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NARRATIVE DISCOVERY OF SPIRITUALITY AND ITS
CORRELATION WITH LATE LIFE SATISFACTION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Cherie Lynn Barnstable
Samantha Georgeann Lillo

June 2006

NARRATIVE DISCOVERY OF SPIRITUALITY AND ITS
CORRELATION WITH LATE LIFE SATISFACTION

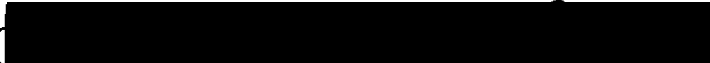
A Project
Presented to the
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Cherie Lynn Barnstable
Samantha Georgeann Lillo

June 2006

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ABSTRACT

The focus of this study was the exploration of spirituality and its correlation with late life satisfaction of assisted living residents utilizing qualitative and quantitative research methodologies. Spirituality and life satisfaction have been given a fair amount of attention in the literature; however, there was a considerable lack of qualitative data on the impact of spirituality on late life satisfaction.

Gerontological exploration has become a venue for researchers to gather a wealth of information. An estimated 600,000 elderly turn to assisted living facilities each year (Cummings, 2002; Hawes, Rose, & Phillips, 1999). An increased awareness of how spirituality impacts the residents in late life satisfaction will benefit gerontological social workers

This explorative research confirmed a significant correlation between a component of spirituality and late life satisfaction. More important was the wealth of information, which pertained to the effect spirituality had upon various aspects of the respondents' lives, acquired through the narrative life review process of assisted living residents.

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We would like to take this opportunity to acknowledge and thank our academic and research advisor, Dr. Rosemary McCaslin, for all of her support, guidance and encouragement during this undertaking.

We would also like to acknowledge our Social Work Department instructors, field liaisons and agency supervisors for their invaluable instruction and supervision.

Furthermore, we would also like to acknowledge Tim Thelander for his constructive and rapid formatting assistance; for without it there would have been great turmoil.

A heartfelt acknowledgement goes to the management and residents of The Camelot and The Village Healthcare for their permission and agreement to conduct our research.

DEDICATION

Cherie Lynn Barnstable

This research project is dedicated to my loving and long-suffering family (Mark, Aaron, & Christopher) who have stood beside me down this path of higher education; oftentimes, relinquishing irreplaceable time to support my endeavor. Moreover, this project is dedicated to my beloved grandmother, Louise, and to the memory of my beloved grandfather, Virgil, who raised me in their loving embrace and taught me the importance of a spiritual foundation.

Samantha Lillo

First and foremost, this research project is dedicated to my loving and carefree family (Daddy, Mommy, Audra, Tawnee, Jessica, & Aaron). Each one of you have encouraged and supported me in my pursuit to help enhance the lives of others. For that I will be forever grateful. Furthermore, this research project is dedicated to my Grandma, Patricia Young, may she rest in peace and continue to be the entire family's guardian angel.

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CHAPTER ONE

INTRODUCTION

Several studies identified a positive correlation between spirituality and life satisfaction. As the life expectancy increases many elders have chosen an alternative living environment, such as assisted living facilities. The focus of this chapter was on the significance of conceptualizing spirituality and its effect on late life satisfaction through a narrative life review within these alternative living environments.

Problem Statement

Modernizations in technology, pharmaceuticals and medical care have been instrumental in extending longevity. Findings released by the Federal Interagency Forum on Aging Related Statistics report that as of 2003 there are approximately 36 million elderly 65 and over. Additionally, during the past century, the life expectancy of the average 65-year-old American rose from 77 years to 84 years for women and 81 years for men. The average 85-year-old American's life expectancy rose from 89 years to 92 years for women and 91 years for men (2004). As a result of this life expectancy increase and

"fueled by the rapid growth of the elderly population" (Cummings, 2002, p. 293) alternative living arrangements such as skilled nursing, assisted living and retirement facilities have been on the rise. Many elderly, an estimated 600,000, have turned to assisted living facilities which have increased in number by 15 to 20 percent annually since the 1980s (Cummings, 2002; Hawes, Rose, & Phillips, 1999).

Consequently, gerontological exploration has become a venue for researchers to gather a wealth of information concerning successful aging over the course of a lifetime. Two themes that have been addressed substantially over the last few years are spirituality and life satisfaction.

Spirituality has had a returned significance in the field of social work as can be seen from the tremendous amount of research on the subject over the last decade (Canda, Nakashima, & Furman, 2004; Canda, Nakashima, Burgess, Russell, & Barfield, 2003; Fraser, 2001). The importance of understanding the relationship between spirituality and life satisfaction pertains to the implications it will have for interventions within social work and other applicable fields. Canda et al. (2004)

noted that the "[social] worker needs to be familiar with different religious and nonreligious spiritual belief systems and practices from the standpoint of human diversity" (p. 30). Awareness of diverse belief systems enables the worker to tap into the healing processes, support systems, resources and strengths that become a "part of a comprehensive psychosocial understanding of the client" (p. 31).

In addition to interventions, another important implication would be for social workers employed within assisted living facilities to acknowledge and provide access to spiritually related beliefs and practices. While spirituality can be a powerful tool in professional interventions, ethical consideration of the individuals' own interests and goals must be paramount.

Defining spirituality in late life is important because the number of elderly in the United States is rising. A significant reason for this increase is the aging of the "baby-boomer" population who at the age of 65 and older are expected to make up 17% of the population by 2010 (Treas, 1995). Due to the increase in the elderly population, social workers as well as others in the health care professions should be required to pay

closer attention to their needs (Lewis, 2001). The journal *Generations* noted that spirituality and religion are used frequently among the elderly for coping and support (Blazer, 1991).

Individuals who have reached late life have significantly different styles of coping with situations compared to the younger generation. According to Hooyman and Kiyak (2005):

A major adjustment required in old age is the ability to redefine one's self-concept or one's cognitive image of the self as social roles shift and as new roles are assumed. Our self-concept emerges from our interactions with the social environment, our social roles, and accomplishments. Through continuous interactions with the environment, people can confirm or revise their self-images. (p. 184)

In order to redefine their self-concept, cope with the realization of immortality, and live satisfied with their life at the end, exploration into their concept of spirituality will be beneficial for social work practice. The expectation is that this will encourage the elderly to use spirituality in a healthy manner in reception of

support, love, understanding, coping skills, and accomplish late life satisfaction.

Purpose of the Study

Researchers from various disciplines have extensively explored avenues of successful aging over the life course. These research applications provide theoretical frameworks that traverse all aspects of life. There have been substantial amounts of quantitative data that have analyzed several predictive factors for successful aging. Spirituality and life satisfaction are two of those factors that have been given a fair amount of attention (Pennick & Fallshore, 2005; Baetz, Larson, Marcoux, Bowen, & Griffin, 2002; Fabricatore & Handal, 2000; Lent, Singley, Sheu, Gainor, Brenner, Treistman, & Ades, 2005). However, there is a considerable lack of qualitative data on the impact of spirituality on late life satisfaction.

While it is important to know that spirituality does affect life satisfaction, for social work implications, it is even more important to understand the extent to which spirituality affects life satisfaction. Gall, Charbonneau, Clarke, Grant, Joseph, and Shouldice (2005)

found that, "Religious [spiritual] coping in particular has demonstrated associations with a variety of social, personal, and situational factors, as well as links to psychological and physical health" (p. 88).

To advance this understanding, a narrative life assessment with reference to spiritual issues and their prominence among factors related to life satisfaction was addressed. Coleman (1986) professed that, "An important implication is that individuals will differ in their reactions to the experiences they encounter in old age according to their own personal life history" (p. 6). Therefore, the process of reminiscence in the elderly was a viable alternative to acquiring quantitative data on successful aging.

This correlational study incorporated qualitative and quantitative research methods with older adults who reside in assisted living communities. The data source most suitable for this study was the elder population. The concept of spirituality was assessed qualitatively through the utilization of an open-ended Framework for Spiritual Assessment (FSA) designed by Hodge (2001) and administered in an interview format (See Appendix A). Life satisfaction was quantitatively measured utilizing

Salamon and Conte's (1984) Life Satisfaction in the Elderly Scale (LSES) (See Appendix B).

Significance of the Project for Social Work

The exploration of spirituality, in relation to late life satisfaction of assisted living residents, has important implications within the field of social work practice. The National Association of Social Workers (1999) recognizes that, "Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities" (para. 17), while drawing on their professional knowledge, values and skills. The findings from this study support social workers in the assessment and evaluation process of the generalist intervention model.

This study provides the social work profession with knowledge on the importance of a thorough assessment of an individual's conceptualization of spirituality through the employment of the FSA. Information garnered through the assessment enables social workers to evaluate the effectiveness of any alternative living environment in

the provision of the resident's spiritual needs. This contributes to the successful adjustment of the elderly within these environments.

Recognition of the rapid growth in the elderly population seeking alternative living arrangements has contributed to the acknowledgement of spirituality's importance to residents within assisted living facilities. A study conducted by Morgan, Eckert, Baldini, and Zimmerman (2004) reported that religious services play a significant role in many assisted living facilities. On average 50% of small assisted living facilities and 88% of traditional assisted living facilities provide on-site religious services. An implication for macro social work policy and research in this arena is to define and develop criteria that evaluate spiritual involvement in assisted living facilities.

While it is important to know that spirituality does effect life satisfaction, for social work implications, it is even more important to understand that spirituality will have an affect on factors of life satisfaction (daily activities, meanings, goals, mood, self-concept, health, finances, and social concept) as determined by

the LSES. This research study focused on the relationship between an individual's concept of spirituality and the extent of its effect on late life satisfaction.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter focused on the description of assisted living facilities and their importance to the growing elderly population. In addition, an overview of both spirituality and life satisfaction in relation to their theoretical conceptualizations were addressed.

Assisted Living

Cummings (2002) asserted, "Assisted living facilities emerged rapidly in the late 1980s in response to pressing demographic and economic demands" (p. 293). Furthermore, Cummings indicated that the average assisted living resident is 84, female, not married, above high school education, whose average length of stay in an assisted living facility is 6 months. The main identified reason for discharge from an assisted living facility is the need for a higher level of care due to increased "disability, morbidity, and mortality" (Cummings, 2002, p. 294).

Despite the rapid growth consumers and policymakers have not come to a consensus on the definition of

assisted living facilities. One study conducted by Morgan, Eckert, Baldini, and Zimmerman (2004) determined that, "[p]ractitioners, operators, researchers and state policymakers/regulators are grappling with what this new phenomenon offers, its limitations, and its place in the future of long term care" (p. 2). Another study by Crabb (2003), differentiated assisted living from skilled nursing (medically managed through healthcare providers) as "a nonmedical level of CCRC [continuing care retirement communities] providing environmental support through adapted housing, specialized food service and assistance with activities of daily living" (p. 6).

For the purposes of this study, assisted living was defined as any retirement environment with the existence of the identified domains proposed in the study conducted by Morgan, Eckert, Baldini, and Zimmerman (2004). These authors' identified four domains that distinguished assisted living facilities from other alternative living arrangements:

- (1) privacy (i.e., lockable, private apartment with private bath) and a personalized, home-like environment;
- (2) resident autonomy over how daily life is lived;
- (3) flexible

provision of non-medical services to assist people with growing functional dependency; and (4) the capacity of residents to "age-in-place," through flexible discharge and a capacity to add needed care, including medical care. (p. 4)

Empowerment, gained through autonomous living, is the goal of such facilities. "Consumers not requiring nursing home care are thought to be attracted to [assisted living] by the promise of a less restrictive, non-medical setting offering personal care, which allows privacy and greater individual autonomy and control in daily life" (Morgan, Eckert, Baldini, & Zimmerman, 2004, p. 2). While this attraction may be warranted by those in late life the transition can still be a significantly intense experience. Therefore, an exploration into the individuals' spirituality and life satisfaction was investigated.

Spirituality

Humanity has had a long history in the pursuit of the meaning of life. Spirituality and religion have been the catalysts most recognized in this pursuit. The

general consensus among many individuals is that spirituality and religion are the same concept. This is an erroneous view as spirituality is a facet of all humanity where as not everyone is religious. Canda and Furman (1999) have defined spirituality as "involving the search for meaning, purpose, and morally fulfilling relations with self, other people, the encompassing universe and ultimate reality however a person understands it" (p. 316). Based on this view, spirituality can be expressed in many ways other than through religious behaviors. Spirituality can be experienced through relationships, nature, music, art, pets, and God (Skokan & Bader, 2005).

Canda and Furman (1999) went on to define religion as "an organized, structured set of beliefs and practices shared by a community related to spirituality" (p. 316). Religion can be seen as a component of spirituality but spirituality is not bound to such parameters; it is universal. Accordingly, any mention of religion in this study was in relation to the expression of spirituality.

Theories Guiding Conceptualization of Spirituality

In order to better understand the impact of spirituality or the quest for the meaning of life on lifespan development, theoretical orientations toward spirituality were taken into account. Frankl (1992), in his book, *Man's Search For Meaning*, stated:

Man's search for meaning is a primary force in his life and not a 'secondary rationalization' of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance, which will satisfy his own will to meaning. (p. 105)

Frankl strongly held that this instinctual drive was dominant in the transcendence of the developmental life span. When the individual is unable to successfully find meaning then he/she will experience, according to Frankl, existential frustration subsequently resulting in some form of neurosis diminishing personal well-being.

Therefore, "what matters...is not the meaning of life in general but rather the specific meaning of a person's life at a given moment" (Frankl, 1992, p. 113).

Maslow, as cited in Armstrong (1999), defined "spirituality as a human phenomenon that is more basic, predates, and is fundamentally different from traditional articulates of religiosity" (p. 16). Maslow believed that human development progressed through the stages from basic needs of survival to self-actualization. An individual who has experienced self-actualization is one who has achieved productivity and meaning in their life. Maslow mentions peak-experiences in this progression that are comprised of moments of excellence along the way to a higher meaning of life or self-transcendence.

The empirical fact, according to Maslow, is that human life is beyond itself to the cosmos. Except in sickness, no opposition, gap, or difference is found to exist between ego and world. A search for the actualization of this our fundamental identity with cosmos, human motivation, at its highest and deepest, is a reaching out for the ultimates of truth, beauty, goodness, justice, and the like. Such Being-values are said to form the heart of true religion: the human being is naturally religious. Maslow's "naturalism" is thus an

invitation to savor the splendor of all things, to bear witness to the extraordinary to the ordinary, including this mortal flesh of ours. Maslow's psychology, addressing the ultimately spiritual or cosmic character of human life, is a courageous and bold undertaking. (Fuller, 1994, p. 179)

Therefore, according to Maslow, spirituality and the quest for it embodies the very essence of humanity. It is the natural instinctive drive that propels us towards self-actualization (Armstrong, 1999).

Developing a spiritual framework in regards to development holds great significance as spirituality and God are of great importance to the majority of Americans. A study by Yntema (1999), has reported that the most devout are those aged 55 to 64 and 64-66% of those 65 and older are sure, without a doubt, that God does exist (Fraser, 2001). As such, spirituality with respect to life satisfaction in late adulthood has been shown to have positive effects physiologically (reductions in high blood pressure and hypertension and a decrease in the risk of death after surgery) and psychologically (the perception that negative life events are opportunities

for growth). To better understand the relationship between spirituality and life satisfaction an in-depth exploration of life satisfaction was pertinent.

Life Satisfaction

Bowling, Farguhar, and Grundy (1996) pointed out, "Life satisfaction refers to an assessment of one's life or a comparison reflecting some perceived discrepancy between one's aspirations and achievements" (p. 1077). Life satisfaction among the elderly has received an enormous amount of interest in the last couple of decades; however, a notation must be made that quality of life (life satisfaction) is a "very subjective entity, measuring it in absolute terms seems difficult" (Ho, Matsubayashi, Wada, Kimura, Yano, Otsuka, Fujisawa, Kita, & Saijoh, 2003, p. 80). An undated study conducted by Abrams, as cited in Bowling et al. (1996), resulted in a broad range of answers which had few similarities to the posed question, "What would you say makes life really satisfying for people of your age?" The results concluded that life satisfaction was 18% dependent upon friends and good neighbors; 15% on a happy marriage and family; 15% of "a lot" of factors; 15% stated a result of good

health; and only 5% noted that life satisfaction was dependent on how able they were to independently function in their community.

Further review of the literature on life satisfaction in late adulthood provided several predictive domains of life satisfaction. Coke and Twaite (1995) identified the following: (1) objective socio-demographic indicators, (2) subjective socio-demographic indicators, (3) social support, and (4) church and religion. The aim of this study was to conduct a thorough discovery of how spirituality interplays with these variables in life satisfaction.

Theories Guiding the Conceptualization of Life Satisfaction

In order to fully understand this interplay a review of developmental theories provided a foundation for why life satisfaction was a pertinent topic of research. In Erikson's theory the developmental culmination of personality is ego integrity versus ego despair. An individual, who has successfully completed his /her life cycle, and experiences an overall "basic acceptance of one's life as having been inevitable, appropriate, and meaningful [in opposition to] fear of death" has achieved

integrity (Erikson, 1968, p. 85). According to Erikson (1968), this individual:

knows that an individual life is the accidental coincidence of but one life cycle with but one segment of history; and that for him all human integrity stands or falls with the one style of integrity which he partakes. The style of integrity developed by his culture or civilization thus becomes the "patrimony of his soul," the seal of his moral paternity of himself. (p. 87)

The individual who has successfully confronted the psychological issues manifested as conflicts in the life cycle's earlier stages will find acceptance in his/her identity.

Fowler (1981), in his book *Stages of Faith*, illustrated the importance of the extent to which developmental theories "allow us to speak of the dynamics of change and transformation...allow[ing] us to focus on equilibrium and continuity" in the life cycle (p. 89). Fowler expounded on Erikson's developmental theory through the conclusion that the absence of ego integrity, which is despair, leads to a fear of death. This leaves

the individual with the feeling that life is too short to start over or to try to explore other avenues that would lead to integrity. Only people who have accepted truth in their life and the wisdom and faith to move forward will accomplish this stage with life satisfaction.

In conjunction with Erikson, Robert Peck identified three additional stages, the final two of which adjoin the developmental process to late life satisfaction. These stages are delineated in the American Nursing Credentialing Center (2002) as:

Body transcendence vs. body preoccupation is the ability to focus on comforts, enjoyments, and mental tasks while de-emphasizing body aches, pains, and losses. Ego transcendence vs. ego preoccupation stresses living usefully and placing more value on what has been accomplished and what will be left behind for children and society rather than concentrating on personal death. (p. 18)

Peck theorized that in order for successful adjustment to occur individuals must rely on their previous life experiences. These experiences are contingent on the achievement of what Peck defines as the

psychological advances of socializing, valuing wisdom, emotional and mental flexibility. Individuals who successfully adjust in late life "are likely to view life as being meaningful, rewarding, and challenging" (Zastrow & Kirst-Ashman, 2004, p. 387).

Summary

Provided in this chapter was an overview of the concepts that are relevant to the study. A thorough review of the literature was conducted on assisted living facilities, spirituality and life satisfaction. Currently there is a lack of consensus in the definition of assisted living; therefore, a working definition has been established for the purpose of the study. Concepts of spirituality were addressed through the theoretical applications of Frankl and Maslow. Furthermore, guidance in the theoretical concepts of life satisfaction was provided by Erikson, Fowler, and Peck.

CHAPTER THREE

METHODS

Introduction

Chapter Three reports the methods used in the collection and analysis of the data. Distinctively, this chapter outlines the study design, data collection and instruments, procedures for the data collection, protection of human subjects and data analysis procedures.

Study Design

This research study was a narrative exploration to assess the relationship between an individual's concept of spirituality and the extent of its effect on late life satisfaction. This correlational study incorporated a qualitative-narrative and quantitative methodology with older adults who resided in assisted living communities. A considerable lack of qualitative data regarding spirituality and its correlation with life satisfaction was the rationale for choosing this method.

The concept of spirituality was assessed qualitatively, utilizing an open-ended Framework for Spiritual Assessment (FSA) designed by Hodge (2001) and

administered in an interview format. An important implication in a narrative life assessment is the variance in life experiences and reactions that individuals provide through their own life history. Therefore, the process of reminiscence in the elderly was a viable alternative to the acquisition of quantitative data on successful aging.

Life satisfaction was measured quantitatively, utilizing Salamon and Conte's (1984) Life Satisfaction in the Elderly Scale (LSES), published in Grann (2002) (See Appendix B). The researchers' intent in the use of the LSES was to determine the life satisfaction of assisted living residents in order to assess the extent to which spirituality has impacted the specific domains defined within the scale.

For the purpose of this study the limitations identified were within the sample and the instruments. As the sample was voluntary, the participants may not be representative of the population as a whole. The sample represented individuals from a high socioeconomic status. There were additional limitations inherent in the interview process. Respondents may have misconstrued the posed question or "blend[ed] truth with fiction to cover

up their memory gaps" (Grinnell & Unrau, 2005, p. 247). The use of the FSA must be addressed as it is a relatively new assessment; therefore, literature representing reliability and validity is not available.

Sampling

The sample was pulled with permission from two alternative living environments that are located in a mid-sized city, with an approximate population of 63,000 in Riverside County, California (See Facility Approval Letters in Appendices C, D, & E). The facility's populations ranged from approximately 50 at one location to 130 at the other. Convenience sampling was utilized in the recruitment process. The sample polled was 16 individuals aged 72 to 101 years of age.

The population had no cognitive dysfunctions that hindered their ability to participate in the study. To guarantee that the sample met this criterion, management from both facilities identified residents without cognitive dysfunctions. The Participant Recruitment Letter/Demographic Survey (PRLDS) was distributed to those identified residents (See Appendix F). The expectation was to obtain a diverse sample.

Data Collection and Instruments

Spirituality, the independent variable, was assessed qualitatively through the open-ended FSA designed by Hodge (2001) and administered in an interview format. The Initial Narrative Framework was designed to engender trust in the interviewer followed by an Interpretive Anthropological Framework which Hodge stated, "is a multidimensional framework for understanding the personal subjective reality of spirituality in clients' lives" (p. 208).

The Interpretive Anthropological Framework explored affect, behavior, cognition, communion, conscience, and intuition aspects of spirituality. Affect can be described as the effect of an individual's spiritual condition in relation to their coping mechanisms for both positive and negative life stressors. Behaviors and cognitions are used by individuals to connect and display their unique spiritual convictions and thoughts. Hodge (2001) acknowledged that, "Communion refers to relationship. More specifically, it refers to the capacity to bond and relate with God" (p. 20). Conscience informs the individual of their inherent value system. Finally, intuition occurs through hunches, sudden

impressions, and flashes of insight according to Hodge (2001).

Hodge (2001) identified the strengths of this instrument as the maximization of "client autonomy by using the format of the spiritual history but [it also] provides the practitioner with an interpretive framework for eliciting and integrating the information" (p. 207).

The limitations of the FSA must be addressed. The FSA is a relatively new assessment; therefore, literature representing reliability and validity is not available. This study's application of the FSA provides additional literature to support the FSA indicating its potential reliability and validity.

Quantitative design methods were utilized in the collection of the dependent variable, life satisfaction. Life satisfaction was measured utilizing Salamon and Conte's (1984) LSES. The LSES is a scale comprised of 40-ordinal questions and uses a five point Likert Scale to measure the following eight sub-scales: daily activity, meaning, goals, mood, self concept, health, finances, and social concepts as determinants of life satisfaction in the elderly. The maximum possible score

is 200 with a minimum of 40, a higher score indicates greater life satisfaction.

According to Lewis, Edwards, Roe, Jowel, Jackson, and Tidmarsh (2005), Salamon and Conte reported the "alpha reliability to be .93 for the whole scale and from .60 to .79 for the sub-scales. Test-retest reliability studies yielded correlations of .67 and .90 respectively" (p. 353). Lewis et al. (2005), "chose the LSES in preference to alternative measures...as it seemed to be reasonably accessible to respondents, as well as having adequate criterion-related and content validity" (p. 354). Founded on these results and during this study, limitations were not discovered in the use of the LSES.

To identify additional independent variables, demographic data were collected through the Participant Recruitment Letter/Demographic Survey (PRLDS) (See Appendix F). The independent variables provided by the PRLDS were interval demographics of age, nominal demographics of gender and ethnicity, along with the ordinal demographic of annual income.

Procedures

Prior notification of the study was provided through a PRLDS, distributed one month prior to data collection. The expectation was to accept a pool of the first 10 respondents from each facility which would have allowed for any unforeseen mortality (death, illness, or change of heart) during the interim between the letter distribution and data collection process. This was not necessary as there were only 16 respondents out of the distribution of 180 PRLDS's. Potential participants were contacted through the facility to arrange the date and time of the interview.

Both researchers interviewed eight different respondents concurrently. The interviews were conducted in the privacy of the respondent's quarters over a four-weekend time span. The FSA interview portion of the data collection took approximately one and a half hours and was audio taped with the respondent's Informed Consent (See Appendix G). The LSES administration followed the interview taking approximately 30 minutes. The appointment was then concluded with a Debriefing Statement (See Appendix H).

Protection of Human Subjects

To protect the participants their names were kept confidential. Precautions were addressed to refer any residents identified with depression. All respondents signed a separate Informed Consent for study participation and audiotape permission. A Debriefing Statement was provided directly following the administration of the LSES.

Data Analysis

This study used descriptive and bivariate statistics to analyze the relationship between the independent variable spirituality and the dependent variable life satisfaction. The independent variable spirituality was analyzed qualitatively; the dependent variable life satisfaction was analyzed quantitatively.

The qualitative analysis of the independent variable spirituality began with verbatim transcriptions of the audio taped interviews. The researchers analyzed the transcribed data for emergent themes which were considered the most meaningful. Once themes were identified they were categorized and assigned codes that best reflected the meaning of the respondents'

statements. Themes that emerged and were numerically coded for use as independent variable quantitative data were whether the respondent had a spiritual/religious background, currently identified a spiritual/religious background, currently attends church, and currently utilizes spiritual practices or rituals. These quantified themes were chosen on the basis of their prevalence in the respondents comments. Additional themes that emerged and were reported qualitatively to illustrate the respondent's life reminiscence were coping abilities, values and beliefs, fellowship needs and perceptions of the Ultimate.

The quantitative analysis of the dependent variable life satisfaction utilized the eight sub-scales of daily activity, meaning, goals, mood, self-concept, health, finances, and social concepts identified in the LSES.

The qualitative and quantitative data were analyzed to determine the extent of the relationship between spirituality and late life satisfaction. Descriptive statistics were used to identify the central tendency and dispersion of variables. The Kendall's tau correlation coefficient was used to explore the strength and

direction of the relationship between spirituality and life satisfaction in this small sample.

Summary

This chapter presented an overview of the research methodology that was used to determine the impact of spirituality on late life satisfaction. A discussion of the strengths and limitations of the study design was provided. Furthermore, the procedures utilized in assessing the correlation between spirituality and late life satisfaction were outlined.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four summarizes the results obtained from the sample utilizing a quantitative and qualitative research design method. The demographics of the sample are first identified using descriptive statistics and frequencies. Subsequently, bivariate correlations are analyzed to determine significant relations between spirituality and late life satisfaction in assisted living environments. Finally, qualitative data are extracted from the participant's narrative life review to explore the extent of spirituality in their lives.

Presentation of the Findings

Demographics

All of the 16 participants who responded to the Participant Recruitment Letter/Demographic Survey were interviewed. The ages of the respondents ranged from 72 to 101 with a mean of approximately 88 years (87.94, SD = 6.66). Figure 1 depicts the frequencies of the respondents' ages in years.

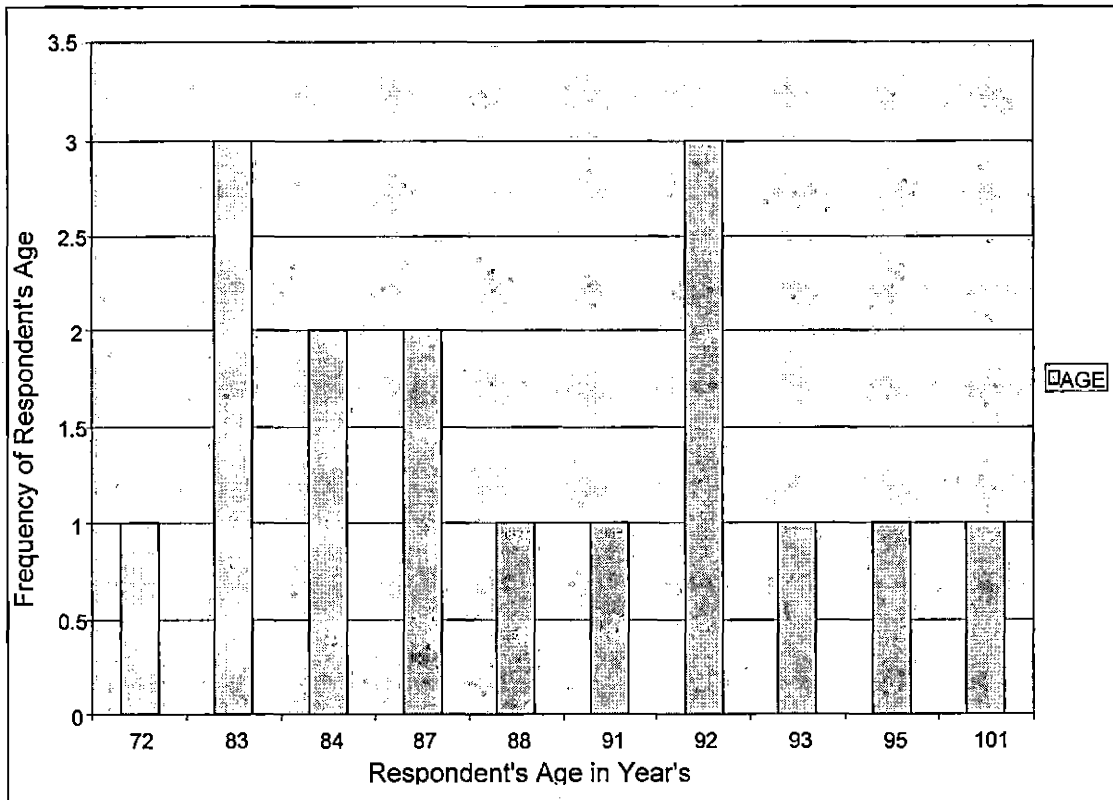


Figure 1. Respondent's Age

The sample includes nine female (56.3%) and 7 male (43.8%) respondents and was comprised of 81.3% Caucasian respondents. The remaining 18.8% of the respondents did not identify a specific ethnic background. Therefore, the category of "other" was assigned to this subset. Figures illustrating the frequencies for gender and ethnicity of the respondents are located in Appendix I.

Annual income for this sample is illustrated in Figure 2 with a range from less than \$25,000 to greater than \$100,001. Half of the respondents (8) declined to

answer the question regarding finances. Out of the respondents who chose to reply 50% (4) reported annual earnings of less than \$25,000; 25% (2) reported annual earnings in the range of \$25,001 to \$50,000; while the remaining reported earnings that ranged between \$50,001 to \$75,000.

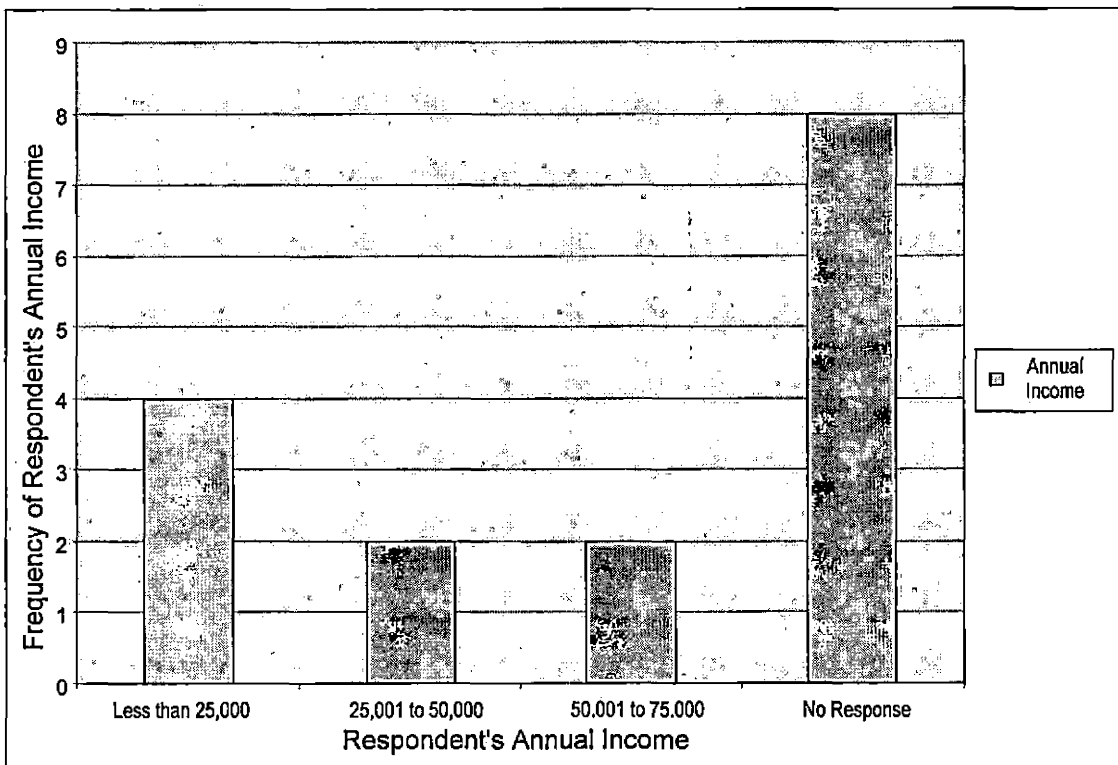


Figure 2. Respondent's Annual Income

Quantitative Analysis

Late life satisfaction was scored utilizing the Life Satisfaction in the Elderly Scale. The participants' responses to questions representative of the domains of

daily activity, meaning, goals, mood, self-concept, health, finances, and social concept as determinants of life satisfaction in the elderly can be examined in Appendix I.

Table 1 reflects the means and standard deviations of the respondent's scores in each of the eight domains which can have a minimum of 5 and a maximum of 25. Subsequently, total life satisfaction, a summation of all eight domains, can be scored with a minimum of 40 and a maximum of 200. The respondents ranged from a minimum life satisfaction of 130 to a maximum life satisfaction of 166. Appendix J provides a comprehensive view of these scores.

Table 1. Respondents' Life Satisfaction in the Elderly
Scales Score

| Domains | Mean | Standard Deviation |
|-------------------------|--------|--------------------|
| Daily Activity | 18.63 | 1.996 |
| Meaning | 20.38 | 2.029 |
| Goals | 18.94 | 1.914 |
| Mood | 19.94 | 2.489 |
| Self Concept | 18.31 | 2.120 |
| Health | 15.75 | 3.474 |
| Finances | 18.31 | 2.869 |
| Social Concept | 19.88 | 2.062 |
| Total Life Satisfaction | 150.13 | 9.639 |

Kendall's tau correlation coefficient was used to analyze the significance of bivariate correlations between the respondents' demographic data, independent variables relating to spirituality, the eight domains of life satisfaction, and the total life satisfaction scores. Table 2 indicates the bivariate correlations that were found to be significant.

Table 2. Significant Bivariate Correlations Kendall's tau

| Correlation | Significance |
|---|--------------|
| <u>Currently Attends Church * Daily Activity</u> | |
| Correlation Coefficient | .503* |
| Sig. (2-tailed) | .030 |
| N | 16 |
| <u>Currently Attends Church * Mood</u> | |
| Correlation Coefficient | .486* |
| Sig. (2-tailed) | .030 |
| N | 16 |
| <u>Currently Attends Church * Total Life Satisfaction</u> | |
| Correlation Coefficient | .532* |
| Sig. (2-tailed) | .015 |
| N | 16 |
| <u>Age * Annual Income</u> | |
| Correlation Coefficient | .732* |
| Sig. (2-tailed) | .021 |
| N | 8 |
| <u>Age * Mood</u> | |
| Correlation Coefficient | .457* |
| Sig. (2-tailed) | .019 |
| N | 16 |
| <u>Age * Total Life Satisfaction</u> | |
| Correlation Coefficient | .402* |
| Sig. (2-tailed) | .036 |
| N | 16 |

*. Correlation is significant at the 0.05 level (2-tailed)

** . Correlation is significant at the 0.01 level (2-tailed)

The independent variable, currently attends church, was found to be significantly correlated with the two domains of daily activity and mood, as well as total life satisfaction. Finally, age was positively correlated with annual income, mood, and total life satisfaction.

Qualitative

The qualitative data were collected through the utilization of the Framework for Spiritual Assessment (FSA). The FSA was developed with the process of engagement in mind. To fully capture the participants' responses the FSA was divided into two sections. The Initial Narrative Framework engaged the respondent in the life reminiscence process focusing on the religious/spiritual experiences and traditions that were passed from the family to the respondent. Subsequently, the Interpretive Anthropological Framework focused on the respondents affect, behavior, cognition, communion, conscience, and intuition of spirituality over their lifetime.

Initial Narrative Framework

This component of the assessment acknowledged that the majority of the respondents grew up with a religious background, of various denominations. Many respondents reported the importance of their families' spiritual values was expressed through church attendance, prayer and the practice of traditional values. An 84-year-old woman explained, "I grew up in the tradition of

the...church" the family's "belief was they attended everything...in the church. They lived the church." An 83-year-old gentleman thought that his parents, "spent so much time in church because they felt safe there."

Prayer, as the spiritual expression of the family was one consistent theme among the respondents. One 95-year-old woman shared the memory that prayer was said "before at least one meal." She also recalled the memory of her family "holding hands." However, another 83-year-old gentleman described his memory as more traditional. He was raised in "the Hebrew religion" and "in very religious schools." He remembers the expression of spiritual beliefs in his family as, "traditional more than religious." He recalls the importance of these traditions to his family and stated, "they observed all of the holidays; the whole family did."

Also noted through the Initial Narrative Framework was the contribution of the respondents' religious/spiritual experiences in the creation of lasting memories, strong bonds, and instilled values throughout their lives. One 72-year-old woman remembered that while growing up she "had a very good home life, my mother and dad were very good to us." Her reflections on

her experiences was that they were special as "everyone got along all the time; it was just good times and I don't think it was something I'll ever forget." In addition, a 92-year-old gentleman identified going to Sunday school and singing as memorable since, "it was a family thing where the family got together" and "it gave us a sense of values, what was good, what was bad" and "those stayed with me." Those memories and experiences were reflective of another 83-year-old gentleman who stated it gave "us a sense of values" and "prepared [me] for life, my adulthood."

The respondents' identification of spirituality as a personal strength was reflective of a current spiritual orientation founded on the spiritual traditions of the family. Spirituality, "gives me confidence" reported a 93-year-old gentleman. An 87-year-old woman believed that spirituality was a personal strength that a person

...feel[s] inside...when you pray and seek and you know that you have asked the Lord to come into your heart you know the spirit is there and when you call upon it in sadness, joy, whatever might happen to you, you feel the presence.

Another powerful statement, from a 91-year-old woman, reflected the passionate belief "What would you do without it. I can't see it. If you don't have faith how can you live each day!"

Interpretive Anthropological Framework

The focus of the Interpretive Anthropological Framework was on the extent of a spiritual orientation to the areas of affect, behavior and cognition, communion, conscience and intuition.

Affect

Affect can be described as the effect of an individual's spiritual condition on their coping mechanisms for both positive and negative life stressors. A majority of the respondents proclaimed that spirituality brought them pleasure, enhanced coping abilities, and instilled hope for the future. Acts of charity were expressed as pleasurable by one 83-year-old male who

...see[s] people doing good things especially in a place like this. There are good people here, some are not and everybody here needs some caring and when I see people caring for

one another that makes me feel good and I try to do as much as I can.

One 88-year-old woman, who enjoyed the reminiscence process about her spiritual and religious belief, shared her pleasure of, "talking like this to you" and "I get a lot of pleasure attending church and meeting people and having friends."

The respondents' recognized the impact of spirituality in the enhancement of coping with sorrowful and painful moments in life. The thoughts of an 83-year-old man reflected, "the relationship with my family has improved and I am learning to forgive and hope that people that I have hurt in the past will be able to forgive me," due to his current spiritual orientation. Another pertinent comment, made by the 72-year-old woman, revealed,

I don't know, just when I look back and I see all of the things that have happened to me, I believe I'm here as I keep saying because...someone is looking out for me. At this point, I am not ready to die yet!

The use of prayer was a significant mechanism utilized in coping with the struggles of life. One 87-year-old woman

with frequent health problem expressed her use of prayer as, "I prayed about a health situation. I prayed you can take me or you can let me live." An 84-year-old woman declared that when faced with life's sorrows, "that's where your prayer comes in, that's exactly where your prayer comes in." Prayer, according to a 91-year-old woman, "really helps."

Spirituality inspired hope for the future as one 92-year-old woman described,

as long as I live and when my time comes to die
I hope I can go with no regrets and no
unfinished work that I was supposed to do when
I was set on this earth in the first place.

Contentment for the future was conveyed by an 83-year-old gentleman in his statement,

I wish to be happy with my situation, the way I
am. I live day by day and I don't expect to
obtain any great heights but I just hope to
figure and do the old proverb do as they do
unto you. I just want to live one day at a
time.

Behavior and Cognition

Behavior and cognition are used by individuals to connect and display unique spiritual convictions and thoughts. Faith, prayer, involvement in faith-based communities, a current spiritual orientation, and the foundation of those beliefs were behavioral and cognitive themes identified by the respondents. Faith and prayer were identified as the means used when faced with obstacles. A 92-year-old man revealed, "my faith in the Lord just takes care of any obstacles that I meet. The way the Lord will not permit any obstacles to get the best of me because I am trusting in him." A 101-year-old woman shared, "if you have a certain amount of belief maybe your tomorrow will be better."

The ritual of prayer was identified as important, by the declaration of a 92-year-old woman, "It's enough to repeat a prayer into your closet and close the door and pray and the Lord will still hear you." Another 87-year-old female respondent stated, "I don't believe I go through any ritual as far as prayer is concerned; they are usually what we might call an arrow prayer. Turn it on when we need it."

Involvement in faith-based communities was considered important by a majority of the respondents. One 84-year-old woman exclaimed about her participation in church, "I'm very involved in my church and I like it. I like it! I belong to a church that we serve communion every Sunday." In the same manner an 83-year old man replied, "I am a member of the church and we attend the bible study every Tuesday. It is interesting to me and I keep asking him [the pastor] questions."

However, many reported that while church involvement was important, various factors such as a decline in health and lack of available transportation barred attendance at outside faith-based communities. Supporting these claims one 92-year-old woman confirmed her involvement as, "none at this time. I am not physically [able] nor do I have the transportation that it would require to get to those doings." Furthermore, a 92-year-old gentleman explained that, "No, I am sorry to say I am not. We have a difficult time; we have to depend on others to take us." Although both assisted living environments provided religious services, they were often inconsistent with the residents' spiritual beliefs. An illustration of this was depicted by a 92-year-old woman.

Currently, there is not a great deal of opportunity to go to the church that I would like to because there is no transportation to an outside church. There is one to attend here in the assisted living. [However], it is different as you grow older; it is difficult to have your views changed. I know what is happening here, the pastors are doing a very good job, but when you are brought up in a different environment and with different situations and ideas it is difficult to change.

In concurrence with the above respondent, an 83-year-old gentleman reported, "Sometimes you can do it here and sometimes you can't." Nevertheless, although many of the respondents do not actively attend church they still found that it was very supportive and the religious and spiritually encouraging friends that they have made are still a very big part of their life.

Current spiritual beliefs and practices were expressed with enthusiasm by the majority of respondents with similar connotations such as, "God is my guidance" and "I certainly believe that there is a God" along with "I believe that Christ came to earth and he lived amongst

us." These beliefs were evidenced by similar practices of "weekly communion," "daily devotions," "prayer," "Bible study class," "music," and "church attendance."

Communion

"Communion refers to relationship. More specifically, it refers to the capacity to bond and relate with God" (Hodge, 2001, p. 20). When asked to describe relationships with the Ultimate, participant responses varied based on individual perception. One 92-year-old gentleman described his relationship.

I am one of his children and he sure takes nice care of me. It's an assurance that I can really count on. Everything that God says is the truth and I don't need anything else. I would hope that he would describe me as being an obedient child.

Further, a 91-year-old female respondent mused,

I think that he is very close to me and I feel close to him. He is a part of me and he is always there. I have help in everything [and] I don't have to face anything alone. He will tell me [how he describes me] some day.

When asked, an 87-year-old woman declared that the Ultimate, "is the only thing that keeps you going. It is the greatest experience that you can ever have. Without him I would be nothing. I don't know [how he describes me] I never asked him." Sincerely, a 95-year-old woman responded, "I know that he is right here with us. I wake up everyday...I just don't seem to need any more encouragement. I could never be anymore grateful or happy. I am in love with life!" Predominantly the responses to a relationship with the Ultimate were passionate; however, two respondents veered from spiritual views.

One 92-year-old gentleman considered himself to be an Agnostic. He avowed,

An agnostic is not a disbeliever, but it is an I don't know. If someone asks me if I believe in God I say, I don't know. You have to believe in God for there to be spiritual intimacy. [My] Ultimate is just a series of projects that I got involved in.

For one 83-year-old male respondent, his relationship with the Ultimate focused on the finality of death.

Right now death is final. That is about it. I figure death is final and I have no idea what happens thereafter. Just in my mind fighting with both sides, what's right and what's wrong, whether it's true or not. I haven't come to a final conclusion. I live with the fact that I'll only live so long then I will die. When I decided to become a Christian...I no longer worry about what was going to happen to me afterwards.

Conscience

Conscience informs the individual of their inherent value system. The key values that were recognized by the respondents' were instilled from youth. These value systems were portrayed as variations of the Golden Rule. This value was illustrated by a few respondents. "I believe that the Golden Rule is something that you could live by if you really try. It's hard but it is a good thing to live by and forget yourself and think of others." "Do unto others as you would have them do unto you." "Well just trying to be a nice person and helpful and doing what I can." An 84-year-old woman pondered:

My value right now and I'm in the senior part of my life and I think my value right now is to live as good and clean a life as possible and to be as good and kind and helpful as I can. I think it goes back to the beginning, how you were raised.

Intuition

Finally, according to Hodge (2001), intuition occurs through hunches, sudden impressions, and flashes of insight. For the most part, the respondents did not identify strong intuitive insight. One respondent, an 83-year-old gentleman declared, "If you look for it you can find it. I don't believe in vision it might happen to some people. We have so many more people now so it is different than before. I think God knows that."

Comparably, a 95-year-old female respondent replied, "Well I don't think that I get them very often but maybe I have a feeling sometimes that someone needs something. I don't think anything but I pray for people." A similar comment was made by an 88-year-old woman who confirmed intuitive hunches, "Once in a great while. The extent of that is that sometimes I find a need to pray for someone whether I heard it or I feel they need the Lord or

whatever [the circumstance]." On the other hand, one 87-year-old woman avidly declared that intuitive insights happen, "Quite a bit. I have felt the spirit say things to me. It makes you stronger when you pray and see the answer."

Summary

Chapter Four focused on the analysis of the quantitative data and the exploration of the narrative qualitative data. The demographic data was presented through descriptive statistics and frequencies. By means of Kendall's tau, statistical significance was found between several variables including the independent variable currently attends church and total life satisfaction. Furthermore, qualitative data were extracted from the participants narrative life review to explore the extent of spirituality in their lives.

CHAPTER FIVE

DISCUSSION

Introduction

The focus of Chapter Five is a discussion of the results of this exploratory study of the relationship between spirituality and late life satisfaction. The limitations of the study are pointed out concluding with a brief synopsis of recommendations to social work practitioners, policymakers, and researchers.

Discussion

This study was a narrative exploration into the spiritual lives of elderly residents in assisted living environments. The intent was to determine the relationship of spirituality and late life satisfaction within this population. The incorporation of quantitative and qualitative methodologies was chosen to capture a more comprehensive view of the integration of spirituality into the life of the respondent. Statistically significant associations were substantiated between demographic variables, church attendance, and life satisfaction.

Age was positively correlated with annual income, mood and total life satisfaction. The significant correlation between the variables age and annual income may be the result of the number of years that the respondents have had to establish savings and retirement. Another reason for this significance is the engrained importance placed on financial stability by a population that survived the Great Depression. Additionally, age was correlated with the variables mood and total life satisfaction. The respondent's successful integration of Erikson's life stages may account for these positive correlations with aspects of life satisfaction.

From the qualitative life review process, the variables spiritual background, current spiritual orientation, church attendance, and religious/ spiritual practices and rituals were extracted with the expectation that they would be vital to the relationship of spirituality with life satisfaction. However, the only significant correlation between spirituality and life satisfaction was church attendance. Overall, the entire sample was found to have high total life satisfaction scores. The importance of this finding may come from the relationship church attendance has with the domains of

daily activity, meaning and mood. The respondents' level of church attendance correlated with increased daily activity and positive mood. Through church attendance respondents are able to maintain an active lifestyle within and outside of their living environment.

Many of the respondents were unable to attend outside services due to health decline or lack of transportation. Although religious services were available in both assisted living environments, they were often inconsistent with the respondents' spiritual beliefs. However, the respondents expressed the desire to attend these services as church attendance was still identified as an important component of their spiritual life.

According to Erikson, Erikson, and Kivnick (1986), as people age, faith oftentimes becomes the focus in their reconciliation between the events of the past and hope for the future:

Most of these people were raised in one or another of the formal Christian denominations. Many have remained in...the same principals of faith that they learned as children. For them, religious involvement has been a source of

continuity, throughout their own lives and across generations. And this very continuity has gradually become an object of faith, that is, something they feel that they can count on, something in which they feel safe believing.

(p. 219)

Gerotranscendence, a fairly new theory in the process of aging, can be recognized as built on Erikson's developmental stages. Gerotranscendence connects the elderly to a more introspective place in their lives where faith and universality of what is to come becomes more meaningful (Betts-Adams, 2004). This concept of gerotranscendence may explain the connection between the respondents' spiritual connection and a greater life satisfaction.

Through gerotranscendence, the respondents are able to maintain the social supports they deem important and reject all else. The respondents are also able to reflect on mankind's existence in relation to the rest of the universe, thus establishing a deeper meaning in life. This meaning can then be projected into other areas of life influencing their mood and in accordance promoting an increased life satisfaction.

Limitations

While the study was designed to promote a greater understanding of the relationship between spirituality and late life satisfaction of elderly assisted living residents, several limitations were encountered. Three became evident from the start which disallows the generalization of the study to the elderly population: access to assisted living environments, socioeconomic status of the residents, and the lack of diversity in the sample. An additional limitation was unintentional researcher influence.

Procuring access to various assisted living facilities was a complicated task. Fourteen facilities were approached by the researchers with a letter of introduction and a copy of the research proposal. A disconcerting trend evidenced was a general lack of knowledge or concern in regards to the research process. Of the 14 facilities only two agreed to research being conducted on the premises.

Socioeconomic status of the respondents was a limitation that may have skewed the study. The two facilities that agreed to the research process are both

for-profit businesses that promote their services to a higher economic status resident.

Another limitation of this study was the lack of a diverse ethnic representation among respondents. The majority of the sample was Caucasian with the rest identified as "other." A more diverse pool of ethnic respondents may have produced a richer set of data.

Finally, unintentional researcher influence may have promoted limitations to the study. There was confusion on the part of some of the participants in regards to particular questions in the Framework for Spiritual Assessment. The participants may have responded to these questions not fully understanding the question or wanting to provide the answer they believed the interviewer wanted.

Recommendations for Social Work Practice, Policy and Research

Recognition of the rapid growth in the elderly population seeking alternative living arrangements has important implications for practitioners, policymakers and researchers in the field of gerontology. Several recommendations can be proposed from the information acquired through this study. First, social workers should

implement a thorough spiritual assessment into their practice. The information garnered through that assessment will further enable the social worker to evaluate and promote successful adjustment of the aged to any alternative living environment. Additionally, multicultural proficiency will be addressed through this intervention that focuses on "appreciating differences as well as similarities" (Stein & Sherman, 2005, p. 1277).

As the elderly population continues to grow, improvement in the policies regulating assisted living environments will become paramount. A more standardized approach to regulating assisted living facilities needs to be implemented. Current research into the policies regulating assisted living facilities has shown little regard for the spiritual diversity of residents. Federal and state regulations vary considerably and offer a broad definition of consumer needs. This leads to a flexible interpretation of the needs of the elderly. More often than not management will maintain programs that are cost efficient rather than based on resident needs for independence and quality of life (Stefanacci & Podrazik, 2005). It is the obligation of social workers to promote

the development of policies that will better meet the needs of this population (Robert, 2003).

Ultimately, a key focus for further research is socioeconomic status. There is a general lack of knowledge or concern in relation to low-income elders in assisted living facilities. This study was limited in its research finding due to a lack of cooperation from all of the facilities that provide services to low income residents. Furthermore, additional research is needed in all areas that promote successful adjustment in the elderly.

Conclusion

This exploratory research was able to show a significant correlation between a component of spirituality and late life satisfaction. More important was the wealth of information, which pertained to the effect spirituality had on various aspects of the respondents' lives, acquired through the narrative life review process. From this exploration, recommendations for social work practitioners, policymakers, and further research were addressed.

APPENDIX A
FRAMEWORK FOR SPIRITUAL ASSESSMENT

Framework for Spiritual Assessment

Initial Narrative Framework

1. Describe the religious/spiritual tradition you grew up in. How did your family express its spiritual beliefs? How important was spirituality to your family? Extended family?
2. What sort of personal experiences (practices) stand out to you during your years at home? What made these experiences special? How have they informed your later life?
3. How have you changed or matured from those experiences? How would you describe your current spiritual or religious orientation? Is your spirituality a personal strength? If so, how?

Interpretive Anthropological Framework

1. Affect: What aspects of your spiritual life give you pleasure? What role does your spirituality play in handling life's sorrows? Enhancing life's joys? Coping with life's pain? How does your spirituality give you hope for the future? What do you wish to accomplish in the future?
2. Behavior: Are there particular spiritual rituals or practices that help you deal with life's obstacles? What is your level of involvement in faith-based communities? How are they supportive? Are there spiritually encouraging individuals that you maintain contact with?
3. Cognition: What are your current religious/spiritual beliefs? What are they based upon? What beliefs do you find particularly meaningful? What does your faith say about personal trials? How does this belief help you overcome obstacles? How do your beliefs affect health practices?
4. Communion: Describe your relationship to the Ultimate. What has been your experience of the Ultimate? How does the Ultimate communicate with you? How have these experiences encouraged you? Have there been times of deep spiritual intimacy? How does your relationship help you face life challenges? How would the Ultimate describe you?
5. Conscience: How do you determine right and wrong? What are your key values? How does your spirituality help you deal with guilt (sin)? What role does forgiveness play in your life?
6. Intuition: To what extent do you experience intuitive hunches (flashes of creative insight, premonitions, spiritual insights)? Have these insights been a strength in your life? If so, how?

Hodge, D. R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work, 46*(3), 203-214.

APPENDIX B

LIFE SATISFACTION IN THE ELDERLY SCALE

Life Satisfaction in the Elderly Scale

| | | | | | | |
|----|--|----------------------|----------------------|--------------------|------------|-----------------|
| 1 | My daily routine is: (1) | Very boring | Boring | Average | Satisfying | Very Satisfying |
| 2 | I am most satisfied with my life situation. (2) | Never | Almost never | Sometimes | Often | Always |
| 3 | I think about what I would like to accomplish. (3) | Very Often | Often | Sometimes | Seldom | Never |
| 4 | I am ___ in a bad mood. (4) | Always | Often | Sometimes | Seldom | Never |
| 5 | Physically I am: (6) | Unhealthy | Somewhat Unhealthy | Average | Healthy | Very Healthy |
| 6 | I take medication: (6) | Very Often | Often | Sometimes | Seldom | Never |
| 7 | I have enough money to enjoy myself: (7) | Never | Rarely | Sometimes | Often | Always |
| 8 | I try to spend time with people: (8) | Never | Rarely | Sometimes | Often | Always |
| 9 | I have ___ friends. (8) | No | Few | Some | Many | A great many |
| 10 | I generally plan ___ activities. (1) | No | Few | Some | Many | A great many |
| 11 | In general I feel: (2) | Very Unsatisfied | Unsatisfied | Average | Satisfied | Very Satisfied |
| 12 | I feel pain: (6) | Always | Often | Sometimes | Seldom | Never |
| 13 | Compared to any other time in my life, I am now: (5) | Very Unsatisfied | Unsatisfied | Average | Satisfied | Very Satisfied |
| 14 | In my life I have achieved: (3) | Nothing | Very Little | Something | A lot | A great deal |
| 15 | How important are you to others: (5) | Not at all important | Of little importance | Somewhat important | Important | Very important |
| 16 | Being with other people is ___ pleasurable. (8) | Never | Rarely | Sometimes | Often | Always |
| 17 | My current income is: (7) | Very adequate | Inadequate | Fairly adequate | Adequate | Very adequate |

| | | | | | | |
|----|--|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| 18 | I find the company of other to be: (8) | Very uncomfortable | Usually uncomfortable | Somewhat uncomfortable | Usually comfortable | Very comfortable |
| 19 | I worry about finances: (7) | Always | Often | Sometimes | Seldom | Never |
| 20 | My financial situation is (7) | Very bad | Bad | Fair | Good | Excellent |
| 21 | In looking back, I feel that I have done ___ of the things that I've wanted to do: (3) | Very few | Few | Some | Almost all | All |
| 22 | My schedule of activities is: (1) | Very unsatisfying | Not really satisfying | Occasionally satisfying | Satisfying | Very satisfying |
| 23 | As I look back on my life, I am: (3) | Completely dissatisfied | Dissatisfied | Partially satisfied | Satisfied | Very satisfied |
| 24 | The things I do every day give me: (1) | No pleasure | Little pleasure | Some pleasure | A lot of pleasure | A great deal of pleasure |
| 25 | My usual mood is: (4) | Severe depression | Mild depression | Sometimes happy | Usually happy | Always happy |
| 26 | My intelligence is: (5) | Far below average | Below average | Average | Above average | Superior |
| 27 | My physical appearance is: (5) | Very unattractive | Somewhat unattractive | Average | Somewhat attractive | Very attractive |
| 28 | I am generally: (6) | Quite ill | Ill | In average health | Healthy | Very healthy |
| 29 | The time I spend with friends is: (8) | Completely unsatisfying | Usually unsatisfying | Sometimes satisfying | Usually satisfying | Always satisfying |
| 30 | People say that I am: (4) | Very moody | Often moody | Sometimes moody | Usually in good spirits | Always in good spirits |
| 31 | My present situation is: (2) | Very difficult | Difficult | I get by | Pleasurable | Very pleasurable |
| 32 | When it comes to taking care of myself; I: (5) | Totally depend on others | Often depend on others | Am sometimes independent | Am usually independent | Am always independent |
| 33 | I regard my life as: (2) | Without meaning | Having little meaning | Having some meaning | Meaningful | Very meaningful |

| | | | | | | |
|----|--|--------------------|---------------------|-----------------------|--------------------|-------------------|
| 34 | People think that I am financially well off: (7) | Never | Rarely | Sometimes | Often | Always |
| 35 | I visit my doctor: (6) | Very often | Regularly | Sometimes | Rarely | Almost never |
| 36 | I am happy with the way things turn out: (3) | Never | Almost never | Sometimes | Often | Very often |
| 37 | I consider myself to be: (4) | Always pessimistic | Usually pessimistic | Sometimes pessimistic | Usually optimistic | Always optimistic |
| 38 | I am ___ with my outlook on life. (4) | Very dissatisfied | Dissatisfied | Somewhat dissatisfied | Satisfied | Very satisfied |
| 39 | I am satisfied with the way things are: (2) | Never | Almost never | Sometimes | Often | Very often |
| 40 | I am pleased with my daily activities: (1) | Never | Seldom | Sometimes | Usually | Always |

Items marked with 1=daily activity; 2=meaning; 3=goals; 4=mood; 5=self-concept; 6=health; 7=finances; 8=social concept

Published in:

Grann, J. D. (2002). Assessment of emotions in older adults: Mood disorders, anxiety, psychological well-being, and hope. In Kane, R. L. & Kane, R. A. (Eds.) *Assessing older persons: Measures, meaning, and practical applications*. Oxford: Oxford University Press

APPENDIX C

THE CAMELOT FACILITY APPROVAL LETTER



October 20, 2005

To Whom it May Concern:

This letter of intent is for Samantha Lillo and Cherie Barnstable from California State University, San Bernardino. This Facility, The Camelot, grants permission for Samantha and Cherie to conduct their research here. We realize that this incorporates an interview process with our elderly residents.



Donald Wagner
Manager



DON & MAROLYN WAGNER
Managers

951) 929-0145 Fax (951) 929-1858
100 W. Oakland • Hemet, CA 92543

800 West Oakland • Hemet, CA 92543 • (909) 929-0145
www.thecamelot.net

APPENDIX D

THE VILLAGE FACILITY APPROVAL LETTER ONE



THE VILLAGE

HealthCare Center
Assisted Living and Skilled Nursing

To Whom It May Concern:

We are honored and privileged to have our facility visited. This document is allowing a case study to be performed. Our vision is to create a difference in a life worth living.

Our mission at The Village is to provide a unique elder-centered community that revolves around meeting the needs of the whole person, physically, emotionally, spiritually, and socially. We provide quality of life to our community and their families by utilizing all available resources: our residents, their family members, our staff, our owners, and the community at large. Together we strive to create an alternative to loneliness, helplessness and boredom within our home-like atmosphere.

The information in the resident's personal file is permanent and confidential. Visitors are not allowed to view the personal files of our residents since it is an intrusion of confidentiality. However, residents may be visited and spoken to if the resident is willing. Respectful treatment of residents is essential and sensitivity to their individual circumstances is necessary.

If there is a reason to believe your safety or the safety of others is threatened, please report the situation immediately.

Your signature below acknowledges receipt and understanding of this document.

Signature: _____

Name printed: _____

Date: _____

Family rep: _____

APPENDIX E

THE VILLAGE FACILITY APPROVAL LETTER TWO



THE VILLAGE

HealthCare Center
Assisted Living and Skilled Nursing

To Whom It May Concern:

We are honored and privileged to have our facility visited. This document is allowing a case study to be performed. Our vision is to create a difference in a life worth living.

Our mission at The Village is to provide a unique elder-centered community that revolves around meeting the needs of the whole person, physically, emotionally, spiritually, and socially. We provide quality of life to our community and their families by utilizing all available resources: our residents, their family members, our staff, our owners, and the community at large. Together we strive to create an alternative to loneliness, helplessness and boredom within our home-like atmosphere.

The information in the resident's personal file is permanent and confidential. Visitors are not allowed to view the personal files of our residents since it is an intrusion of confidentiality. However, residents may be visited and spoken to if the resident is willing. Respectful treatment of residents is essential and sensitivity to their individual circumstances is necessary.

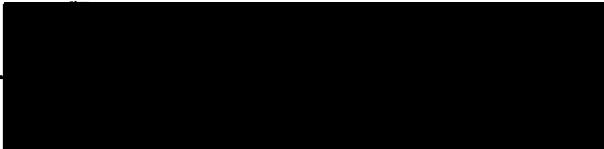
If there is a reason to believe your safety or the safety of others is threatened, please report the situation immediately.

Your signature below acknowledges receipt and understanding of this document.

Signature: 

Name printed: Cherie Barnstable

Date: 10-20-05

Facility rep. 

APPENDIX F
PARTICIPANT RECRUITMENT LETTER/DEMOGRAPHIC
SURVEY

December 10, 2005

Dear Residents

Cherie Barnstable and Samantha Lillo, Social Work students at California State University, San Bernardino will be conducting research at this facility between January 9, 2006 and March 17, 2006. This research project is a requirement for completion of our Master of Social Work degree. We would like to reminisce with you about your religious/spiritual life experience and satisfaction with life in your later years.

This will be accomplished through an interview and questionnaire. The process will take approximately 1 hour and 30 minutes in the privacy of your quarters. The interview will also be audio taped in order for us to remember all the details of the interview.

Your participation in this study will be greatly appreciated. If you are interested in participating in this study please respond to the following questions and return this letter to the Social Service Department and/or Management.

Name _____ Phone/Room Number _____

What is your age? _____

What is your gender? (circle one)

Male

Female

What is your yearly income? (your best estimate) Please circle the number that applies.

1. Less than \$25,000
2. 25,001 to \$50,000
3. 50,001 to \$75,000
4. 75,001 to \$100,000
5. Greater than \$100,001

What is your ethnicity? _____

Sincerely,

Cherie Barnstable

and

Samantha Lillo

APPENDIX G
INFORMED CONSENT

INFORMED CONSENT

This study in which you are being asked to participate is a research project designed to explore the impact that religion/spirituality has on life satisfaction of residents in assisted living environments. This study is being conducted by Cherie Barnstable and Samantha Lillo under the supervision of Dr. Rosemary McCaslin, Professor of Social Work at California State University San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to participate in an interview as well as filling out a brief questionnaire. The interview about your religious views should take about 1 hour to complete. This interview will be audio taped for the sole purpose of assisting the researchers, Cherie and Samantha, in remembering your comments. The questionnaire, about your satisfaction with life, will take approximately 30 minutes. All of your responses will be held in the strictest of confidence by Cherie and Samantha. Your name will not be reported with your responses. You may receive the results of this study upon completion after September 2006 from the managers of your facility.

Your participation in this study is totally voluntary. You are free not to answer any questions and stop at any time during this study without penalty. When you have completed the interview/questionnaire process, you will receive a statement describing the study in more detail. In order to ensure the accurateness of the study, we ask that you not discuss this study with other participants. The researchers' hope is that this study will benefit elderly persons living in assisted living environments by increasing knowledge of successful aging. The researchers do not foresee any risks associated with this study.

If you have any questions or concerns about this study, please feel free to contact our faculty supervisor, Dr. Rosemary McCaslin at (909)537-5507.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of the study, and I freely consent to participate.

Place a check mark here **Date:** _____

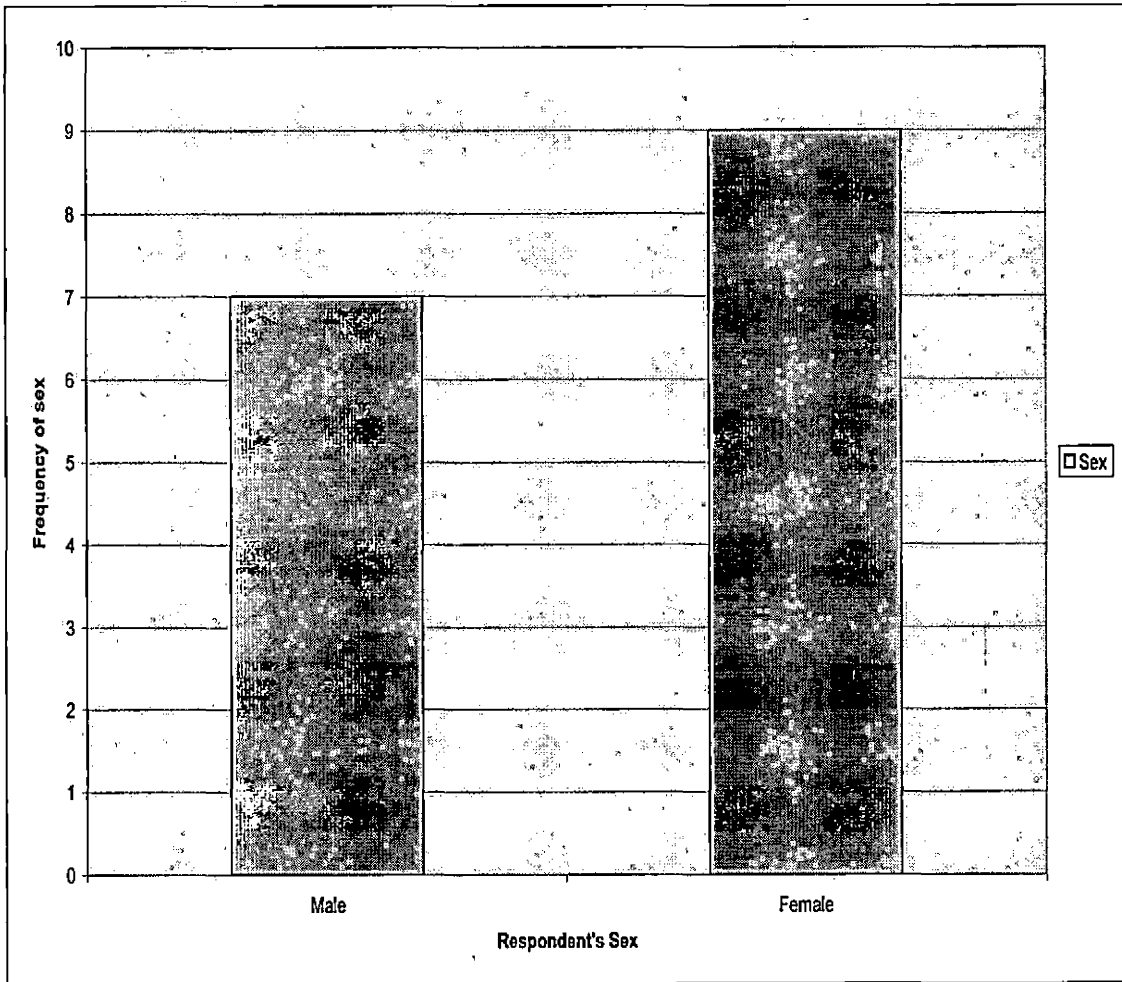
APPENDIX H
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

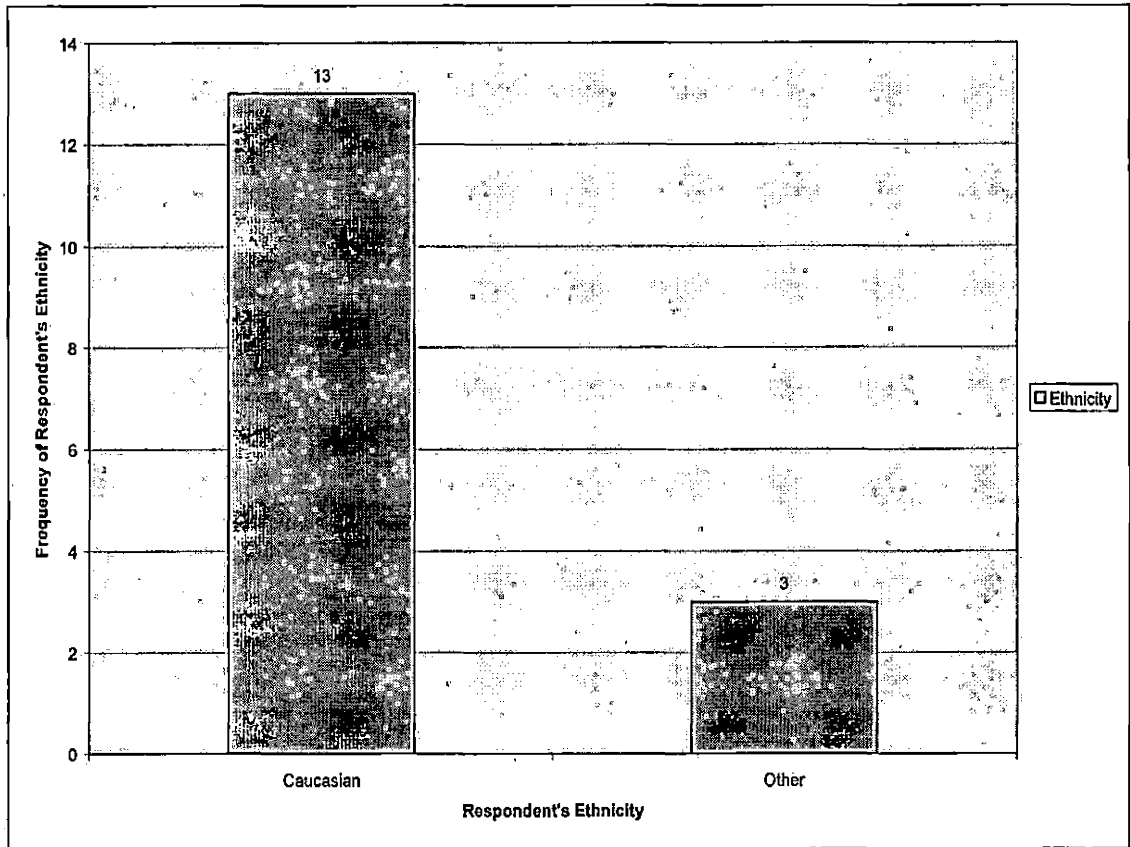
Cherie Barnstable and Samantha Lillo greatly appreciate your participation in this study. The researchers want to explore seniors' views of religion/spirituality and how it effects their life satisfaction. This study will benefit elderly residents in assisted living environments by increasing knowledge of successful aging.

In order to ensure the accuracy of the study, we ask that you not discuss this study with other participants. The researchers do not foresee any risks associated with this study; however, should you have any questions, concerns, please feel free to contact our faculty supervisor Dr. Rosemary McCaslin at 5500 University Parkway, San Bernardino, CA 92407, (909)537-5507. A copy of the results of this study will be provided to the management at your facility after September 2006.

APPENDIX I
PARTICIPANTS' RESPONSES



Respondent's Gender



Respondent's Ethnicity

APPENDIX J
PARTICIPANTS' RESPONSES TO THE LIFE
SATISFACTION IN THE ELDERLY SCALE

Participants' Responses to the Life Satisfaction in the Elderly Scale

| Question | Response | Frequency | Percent |
|---|-----------------|-----------|---------|
| My daily routine is | Boring | 2 | 12.50 |
| | Average | 1 | 6.25 |
| | Satisfying | 10 | 62.50 |
| | Very Satisfying | 3 | 18.75 |
| | Total | 16 | 100.00 |
| I am most satisfied with my life situation | Sometimes | 4 | 25.00 |
| | Often | 5 | 31.25 |
| | Always | 7 | 43.75 |
| | Total | 16 | 100.00 |
| I think about what I would like to accomplish | Very Often | 3 | 18.75 |
| | Often | 5 | 31.25 |
| | Sometimes | 4 | 25.00 |
| | Seldom | 3 | 18.75 |
| | Never | 1 | 6.25 |
| | Total | 16 | 100.00 |
| I am ____ in a bad mood | Often | 1 | 6.25 |
| | Sometimes | 4 | 25.00 |
| | Seldom | 10 | 62.50 |
| | Never | 1 | 6.25 |
| | Total | 16 | 100.00 |
| Physically I am | Average | 7 | 43.75 |
| | Healthy | 6 | 37.50 |
| | Very Healthy | 3 | 18.75 |
| | Total | 16 | 100.00 |
| I take medication | Very Often | 7 | 43.75 |
| | Often | 3 | 18.75 |
| | Sometimes | 1 | 6.25 |
| | Seldom | 3 | 18.75 |
| | Never | 2 | 12.50 |
| | Total | 16 | 100.00 |
| I have enough money to enjoy myself | Sometimes | 3 | 18.75 |
| | Often | 9 | 56.25 |
| | Always | 4 | 25.00 |
| | Total | 16 | 100.00 |

| Question | Response | Frequency | Percent |
|---|----------------------------|----------------------|---------|
| I try to spend time with people | Never | 1 | 6.25 |
| | Sometimes | 5 | 31.25 |
| | Often | 6 | 37.50 |
| | Always | 4 | 25.00 |
| | Total | 16 | 100.00 |
| I have ____ friends | Few | 2 | 12.50 |
| | Some | 3 | 18.75 |
| | Many | 8 | 50.00 |
| | A Great Many | 3 | 18.75 |
| | Total | 16 | 100.00 |
| I generally plan __ activities | Few | 6 | 37.50 |
| | Some | 2 | 12.50 |
| | Many | 7 | 43.75 |
| | A Great Many | 1 | 6.25 |
| | Total | 16 | 100.00 |
| In general I feel | Average | 1 | 6.25 |
| | Satisfied | 10 | 62.50 |
| | Very Satisfied | 5 | 31.25 |
| | Total | 16 | 100.00 |
| | I feel pain | Always | 1 |
| Often | | 2 | 12.50 |
| Sometimes | | 5 | 31.25 |
| Seldom | | 8 | 50.00 |
| Total | | 16 | 100.00 |
| Compared to any other time in my life, I am now | Average | 4 | 25.00 |
| | Satisfied | 8 | 50.00 |
| | Very Satisfied | 4 | 25.00 |
| | Total | 16 | 100.00 |
| | In my life I have achieved | Something | 2 |
| A Lot | | 5 | 31.25 |
| A Great Deal | | 9 | 56.25 |
| Total | | 16 | 100.00 |
| How important are you to others | | Not At All Important | 1 |
| | Somewhat Important | 6 | 37.50 |
| | Important | 5 | 31.25 |
| | Very Important | 4 | 25.00 |
| | Total | 16 | 100.00 |

| Question | Response | Frequency | Percent |
|---|------------------------------|----------------------|---------|
| Being with other people is ___ pleasurable | Rarely | 1 | 6.25 |
| | Sometimes | 2 | 12.50 |
| | Often | 10 | 62.50 |
| | Always | 3 | 18.75 |
| | Total | 16 | 100.00 |
| My current income is | Very Inadequate | 1 | 6.25 |
| | Inadequate | 1 | 6.25 |
| | Fairly Adequate | 4 | 25.00 |
| | Adequate | 8 | 50.00 |
| | Very Adequate | 2 | 12.50 |
| Total | 16 | 100.00 | |
| I find the company of others to be | Usually Comfortable | 13 | 81.25 |
| | Very Comfortable | 3 | 18.75 |
| | Total | 16 | 100.00 |
| I worry about finances | Often | 1 | 6.25 |
| | Sometimes | 5 | 31.25 |
| | Seldom | 6 | 37.50 |
| | Never | 4 | 25.00 |
| | Total | 16 | 100.00 |
| My financial situation is | Bad | 1 | 6.25 |
| | Fair | 2 | 12.50 |
| | Good | 11 | 68.75 |
| | Excellent | 2 | 12.50 |
| | Total | 16 | 100.00 |
| In looking back, I feel that I have done ___ of the things that I've wanted to do | Some | 7 | 43.75 |
| | Almost All | 8 | 50.00 |
| | All | 1 | 6.25 |
| | Total | 16 | 100.00 |
| | My schedule of activities is | Not Really Satisfied | 1 |
| Occasionally Satisfied | | 2 | 12.50 |
| Satisfied | | 12 | 75.00 |
| Very Satisfied | | 1 | 6.25 |
| Total | | 16 | 100.00 |
| As I look back on my life, I am | Satisfied | 11 | 68.75 |
| | Very Satisfied | 5 | 31.25 |
| | Total | 16 | 100.00 |

| Question | Response | Frequency | Percent |
|---|--------------------------|-----------|---------|
| The things I do every day give me | Some Pleasure | 7 | 43.75 |
| | A Lot Of Pleasure | 8 | 50.00 |
| | A Great Deal Of Pleasure | 1 | 6.25 |
| | Total | 16 | 100.00 |
| My usual mood is | Mild Depression | 1 | 6.25 |
| | Sometimes Happy | 3 | 18.75 |
| | Usually Happy | 9 | 56.25 |
| | Always Happy | 3 | 18.75 |
| Total | 16 | 100.00 | |
| My intelligence is | Average | 12 | 75.00 |
| | Above Average | 3 | 18.75 |
| | Superior | 1 | 6.25 |
| | Total | 16 | 100.00 |
| My physical appearance is | Somewhat Unattractive | 1 | 6.25 |
| | Average | 8 | 50.00 |
| | Somewhat Attractive | 7 | 43.75 |
| | Total | 16 | 100.00 |
| I am generally | Ill | 1 | 6.25 |
| | In Average Health | 3 | 18.75 |
| | Healthy | 11 | 68.75 |
| | Very Healthy | 1 | 6.25 |
| Total | 16 | 100.00 | |
| The time I spend with friends is | Sometimes Satisfying | 1 | 6.25 |
| | Usually Satisfying | 10 | 62.50 |
| | Always Satisfying | 5 | 31.25 |
| | Total | 16 | 100.00 |
| People say that I am | Sometimes Moody | 1 | 6.25 |
| | Usually In Good Spirits | 9 | 56.25 |
| | Always In Good Spirits | 6 | 37.50 |
| | Total | 16 | 100.00 |
| My present situation is | I Get By | 4 | 25.00 |
| | Pleasurable | 9 | 56.25 |
| | Very Pleasurable | 3 | 18.75 |
| | Total | 16 | 100.00 |
| When it comes to taking care of myself; I | Am Sometimes Independent | 4 | 25.00 |
| | Am Usually Independent | 9 | 56.25 |
| | Am Always Independent | 3 | 18.75 |
| | Total | 16 | 100.00 |

| Question | Response | Frequency | Percent |
|---|-----------------------|-----------|---------|
| I regard my life as | Having Some Meaning | 2 | 12.50 |
| | Meaningful | 7 | 43.75 |
| | Very Meaningful | 7 | 43.75 |
| | Total | 16 | 100.00 |
| People think that I am financially well off | Never | 1 | 6.25 |
| | Rarely | 2 | 12.50 |
| | Sometimes | 9 | 56.25 |
| | Often | 4 | 25.00 |
| | Total | 16 | 100.00 |
| I visit my doctor | Very Often | 1 | 6.25 |
| | Regularly | 7 | 43.75 |
| | Sometimes | 6 | 37.50 |
| | Rarely | 1 | 6.25 |
| | Almost Never | 1 | 6.25 |
| Total | 16 | 100.00 | |
| I am happy with the way things turn out | Sometimes | 4 | 25.00 |
| | Often | 9 | 56.25 |
| | Very Often | 3 | 18.75 |
| | Total | 16 | 100.00 |
| I consider myself to be | Usually Pessimistic | 1 | 6.25 |
| | Sometimes Pessimistic | 3 | 18.75 |
| | Usually Optimistic | 10 | 62.50 |
| | Always Optimistic | 2 | 12.50 |
| | Total | 16 | 100.00 |
| I am ___ with my outlook on life | Dissatisfied | 1 | 6.25 |
| | Satisfied | 9 | 56.25 |
| | Very Satisfied | 6 | 37.50 |
| | Total | 16 | 100.00 |
| I am satisfied with the way things are | Sometimes | 7 | 43.75 |
| | Often | 7 | 43.75 |
| | Very Often | 2 | 12.50 |
| | Total | 16 | 100.00 |
| I am pleased with my daily activities | Sometimes | 2 | 12.50 |
| | Usually | 10 | 62.50 |
| | Always | 4 | 25.00 |
| | Total | 16 | 100.00 |

APPENDIX K
RESPONDENTS' LIFE SATISFACTION IN THE
ELDERLY SCALE SCORE

Respondents' Life Satisfaction in the Elderly Scale Score

| Domain | Score | Frequency | Percent |
|-----------------------|-------|-----------|---------|
| <u>Daily Activity</u> | | | |
| | 13 | 1 | 6.25 |
| | 17 | 1 | 6.25 |
| | 18 | 6 | 37.50 |
| | 19 | 3 | 18.75 |
| | 20 | 3 | 18.75 |
| | 21 | 1 | 6.25 |
| | 22 | 1 | 6.25 |
| | Total | 16 | 100 |
| <u>Meaning</u> | | | |
| | 16 | 1 | 6.25 |
| | 18 | 2 | 12.50 |
| | 19 | 2 | 12.50 |
| | 20 | 2 | 12.50 |
| | 21 | 5 | 31.25 |
| | 22 | 2 | 12.50 |
| | 23 | 1 | 6.25 |
| | 24 | 1 | 6.25 |
| | Total | 16 | 100 |
| <u>Goals</u> | | | |
| | 16 | 1 | 6.25 |
| | 17 | 4 | 25.00 |
| | 18 | 1 | 6.25 |
| | 19 | 5 | 31.25 |
| | 20 | 1 | 6.25 |
| | 21 | 3 | 18.75 |
| | 23 | 1 | 6.25 |
| | Total | 16 | 100 |
| <u>Mood</u> | | | |
| | 15 | 1 | 6.25 |
| | 17 | 2 | 12.50 |
| | 18 | 1 | 6.25 |
| | 19 | 3 | 18.75 |
| | 20 | 3 | 18.75 |
| | 21 | 1 | 6.25 |
| | 22 | 2 | 12.50 |
| | 23 | 2 | 12.50 |
| | 24 | 1 | 6.25 |
| | Total | 16 | 100 |
| <u>Self Concept</u> | | | |
| | 16 | 3 | 18.75 |
| | 17 | 4 | 25.00 |
| | 18 | 4 | 25.00 |
| | 19 | 1 | 6.25 |
| | 21 | 3 | 18.75 |
| | 23 | 1 | 6.25 |
| | Total | 16 | 100 |

| Domain | Score | Frequency | Percent |
|--------------------------------|--------------|-----------|------------|
| <u>Health</u> | | | |
| | 11 | 3 | 18.75 |
| | 13 | 2 | 12.50 |
| | 14 | 1 | 6.25 |
| | 15 | 2 | 12.5 |
| | 17 | 4 | 25.00 |
| | 18 | 1 | 6.25 |
| | 21 | 3 | 18.75 |
| | Total | 16 | 100 |
| <u>Finances</u> | | | |
| | 11 | 1 | 6.25 |
| | 14 | 1 | 6.25 |
| | 17 | 2 | 12.50 |
| | 18 | 3 | 18.75 |
| | 19 | 5 | 31.25 |
| | 20 | 2 | 12.50 |
| | 21 | 1 | 6.25 |
| | 24 | 1 | 6.25 |
| | Total | 16 | 100 |
| <u>Social Concept</u> | | | |
| | 15 | 1 | 6.25 |
| | 18 | 3 | 18.75 |
| | 19 | 3 | 18.75 |
| | 20 | 2 | 12.50 |
| | 21 | 3 | 18.75 |
| | 22 | 3 | 18.75 |
| | 23 | 1 | 6.25 |
| | Total | 16 | 100 |
| <u>Total Life Satisfaction</u> | | | |
| | 130 | 1 | 6.25 |
| | 140 | 1 | 6.25 |
| | 142 | 2 | 12.50 |
| | 145 | 2 | 12.50 |
| | 147 | 1 | 6.25 |
| | 150 | 2 | 12.50 |
| | 151 | 1 | 6.25 |
| | 152 | 1 | 6.25 |
| | 159 | 1 | 6.25 |
| | 160 | 1 | 6.25 |
| | 161 | 1 | 6.25 |
| | 162 | 1 | 6.25 |
| | 166 | 1 | 6.25 |
| | Total | 16 | 100 |

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Cherie Barnstable & Samantha Lillo

2. Data Entry and Analysis:

Team Effort: Cherie Barnstable & Samantha Lillo

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Cherie Barnstable & Samantha Lillo

b. Methods

Team Effort: Cherie Barnstable & Samantha Lillo

c. Results

Team Effort: Cherie Barnstable & Samantha Lillo

d. Discussion

Team Effort: Cherie Barnstable & Samantha Lillo