Goldhamer (1949) was used.

The interview averaged approximately 35 minutes in length during which time the senior citizens responded to 72 questions. Senior citizens

residing in nursing homes, hospitals, etc., were not included in this list and only one member of a household was interviewed.

Some respondents preferred to retain the interview schedule because of time and convenience. Other respondents preferred to have it read to them and to have the recording done by the writer, either because they liked the company and attention or because poor vision, crippling, or palsy made paper-and-pencil tasks difficult.

Analysis of Data

Data were coded on code sheets⁴ and then transferred to IBM cards. Facilities of the Sociology Department were used to develop frequency and percentage distribution tables for analysis.

The intent of this study was to determine how each of the following would relate to the personal adjustment scale:

1. Chronological age.
2. Sex.
3. Marital status.
4. The individual's definition of present health.
5. Length of time in current housing.
6. Degree of social involvement.

Basis for Scoring Social Involvement

Simplicity was the major goal in determining the degree of social involvement of the Logan L.D.S. senior citizens. The question was asked,

⁴See Appendix B

"To which of the following organizations do you belong and how often have you attended these organizations or groups in the last six months?" Five categories of frequency of attendance in the last six months were listed-- 1-5, 6-10, 11-15, 16-20, 21 or more. The possible organizations or groups to which the L.D.S. senior citizens may belong and attend were listed with space available to write in organizations not listed which may be attended.⁵

The scoring of social involvement was done by giving the respondents a certain number of points for attendance in an organization within the last six months. The scale developed is as follows:

| <u>Weight</u> | <u>Degree of Social Involvement</u> |
|---------------|--|
| 1 | Frequency of attendance in the last six months, 1-5 times |
| 2 | Frequency of attendance in the last six months, 6-10 times |
| 3 | Frequency of attendance in the last six months, 11-15 times |
| 4 | Frequency of attendance in the last six months, 16-20 times |
| 5 | Frequency of attendance in the last six months, 21 or more times |

Thus, a senior citizen who would attend one of the listed organization 6-10 times and another organization 16-20 times in the last six months would receive six points for his social involvements. The scores from the respondents range from 0-38. The logic of this method of scoring should be sound since the weights increase systematically with the degree of involvement.

⁵See Appendix B.

Measurement and Scoring of Personal Adjustment

To measure personal adjustment a modified subjective approach was adapted from an earlier study by Cavan, Burgess, Havighurst, and Goldhamer (1949).⁶

This approach defines personal adjustment as the individual's attitudes about himself and his life. It can be considered as an aggregate of the person's adjustments from the different sectors of experience such as employment, economic security, recreation, family, friends, membership and activity in organizations, and religion. In this case, a score on an Attitude Inventory is a valid measure of adjustment providing the sampling of attitudes has been skillfully and wisely done; that is, providing the individual's attitudes are measured over the important areas of his life and the measurement has been made accurately.

The scoring technique used for the Attitude Inventory involved arbitrarily assigning to the reaction alternatives (possible responses) from 49 statements the values of zero to two. The value of two indicated a positive attitude toward personal adjustment while the value of zero indicated a negative attitude toward personal adjustment. The value of one indicated a neutral or uncertain response to a statement. Accordingly, on the Attitude Inventory, a total score of 84 is possible.⁷

⁶ See Appendix B.

⁷ See Appendix B.

The raw scores for each section were placed in an array from the lowest to the highest scores and divided into low, medium, and high categories. The third of the senior citizens with the lowest scores were categorized as low, the senior citizens in the next third were categorized as medium, and the third of the senior citizens in the highest level as high.

Statistical tests were used to determine the likelihood that relationships found between the selected variables and personal adjustment scores would have occurred by chance. Chi square tests of significance at the .05 level were used for this purpose.

CHAPTER V
PRESENTATION OF DATA

Restatement of Problem and Hypotheses

The objective of the study, as stated, was to examine the attitudes of L.D.S. senior citizens living within the city limits of Logan, Utah regarding their personal adjustments during old age. It is to also determine whether selected variables were associated with their attitudes toward personal adjustment. The variables examined in determining this relationship were chronological age, sex, marital status, the individual's definition of present health, length of time in current housing and degree of social involvement.

Formulating the Null Hypothesis

In order to establish the positive hypothesis of relationship, the opposite or null hypothesis is tested for the purpose of ruling out chance. The null hypothesis states that no relationship exists between the selected variables and personal adjustment attitudinal scores. If the null hypothesis is proven, i. e. cannot be rejected, no evidence of any positive association between the variables under consideration will have been found. If, on the other hand, the null hypothesis is rejected, the original hypothesis that there

is association, i. e. that there is strong evidence of association, will be confirmed.

Use of Statistical Technique

To test the existence of association, the Chi square statistical technique is used. This method tests the significance of differences between the observed and expected distribution of senior citizens with different personal adjustment attitudinal scores for each selected variable. The amount of association, if present, is measured by the coefficient of contingency, $\overline{(C)}$. If this test reveals that the difference between the observed and expected frequencies is so great that it could be due to chance only five times or less in 100, the association will be significant. On the other hand, if the probability for chance is greater than five in 100, the association will be insignificant.

Pattern for Presentation and

Analysis of Tables

Data on the selected variables and characteristics of cases in the sample and scores for each method are presented in tables 1 to 9. The analysis of these tables is divided into six sections with each section relating to one of the six variables. Textual material for each section precedes the tables.

Variations in Personal Adjustment by Chronological

Age Among 121 Logan L.D.S. Senior Citizens

Personal adjustment scores in
relation to chronological age

Table 1 shows the distribution of Logan L.D.S. senior citizens by the variables of chronological age and personal adjustment attitudinal scores. The difference between this distribution and that which could occur by chance is significant. The Chi square value of 16.488 with eight degrees of freedom shows that such a difference could occur by chance two to five times in 100. The amount of association as measured by \bar{C} is .3462, indicating relationship. This result rejects the null hypothesis that no association exists between chronological age and personal adjustment scores. This distribution implies that there is a tendency for younger senior citizens in this study to have higher personal adjustment scores. There is a possibility that the accumulating stresses of advancing age might be a factor in the lessening of personal adjustment.

Variations in Personal Adjustment by Sex Among

121 Logan L.D.S. Senior Citizens

Personal adjustment scores
in relation to sex

Table 2 shows the distribution of Logan L.D.S. senior citizens by the variables of sex and personal adjustment attitudinal scores. The difference

Table 1. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by chronological age

| Personal adjustment attitudinal scores | <u>Chronological Age</u> | | | | | | | | | | | |
|--|--------------------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------|---------|
| | 65-68 Years | | 69-72 Years | | 73-76 Years | | 77-80 Years | | 81-85 Years | | Total | |
| | No. | Percent | No. | Percent | No. | Percent | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 2 | 12 | 7 | 26 | 7 | 24 | 11 | 38 | 10 | 50 | 37 | 31 |
| Medium (54-65) | 5 | 32 | 7 | 26 | 16 | 42 | 9 | 32 | 7 | 35 | 44 | 36 |
| High (66-80) | 9 | 56 | 13 | 48 | 7 | 24 | 8 | 30 | 3 | 15 | 40 | 33 |
| Total | 16 | 100 | 27 | 100 | 30 | 100 | 28 | 100 | 20 | 100 | 121 | 100 |

χ^2 is 16.488, 8 degrees of freedom, P is .02 to .05, \bar{C} .3462.

Table 2. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by sex

| Personal adjustment attitudinal scores | <u>Sex</u> | | | | | |
|---|------------|---------|--------|---------|-------|---------|
| | Male | | Female | | Total | |
| | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 13 | 26 | 24 | 35 | 37 | 31 |
| Medium (54-65) | 19 | 35 | 25 | 37 | 44 | 36 |
| High (66-80) | 21 | 39 | 19 | 28 | 40 | 33 |
| Total | 53 | 100 | 68 | 100 | 121 | 100 |

χ^2 is 2.3651, 2 degrees of freedom, P is .30 to .50, \bar{C} is .1382.

between this distribution and that which could occur by chance is insignificant. The Chi square value of 2.3651 with two degrees of freedom shows that such a difference could occur by chance 30 to 50 times in 100. This result does not permit rejection of the null hypothesis that no association exists between sex and personal adjustment scores. There seems to be little difference in the personal adjustment of male and female senior citizens included in this study.

Variations in Personal Adjustment by Marital Status

Among 121 Logan L.D.S. Senior Citizens

Personal adjustment scores in relation to marital status

Table 3 shows the distribution of Logan L.D.S. senior citizens by marital status and personal adjustment attitudinal scores. The difference between this distribution and that which could occur by chance is significant. The Chi square value of 19.7335 with 4 degrees of freedom shows that such a difference could occur by chance less than once in 100. The amount of association as measured by \bar{C} is .3744. Interpreted statistically, this result means that a relationship does exist. The null hypothesis that association between marital status and personal adjustment scores does not exist, therefore, must be rejected. This distribution indicates that there is a tendency for married senior citizens to have higher personal adjustment scores than senior citizens widowed, divorced, or separated.

Table 3. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by marital status

| Personal adjustment attitudinal scores | <u>Marital Status</u> | | | | | | | |
|--|------------------------|----------|---------|---------|---------|---------|-------|---------|
| | Single (never married) | | Married | | Widowed | | Total | |
| | Separated: | Divorced | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 1 | 25 | 14 | 18 | 22 | 53 | 37 | 31 |
| Medium (54-65) | 2 | 50 | 28 | 37 | 14 | 35 | 44 | 36 |
| High (66-80) | 1 | 25 | 34 | 45 | 5 | 12 | 40 | 33 |
| Total | 4 | 100 | 76 | 100 | 41 | 100 | 121 | 100 |

X^2 is 19.7335, 4 degrees of freedom, P is .001, \bar{C} is .3744.

Variations in Personal Adjustment by HealthAmong 121 Logan L.D.S. Senior CitizensPersonal adjustment scores in relation to respondents' self-rating of present state of health

Table 4 shows the distribution of Logan L.D.S. senior citizens by the variables of health and personal adjustment attitudinal scores. The difference between this distribution and that which could occur by chance is significant. The Chi square value of 26.0406 with six degrees of freedom could occur by chance less than once in 100. The amount of association as measured by \bar{C} is .4207. Interpreted statistically, this means that a relationship does exist. The null hypothesis that no relationship exists between respondents' self-rating of present health and personal adjustment scores is, therefore, rejected. This relation is strong. This means that there is a tendency for senior citizens who define their health positively to have higher personal adjustment scores than senior citizens who define their health negatively.

Personal adjustment scores in relation to health being better or worse as compared to when 55 years of age

Table 5 shows the distribution of Logan L.D.S. senior citizens by the variables of health being better or worse as compared to when 55 years of age and personal adjustment attitudinal scores. The difference between this distribution and that which could occur by chance is significant. The Chi

Table 4. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by respondents' self-rating of present state of health

| Personal adjustment attitudinal scores | <u>Respondents' Self-Rating of Present State of Health</u> | | | | | | | | | |
|--|--|---------|------|---------|------|---------|-----------|---------|-------|---------|
| | Poor | | Fair | | Good | | Excellent | | Total | |
| | No. | Percent | No. | Percent | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 7 | 70 | 21 | 45 | 6 | 13 | 3 | 30 | 37 | 31 |
| Medium (54-65) | 3 | 30 | 17 | 36 | 21 | 37 | 3 | 30 | 44 | 36 |
| High (66-80) | 0 | 0 | 9 | 19 | 27 | 50 | 4 | 40 | 40 | 33 |
| Total | 10 | 100 | 47 | 100 | 54 | 100 | 10 | 100 | 121 | 100 |

X^2 is 26.0406, 6 degrees of freedom, P is .001, \bar{C} is .4207.

Table 5. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by present state of health as compared to when 55 years of age

| Personal adjustment attitudinal scores | <u>Present Health as Compared to When 55 Years of Age</u> | | | | | | | |
|--|---|---------|----------------|---------|------------|---------|-------|---------|
| | Worse Now | | About the Same | | Better Now | | Total | |
| | No. | Percent | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 29 | 49 | 5 | 9 | 3 | 33 | 37 | 31 |
| Medium (54-65) | 17 | 29 | 25 | 48 | 2 | 22 | 44 | 36 |
| High (66-80) | 13 | 22 | 23 | 43 | 4 | 45 | 40 | 33 |
| Total | 59 | 100 | 53 | 100 | 9 | 100 | 121 | 100 |

X^2 is 21.7849, 4 degrees of freedom, P is .001, \bar{C} is .3905.

square value of 21.7849 with four degrees of freedom shows that such a difference could occur by chance less than once in 100. The amount of association as measured by \bar{C} is .3905. Interpreted statistically, this means that a fairly strong relationship does exist. The null hypothesis that association between health and personal adjustment scores does not exist, therefore, must be rejected. This relationship is rather strong. This could suggest that senior citizens who now define their health positively or negatively, could possibly have had a similar attitude toward their health in earlier years. Thus, an attitude toward health could result from a life-long attitude pattern.

Personal adjustment scores in relation to respondents' complaint of serious physical problems

Table 6 shows the distribution of Logan L.D.S. senior citizens by the variables of serious physical problems and personal adjustment attitudinal scores. The Chi square and coefficient contingency tests were not used in this distribution. Some of the respondents reported more than one serious physical problem while others reported no serious problems. Thus, the total responses were 221 and the Chi square test would not be applicable in this case. It can be observed from Table 6 that there is a tendency for senior citizens who complain of serious physical problems to have lower personal adjustment scores.

Table 6. Personal adjustment attitudinal scores of L.D.S. senior citizens, Logan, Utah, 1970, by respondents' complaint of serious physical problems

| Personal adjustment attitudinal scores | Serious Physical Problems | | | | | | | | | | | | | | Total | |
|--|---------------------------|----------|-----------------|----------|---------------------|----------|---------------|----------|---------------------|----------|----------------------|----------|-------|----------|-------|----------|
| | Poor sight | | Hard of hearing | | Rheumatic stiffness | | Heart trouble | | High blood pressure | | No physical problems | | Other | | No. | Per- |
| | No. | Per-cent | No. | Per-cent | No. | Per-cent | No. | Per-cent | No. | Per-cent | No. | Per-cent | No. | Per-cent | No. | Per-cent |
| Low (24-53) | 12 | 33 | 7 | 24 | 18 | 49 | 10 | 42 | 17 | 49 | 5 | 15 | 10 | 36 | 79 | 36 |
| Medium (54-65) | 14 | 39 | 15 | 52 | 8 | 22 | 8 | 33 | 14 | 40 | 12 | 36 | 6 | 24 | 77 | 35 |
| High (66-80) | 10 | 28 | 7 | 24 | 11 | 29 | 6 | 25 | 4 | 11 | 16 | 49 | 11 | 40 | 65 | 29 |
| Total | 36 | 100 | 29 | 100 | 37 | 100 | 24 | 100 | 35 | 100 | 33 | 100 | 27 | 100 | 221 | 100 |

Variations in Personal Adjustment by Length of Time
in Current Housing Among 121 Logan L.D.S. Senior Citizens

Personal adjustment scores in relation to length of time in current housing

Table 7 shows the distribution of Logan L.D.S. senior citizens by the variables of length of time in current housing and personal adjustment attitudinal scores. The difference between this distribution and that which could occur by chance is insignificant. The Chi square value of 4.4143 with six degrees of freedom could occur by chance 50 to 70 times in 100. This result does not permit the rejection of the null hypothesis that no association exists between length of time in current housing and personal adjustment scores. This could imply that attitudes of senior citizens within the study area are not significantly affected by the length of time in which they have resided at their current residence.

Variations in Personal Adjustment by Degree of Social
Involvement Among 121 Logan L.D.S. Senior Citizens

Personal adjustment scores in relation to degree of social involvement

Table 8 shows the distribution of Logan L.D.S. senior citizens by the variables of degree of social involvement scores and personal adjustment attitudinal scores. The difference between this distribution and that which

Table 7. Personal adjustment attitudinal scores of L. D. S. senior citizens of Logan, Utah, 1970, by length of time in current housing

| Personal adjustment attitudinal scores | <u>Length of Time in Current Housing</u> | | | | | | | | | |
|--|--|---------|------------|---------|-------------|---------|------------|---------|-------|---------|
| | 1-5 Years | | 6-19 Years | | 20-39 Years | | 40-or more | | Total | |
| | No. | Percent | No. | Percent | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 1 | 17 | 15 | 35 | 16 | 36 | 5 | 18 | 37 | 31 |
| Medium (54-65) | 3 | 50 | 14 | 34 | 15 | 34 | 12 | 41 | 44 | 36 |
| High (66-80) | 2 | 33 | 13 | 31 | 13 | 30 | 12 | 41 | 40 | 33 |
| Total | 6 | 100 | 42 | 100 | 44 | 100 | 29 | 100 | 121 | 100 |

X^2 is 4.4143, 6 degrees of freedom, P is .50 to .70, \bar{C} is .1873.

Table 8. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by degree of social involvement

| Personal adjustment attitudinal scores | <u>Degree of Social Involvement Scores</u> | | | | | | Total | |
|--|--|---------|----------------|---------|--------------|---------|-------|---------|
| | Low (0-9) | | Medium (10-19) | | High (20-38) | | | |
| | No. | Percent | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 26 | 58 | 6 | 13 | 5 | 17 | 37 | 31 |
| Medium (54-65) | 15 | 35 | 19 | 40 | 10 | 33 | 44 | 36 |
| High (66-80) | 3 | 7 | 22 | 47 | 15 | 50 | 40 | 33 |
| Total | 44 | 100 | 47 | 100 | 30 | 100 | 121 | 100 |

X^2 is 33.2820, 4 degrees of freedom, P is .001, \bar{C} is .4644.

could occur by chance is significant. The Chi square value of 33.2820 with four degrees of freedom shows that such a difference could occur by chance less than once in 100. The amount of associations as measured by \bar{C} is .4644. Interpreted statistically, this means that a fairly strong relationship does exist. The null hypothesis that no association exists between the degree of social involvement and personal adjustment scores must, therefore, be rejected. This implies that there is a tendency for senior citizens who are more socially involved to have higher adjustment scores than senior citizens with less social involvement.

Personal adjustment scores in relation to more or less time given to organizations now than when respondent was 55 years of age

Table 9 shows the distribution of Logan L.D.S. senior citizens by the variables of time given to organizations now than when respondent was 55 years old and personal adjustment attitudinal scores. The difference between this distribution and that which could occur by chance is significant. The Chi square value of 14.4989 with four degrees of freedom shows that such a difference could occur by chance two to five times in 100. The amount of association as measured by \bar{C} is .3271. Interpreted statistically, this means that some relationship does exist although it is of a rather low nature. The null hypothesis that association between time given to organizations now than at age 55 tend to have lower adjustment scores. This

Table 9. Personal adjustment attitudinal scores of L.D.S. senior citizens of Logan, Utah, 1970, by time given to organizations as compared to when 55 years of age

| Personal adjustment attitudinal scores | <u>Time Given to Organizations as Compared to When 55 Years of Age</u> | | | | | | | |
|--|--|---------|----------------|---------|----------|---------|-------|---------|
| | Less Now | | About the Same | | More Now | | Total | |
| | No. | Percent | No. | Percent | No. | Percent | No. | Percent |
| Low (24-53) | 28 | 45 | 7 | 16 | 2 | 13 | 37 | 31 |
| Medium (54-65) | 20 | 33 | 19 | 43 | 5 | 33 | 44 | 36 |
| High (66-80) | 14 | 22 | 18 | 41 | 8 | 54 | 40 | 33 |
| Total | 62 | 100 | 44 | 100 | 15 | 100 | 121 | 100 |

X^2 is 14.4989, 4 degrees of freedom, P is .001 to .01, \bar{C} is .3271.

possibly indicates an awareness that advancing age has a limiting affect on social involvement.

Summary

This study is concerned with selected variables that are felt to be associated with personal adjustment attitudes of L.D.S. senior citizens in Logan, Utah.

Statistical relationships were examined and statistical tests were executed between the six selected variables and personal adjustment attitudinal scores. To determine the likelihood that relationships found between the individual variables and personal adjustment, the Chi squares tests of significance at the .05 level were used.

Chronological age

An examination of Table 1 reveals that there is a tendency for younger senior citizens in this study to have higher personal adjustment scores. That is, as age increases, the percentage of respondents with higher personal adjustment attitudinal scores declines; and conversely, as age decreases, the percentage of respondents with lower personal adjustment attitudinal scores decreases. Accumulating stresses of advancing age might be a factor in the lessening of personal adjustment.

Sex

The sex of the senior citizens was the second independent variable to be studied in relation to personal adjustment attitudinal scores. There appears

to be no significant difference in the personal adjustment of male and female senior citizens included in this study.

Marital status

The marital status of the Logan L.D.S. senior citizens was considered as the third independent variable to be compared with personal adjustment attitudinal scores. This means that there is a tendency for married senior citizens to have higher personal adjustment scores than senior citizens widowed, divorced, or separated. This would also suggest that marital stability and solidarity tend to have positive effects or at least are positively correlated with other areas of life adjustments and happiness.

The individual's definition of present health

The individual's definition of present health is the fourth variable to be compared to personal adjustment attitudinal scores. Table 4 indicates there is a strong relationship. This would imply there is a tendency for senior citizens who define their health positively to have higher personal adjustment scores than senior citizens who define their health negatively.

Table 5 shows the distribution of Logan L.D.S. senior citizens by the variables of health being better or worse as compared to when 55 years of age and personal adjustment attitudinal scores. This relationship is also rather strong. This would suggest that senior citizens who now define their health positively or negatively, could possibly have had a similar attitude

toward their health in earlier years. Thus, an attitude toward health could result from a life-long attitude pattern.

Personal adjustment scores in relation to respondents' complaint of serious physical problems is indicated in Table 6. This implies that there is a tendency for senior citizens who complain of serious physical problems to have lower personal adjustment scores.

Length of time in current housing

Senior citizens' length of time in current housing was the fifth independent variable statistically tested against the dependent variable, personal adjustment. This distribution and that which could occur by chance is insignificant. This implies that attitudes of senior citizens within the study area are not significantly affected by the length of time in which they have resided at their current residence.

Degree of social involvement

The degree of social involvement was the sixth and final independent variable to be compared with personal adjustment. Table 8 shows a fairly strong relationship existing between this distribution. This suggests that there is a tendency for senior citizens who are more socially involved to have higher adjustment scores than senior citizens with less social involvement.

Table 9 shows the personal adjustment scores in relation to more or less time given to organizations now than when respondent was 55 years of

age. This distribution also suggests a significant relationship although it is rather low in nature. Those who give less time to organizations now than at 55 tend to have lower adjustment scores. This would possibly suggest an awareness that advancing age has a limiting affect on social involvement.

CHAPTER VI
SUMMARY AND CONCLUSIONS

The Problem

This study of social and situational factors associated with personal adjustment was based on responses of 121 L.D.S. senior citizens within the city limits of Logan, Utah. Personal adjustment was defined as how well the older person is able to accept the requirements of a changed situation.

The major objective was to examine the attitudes of senior citizens regarding their personal adjustments during old age and to determine whether selected variables were associated with their attitudes toward personal adjustment. Those variables used in the analyses were chronological age, sex, marital status, the individual's definition of present health, length of time in current housing, and degree of social involvement.

Method of Procedure

A random sample of male and female L.D.S. senior citizens from the ages of 65 to 85, living within the city limits of Logan, was selected. The study does not include any senior citizens institutionalized or residing in special care facilities for the aged. Only one member of the household was interviewed.

Prior to the collection of data, acceptance and permission to conduct this study was gained through the Bridgerland Senior Citizens Organization of Logan, Utah. Arrangements were made to obtain a listing of names to be used in the interviews compiled by the Senior Citizens Center Secretary. This was the most complete list available. This included L.D.S. residents by Ward, 65 and older within the Logan City limits.

Data were collected through interviews with the 121 senior citizens. The interview schedule served as an outline for obtaining information in the areas of activities and attitudes with regard to personal adjustment during old age.

The hypothesis states that certain selected factors are associated with personal adjustment attitudinal scores of Logan L.D.S. senior citizens. In order to establish the positive hypothesis of relationship, the opposite or null hypothesis is tested for the purpose of ruling out chance. The null hypothesis states that no relationship exists between the selected variables and the personal adjustment attitudinal scores.

The Chi square statistical technique is used to determine the significance of differences between the observed frequency distribution and that expected under conditions of random distribution. The statistical level of five percent was adopted as the level of significance for rejection or non-rejection of the hypothesis.

For the purpose of testing significance of difference between the selected independent variables, personal adjustment attitudinal scores were classified

into categories of low, medium, and high corresponding to approximately equally divided proportions of a ranked series.

Conclusions

Attitudes toward personal adjustment of L.D.S. senior citizens were measured to develop a personal adjustment score that could be compared with selected variables representing certain social and situational factors.

Four variables found to be significantly related to personal adjustment attitudinal scores were: chronological age, marital status, the individual's definition of present state of health, and degree of social involvement. The two remaining variables are sex and length of time in current housing. Neither of these latter two was found to be significantly associated with the personal adjustment score.

Suggestions for Further Research

It is felt by the writer of this study that more research is needed concerning the leisure time imposed upon the elderly of both sexes when their services are no longer in demand. To accomplish this it would be advantageous to study in depth the impact of religious involvement on activities and attitudes and the positive connection between one's predominant life's occupation and his or her present activities, attitudes, and health.

An open-end question should be discussed with senior citizens to determine what type of activities and services they would like if they had the opportunity and what types of facilities the community should adopt in their behalf. Procedures for keeping the elderly informed of resources and activities of interest and value to them should be developed and maintained.

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APPENDIXES

Appendix A

Characteristics of Study Population

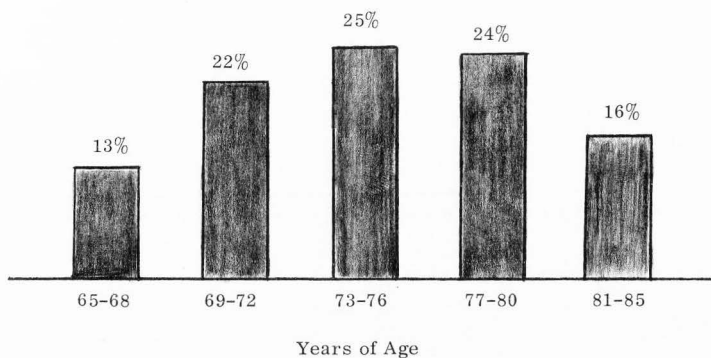


Figure 1. Chronological age of 121 Logan L.D.S. senior citizens, 1970.

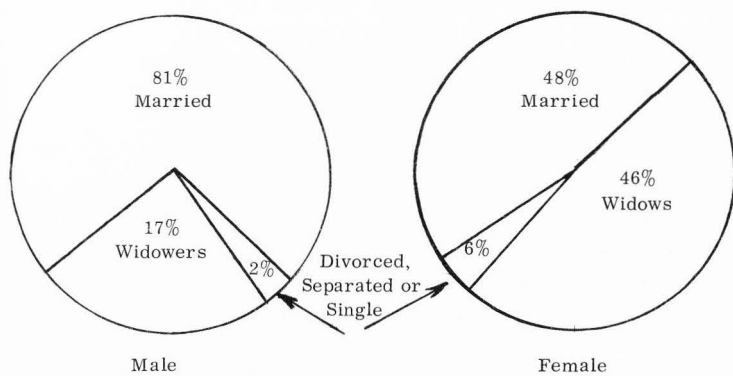


Figure 2. Sex and marital status of 121 Logan L.D.S. senior citizens, 1970.

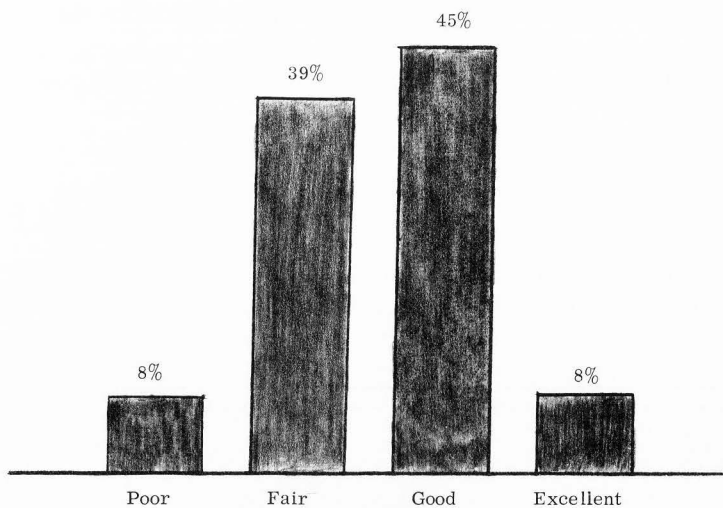


Figure 3. Self-rating as to present state of health of 121 Logan L.D.S. senior citizens, 1970.

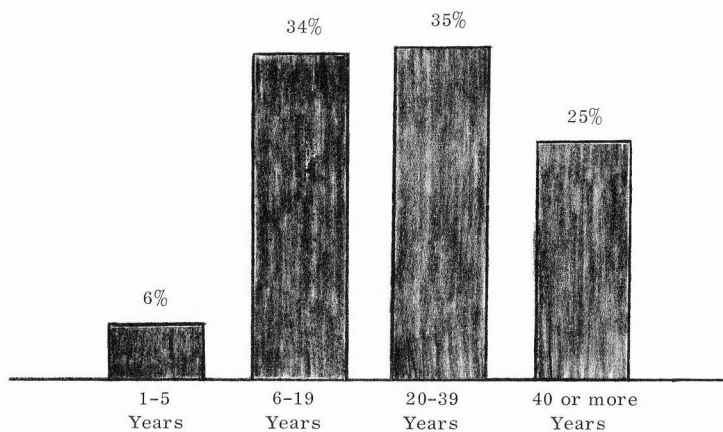


Figure 4. Length of time in current housing of 121 Logan L.D.S. senior citizens, 1970.

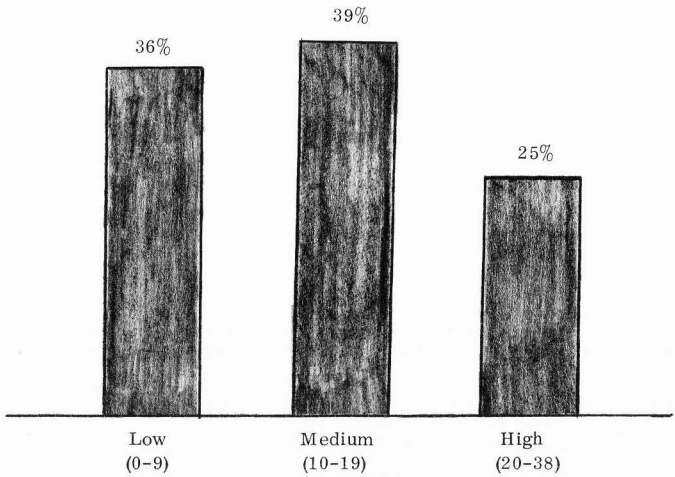


Figure 5. The degree of social involvement of 121 Logan L. D. S. senior citizens, 1970.

Appendix B

Interview Schedule

INTERVIEW SCHEDULE

Name _____

Code Number _____

Date _____

Introduction

I am seeking information to determine certain attitudes of Logan senior citizens.

The number of older people in the United States is increasing and we know very little of what interests these people have, of how they are spending their time, or what satisfactions or dissatisfactions they enjoy. The only reliable way to get information about this is to ask people in the mid-sixties and beyond.

The older people in this community are in a position to help the agencies and resources of the community to improve existing services and provide additional services that would better serve the senior citizen.

The information you give me will be strictly confidential.

AGE: (Chronological)

What is your age at last birthday?

_____ 65 - 68

_____ 77 - 80

_____ 69 - 72

_____ 81 - 85

_____ 73 - 76

SEX:

Are you

_____ Male

_____ Female

MARITAL STATUS:

What is your present marital status?

- | | | | |
|-------|------------------------|-------|-----------|
| _____ | Single (Never Married) | _____ | Divorced |
| _____ | Married | _____ | Separated |
| _____ | Widowed | | |

HEALTH:

How would you rate your present state of health?

- | | | | |
|-------|-----------|-------|-----------|
| _____ | Very poor | _____ | Good |
| _____ | Poor | _____ | Excellent |
| _____ | Fair | | |

Would you say your health is better or worse now than it was when you were 55 years of age?

- | | |
|-------|----------------|
| _____ | Worse now |
| _____ | About the same |
| _____ | Better now |

Following is a list of physical ailments that sometimes trouble older people. Which of the following, if any, would you say are a serious physical problem to you?

- | | | | |
|-------|------------------------------|-------|----------------------|
| _____ | Poor sight | _____ | Heart trouble |
| _____ | Hard of hearing | _____ | Stomach trouble |
| _____ | Deaf or nearly so | _____ | High blood pressure |
| _____ | Crippled arms, hands or legs | _____ | No physical problems |
| _____ | General rheumatic stiffness | _____ | Other (what is it?) |

HOUSING:

How long have you lived at this residence ?

_____ 1 year or less

_____ 20-29 years

_____ 2-5 years

_____ 30-39 years

_____ 6-10 years

_____ 40-49 years

_____ 11-19 years

_____ 50-or more years

SOCIAL INVOLVEMENT:

To which of the following organizations do you belong and how often have you attended these organizations or groups in the last six months?

| Organization or Group | Frequency of attendance in last six months | | | | |
|--------------------------------|--|------|-------|-------|------------|
| | 0-5 | 6-10 | 11-15 | 16-20 | 21 or more |
| Luncheon Club | | | | | |
| Study Group | | | | | |
| Veterans Organization | | | | | |
| Senior Citizens Center | | | | | |
| Business or Professional group | | | | | |
| Women's Club | | | | | |
| Men's Club | | | | | |
| Church Club or Circle | | | | | |
| P. T. A. | | | | | |
| Supporting or Recreation Club | | | | | |
| Family gathering | | | | | |
| Charitable or welfare organ. | | | | | |
| Sunday School | | | | | |
| Sacrament meetings | | | | | |
| Relief Society | | | | | |
| Stake Conference | | | | | |
| Leadership meetings | | | | | |
| Priesthood meetings | | | | | |
| Other Organizations | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Do you give more or less time to organizations now than when you were 55 years old?

_____ Less now

_____ More now

_____ About the same

ATTITUDES:

If you agree or disagree with the following statements indicate so by a yes or no answer. If you are uncertain indicate so by a neutral answer.

- | A | Yes | ? | No |
|---|-----|-----|-----|
| 1. Do you feel miserable most of the time ? | ___ | ___ | ___ |
| 2. Are you perfectly satisfied with your health ? | ___ | ___ | ___ |
| 3. Have you ever felt better in your life ? | ___ | ___ | ___ |
| 4. Do you find it extremely discouraging to feel miserable most of the time ? | ___ | ___ | ___ |
| 5. When you were younger did you feel better than now ? | ___ | ___ | ___ |
| 6. Is your health beginning to be a burden to you ? | ___ | ___ | ___ |
| 7. Do you still feel young and full of spirit ? | ___ | ___ | ___ |
| B | | | |
| | Yes | ? | No |
| 1. Do you have more friends now than ever before ? | ___ | ___ | ___ |
| 2. Do you find life lonely ? | ___ | ___ | ___ |
| 3. Would you be happier if you could see your friends more often ? | ___ | ___ | ___ |
| 4. Do you have someone to talk to about personal things ? | ___ | ___ | ___ |
| 5. Do you have a few friends so that you are not lonely most of the time ? | ___ | ___ | ___ |
| 6. Do many friends make your life happy and cheerful ? | ___ | ___ | ___ |
| 7. Do you have all the good friends anyone could ask for ? | ___ | ___ | ___ |
| C | | | |
| | Yes | ? | No |
| 1. Are you happy only when you have definite work to do ? | ___ | ___ | ___ |
| 2. Do you feel that you can no longer do useful work ? | ___ | ___ | ___ |

- | | Yes | ? | No |
|--|-----|-----|-----|
| 3. Are you satisfied with the work you now do? | ___ | ___ | ___ |
| 4. Do you have work to look forward to? | ___ | ___ | ___ |
| 5. Do you get badly flustered when you have to hurry with your work? | ___ | ___ | ___ |
| 6. Do you do better work now than ever before? | ___ | ___ | ___ |
| 7. Do you have more free time than you can use? | ___ | ___ | ___ |

D

- | | Yes | ? | No |
|--|-----|-----|-----|
| 1. Do you feel that you are barely able to make ends meet? | ___ | ___ | ___ |
| 2. Do you have enough money to get along? | ___ | ___ | ___ |
| 3. Do you feel you haven't a cent in the world? | ___ | ___ | ___ |
| 4. Are all your needs cared for? | ___ | ___ | ___ |
| 5. Are you provided with many home comforts? | ___ | ___ | ___ |
| 6. Do you have everything that money can buy? | ___ | ___ | ___ |
| 7. Do you have to watch how to spend every penny? | ___ | ___ | ___ |

Note: The statements for which a Yes response indicates good adjustment are marked (+) below; those for which a No response indicates poor adjustment are marked (-). Neutral statements are marked (O).

| A | B | C |
|------|------|------|
| 1. - | 1. + | 1. - |
| 2. + | 2. - | 2. + |
| 3. + | 3. 0 | 3. - |
| 4. - | 4. + | 4. + |
| 5. 0 | 5. + | 5. 0 |
| 6. - | 6. + | 6. + |
| 7. + | 7. + | 7. - |

E

Yes ? No

- | | | | |
|--|-----|-----|-----|
| 1. Is religion fairly important in your life? | ___ | ___ | ___ |
| 2. Do you have no use for religion? | ___ | ___ | ___ |
| 3. Is religion a great comfort to you? | ___ | ___ | ___ |
| 4. Does religion have little meaning to you? | ___ | ___ | ___ |
| 5. Do you feel that you cannot rely on prayer to help you? | ___ | ___ | ___ |
| 6. Is religion the most important thing in your life? | ___ | ___ | ___ |
| 7. Is religion only one of many interests you have? | ___ | ___ | ___ |

F

Yes ? No

- | | | | |
|---|-----|-----|-----|
| 1. Are you of some use to those around you? | ___ | ___ | ___ |
| 2. Does your life seem meaningless now? | ___ | ___ | ___ |
| 3. Are the days too short for all you want to do? | ___ | ___ | ___ |
| 4. Sometimes do you wonder if there is any point in living? | ___ | ___ | ___ |
| 5. Is your life still robust and useful? | ___ | ___ | ___ |
| 6. Is this the most useful period in your life? | ___ | ___ | ___ |
| 7. Do you feel now that your life is not very useful? | ___ | ___ | ___ |

G

Yes ? No

- | | | | |
|--|-----|-----|-----|
| 1. Is this the dreariest time of your life? | ___ | ___ | ___ |
| 2. Are you just as happy now as when you were younger? | ___ | ___ | ___ |
| 3. Could your life be happier than it is now? | ___ | ___ | ___ |
| 4. Do you seem to have less reason to live than when you were younger? | ___ | ___ | ___ |
| 5. Are these the best years of your life? | ___ | ___ | ___ |

- | | Yes | ? | No |
|---|-----|---|----|
| 6. Is your life full of worry? | — | — | — |
| 7. Is your life so enjoyable that you almost wish it would go on forever? | — | — | — |

Note: The statements for which a Yes response indicates good adjustment are marked (+) below; those for which a No response indicates poor adjustment are marked (-). Neutral statements are marked (0).

| E | F | G |
|------|------|------|
| 1. + | 1. 0 | 1. - |
| 2. - | 2. - | 2. + |
| 3. + | 3. + | 3. 0 |
| 4. - | 4. - | 4. - |
| 5. - | 5. + | 5. + |
| 6. + | 6. + | 6. - |
| 7. 0 | 7. - | 7. + |

CODING INSTRUCTIONS

| | | |
|------|-----|---|
| Col. | 1-3 | Identification Number |
| Col. | 4 | Age 0-No information 1-65-68 2-69-72 3-73-76 4-77-80 5-81-85 |
| Col. | 5 | Sex 0-No information 1-Male 2-Female |
| Col. | 6 | Marital Status 0-No information 1-Single (never married) 2-Married 3-Widowed 4-Divorced 5-Separated |
| Col. | 7 | Health 0-No information 1-Very poor 2-Poor 3-Fair 4-Good 5-Excellent |
| Col. | 8 | Health as compared to when 55 0-No information 1-Worse now 2-About the same 3-Better now |
| Col. | 9 | Serious Physical Ailments 0-No information 1-Yes 2-No physical problems |

| | | |
|------|-------|--|
| Col | 10 | Poor sight 1-Yes 2-No |
| Col. | 11 | Hard of hearing 1-Yes 2-No |
| Col. | 12 | Crippled arms, hands or legs 1-Yes 2-No |
| Col. | 13 | General rheumatic stiffness 1-Yes 2-No |
| Col. | 14 | Heart trouble 1-Yes 2-No |
| Col. | 15 | Stomach trouble 1-Yes 2-No |
| Col. | 16 | High blood pressure 1-Yes 2-No |
| Col. | 17 | Other 1-Yes 2-No |
| Col. | 18 | Length of time in current housing 0-No information 1-1 year or less 2-2-5 years 3-6-10 years 4-11-19 years 5-20-29 years 6-30-39 years 7-40-49 years 8-50 or more years |
| Col. | 19-20 | Social involvement scores 0-38 |

| | | |
|------|-------|---|
| Col. | 21 | Social involvement grouping 1-0-9 2-10-19 3-20-38 |
| Col. | 22 | Time given to organizations as compared to when 55 years of age 0-No information 1-Less now 2-About the same 3-More now |
| Col. | 23 | Why less time 0-No information 1-Not as interested or involved 2-Younger persons should be more active 3-Not physically able to attend meetings 4-Moved to new neighborhood 5-Other |
| Col. | 24-25 | Personal adjustment score 24-80 |
| Col. | 26 | Personal adjustment grouping 1-24-53 2-54-65 3-66-80 |

VITA

Antoine R. Munk

Candidate for the Degree of

Master of Science

Thesis: A Study of Attitudes of L.D.S. Senior Citizens of Logan, Utah
Regarding Personal Adjustments

Major Field: Sociology

Biographical Information:

Personal Data: Born at Tremonton, Utah, September 6, 1944,
son of Jerald O. and Grace H. Munk; married Viola McKee
September 13, 1969.

Education: Attended elementary school in Howell, Utah; graduated
from Bear River High School in 1962; graduated from Weaver
School of Real Estate, Kansas City, Missouri in 1965;
graduated from LaSalle Extension University, Chicago,
Illinois in Business Management, in 1968; received the Bachelor
of Science degree from Utah State University, with a major in
Sociology and a minor in Business Administration, in 1969.