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Primary Group Contact and Elderly Morale: An Exchange/Power Analysis

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PRIMARY GROUP CONTACT AND ELDERLY MORALE: AN EXCHANGE/POWER ANALYSIS*

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ABSTRACT

Using a sample of 757 middle-aged and older residents of the Atlanta metropolitan region, the relationship between primary group contact and morale was investigated. Controlling on sex and dependency, it was found that interaction with children had a negative impact on the morale of dependent, older males. This finding was explained in terms of the power-dependence relationships that exist within the family. It was argued that visits with children and grandchildren are perceived by the dependent older male as a drama in which the ascending generations legitimate their claims to leadership through a gradual process of situation redefinition. One manifest result of having to cede control to his middle-aged offspring is lower morale.

Contrary to what sometimes passes as conventional wisdom, old people do not, for the most part, live a life in isolation from their families. Although it is true that multigenerational households in the United States are not very common, cross-generational kin contact is far from rare. A number of studies, in fact, indicate that interaction among family members (particularly the contact of close kin like parents and children) is a routinized characteristic of everyday life in old age (Adams, 1968; Britton *et al.*, 1961; Rosenberg, 1970; Sussman, 1965; Winch and Greer, 1968). In a large-scale study of old people in three industrialized societies, Shanas *et al.* (1968) reported that 84 per cent of the American respondents had seen at least one of their children the previous week.

It remains unclear, however, whether the frequency of family contact has any impact upon the *quality* of life of its older members. Some research has shown,

*The data on which this research is based were collected in late spring and early summer, 1977. This research was supported by a grant from the Administration on Aging (No.90-A-1010-2). The views expressed are those of the authors.

contrary to expectations, that interaction with children has either no effect (Arling, 1976) or a negative impact on the morale of the older adult (Bell, 1976; Kerckhoff, 1966).

One explanation for these findings is that they are another example of the limitations inherent in the "sentimental" or "utopian" model of family life. In its most extreme form, this model assumes that (1) the family is necessarily and inevitably an arena of love and warmth, a retreat from the stresses and strains of the "outside" world; (2) interpersonal conflict is rare and undesirable in families; (3) status hierarchies and struggles for power are not relevant issues to family members; and (4) there exist "healthy" and "unhealthy" families which are empirically distinct and which, therefore, require separate explanations (see Birdwhistell, 1966; Skolnick, 1978; Sprey, 1969 for criticisms of the model).

There are few, if any, serious scholars who endorse the model in this extreme form. On the other hand, the two conceptual frameworks which most directly contradict the model—namely the conflict and exchange frameworks—while gaining popularity, still are very much minority perspectives. Structural-functionalism, the developmental approach, and symbolic interactionism—frameworks which have a history of ignoring or minimizing the significance of conflict and power in social life—continue to be the approaches which family sociologists are most likely to use (Hays, 1977).¹ But as more studies succeed in probing beyond the idealized front that families create for outsiders, it is becoming increasingly obvious that these three frameworks can not, by themselves, describe or explain the reality of family life. For example, recent studies of family violence, showing that spouse abuse and child abuse are more pervasive than previously believed, point to the fact that conflict and power struggles are not incidental to but are inherent in family systems (Gelles and Straus 1979; Straus *et. al.*, 1980).

The relationship between the older family member and his or her middle-aged children may also be viewed as a process in which the relative power of the members determines the conditions of the exchange (Sussman, 1976; 1977). Income and health, for example, are critical resources, the lack of which places an individual in a disadvantageous, dependent status.² Since old people generally possess fewer of these and other resources which are used as barter in the exchange process (Dowd, 1975), and since power is inversely related to dependency (Emerson, 1962; 1972), intergenerational relationships, including family ties, are often characterized by unbalanced exchange ratios.

A persistent dilemma in the everyday lives of old people is, in fact, the struggle to maintain a sense of independence and control in the face of lowered income and declining physical stamina. The older person who is unable to lead a relatively autonomous life is labelled in some settings "a poor dear," a person who needs to be "taken care of" (Hochschild, 1973; Matthews, 1977; 1979).

Rather than endure the embarrassment or humiliation that frequently accompanies an unbalanced social exchange, many people choose to withdraw or disengage from social interaction.³ In the context of family relationships, however, an unbalanced exchange ratio may persist due to the "permanent" bond that

presumably exists among family members. Although "locked into" the kin network, many old people do in fact try to minimize the costs associated with dependency by insisting that they live apart from their children. But even *visits* from one's children may be problematic since they constitute occasions during which the older person's dependent status and inability to reciprocate meaningful rewards may become salient issues. A visit, though well-intentioned, may be the occasion during which the older person's dependence emerges as a pivotal source of identity and which, as a result, actually serves to decrease the morale of the older person.

The objective of the present research is to directly address this issue by investigating the linkage between primary group interaction and morale with particular emphasis on the potential impact of dependency as a contingent or qualifier variable. By so doing, we empirically assess the *relative* importance of both family interaction and dependency on morale, an assessment that heretofore has not been made. Previous research in this area has been unable to make the necessary comparisons due to either inadequate statistical controls or insufficient sample heterogeneity (cf., Arling, 1976; Kerckhoff, 1966). We anticipate that interaction with children will have a positive effect on morale only for those respondents who are able to retain a sense of autonomy and degree of control in their daily lives. Conversely, the morale of dependent older people will be negatively affected by primary group contact.

METHODS

Research Design

The data to be presented were collected as part of a larger study on socialization to old age. The sample consists of 920 residents of the Atlanta Metropolitan Area (Fulton, Dekalb, and Cobb Counties), aged 50 to 80. The communities in which interviews were conducted were selected with probabilities proportionate to size; the resulting sample is representative of residents, aged 50 to 80, of the three county area of which Atlanta is part. All interviews were conducted during the period April-July, 1977. Distribution of respondents in the sample by age, race, and sex is given in Table 1.

Table 1. Sample respondents by age, race, and sex.

| SEX | RACE | AGE | | TOTAL |
|--------|-----------|--------------|--------------|-----------------|
| | | 50-64 | 65-80 | |
| MALE | White | 162 (141) | 137 (108) | 299 (249) |
| | Non-White | 27 (24) | 26 (21) | 53 (45) |
| | White | 195 (173) | 223 (183) | 418 (356) |
| FEMALE | Non-White | 71 (61) | 63 (46) | 134 (107) |
| | TOTAL | 455 (385) | 449 (372) | 904* (757)** |

* 16 respondents either refused or were unable to answer the question asking date of birth.

** Figures in parentheses indicate the number of respondents in each category who had children and who, therefore, actually entered the major analysis.

Almost 20% of the sample identified themselves as black while most of the remainder identified themselves as white. The sample also includes seven American Indians, one Latino, and one Asian American. Total 1978 income varied considerably, with the largest numbers of respondents (17.5%) reporting total incomes of \$10,000 to \$14,999. Education also varied in a manner typical of these age cohorts: 32% reported some grade school (one to eight years), 36% attended high school (nine to twelve years), and 32% reported education beyond the high school level. For the present analysis, only those respondents with living children are included as the focus is frequency of *family* contact. This final subsample included 757 of the original 920 respondents.

Measurement

As indicated above, our objective is to investigate the possible specifying effects of dependency on the relationship between primary group contact and morale. These three major variables were measured as follows:

1. *Dependency*. Self-assessed health is used to measure dependency in this analysis. Although dependency may be defined by factors other than the condition

of one's health, we believe that self-assessed health serves as a reasonable proxy in the present research. Poor health indicates a lack of exchange resources and a need to be "take care of."

As conceptualized by Emerson (1962; 1972), dependency is a *relational* characteristic rather than an individual one. An individual who is relatively dependent upon an exchange partner in one relationship may be relatively less dependent (and, hence, more powerful) than another partner in a second relationship. The construction of the ideal measure of dependency, then, would require information of the individual's social network, that is, the individuals involved, the resources exchanged with each, and the rates at which resources are exchanged (Dowd, 1980). Only in this manner can power and dependency be measured directly. Lacking such data, however, it is still possible to measure dependency *indirectly*. Three conditions must be satisfied: (1) there should be direct evidence that a relationship exists between the respondent and a second person; (2) the variable(s) used to measure dependency should refer to an individual characteristic or resource the possession of which is considered desirable and the lack of which imposes hardships on the individual in social interaction; and (3) the variable should be one on which differences between the two exchange partners may be presumed to exist.

The present study employed a cross-sectional research design with data collected at the individual, and not the social interactional, level. Consequently, the social network analysis described above is not possible. However, using a measure of self-assessed health, we are able to measure dependency indirectly. The focus of this study is primary group contact and its effect on morale. We know that the respondents included in this analysis are involved in primary relationships because of their status as parents or grandparents. Thus, the first condition stated above is satisfied. Using *health* as a proxy for dependency also meets the second condition mentioned above. Poor health imposes hardships on an individual that oftentimes places the person in a situation of requiring the assistance of others in order to accomplish the many tasks and chores of daily living. On a different level, health is often considered a necessary prerequisite for incumbency in positions of power or authority. The *failing* of one's health, concomitantly, often presages a loss of power and, for this reason, is often concealed or disguised by those so afflicted. Health also satisfies the third condition set above. Those individuals in poor health (the *dependent* respondents) presumably interact with children or grandchildren whose health is relatively superior. While information on the health of the respondent's children and grandchildren is unavailable, the well-documented inverse relationship between age and quality of health suggests that this assumption is justified.⁴ That is, in most cases, the health of the child and grandchild will be better than that of the older person who assesses his or her own health as poor (and who, therefore, is defined as dependent).

2. *Frequency of Primary Group Contact.* This variable includes measures of the frequency with which the respondents see their children and grandchildren. Separate questions were asked pertaining to each of these referents. The form of the question was similar in each case and can be summarized as follows: "Generally, how often do you see any of your (grandchildren)? Do you see them daily, weekly,

monthly, yearly, or less than that?" Additional codes were added to account for those who report seeing their family or friends "several times a week" or "several times a month."

The two variables measuring frequency of contact with children, each ranges from a low of *one* (sees the child, grandchild, or friend less than once a year) to *eight* (sees the person on a daily basis). If children or grandchildren were living in the same household as the respondent, the maximum code of eight was given. If the respondent reported variable levels of contact with two different children, for example, the code corresponding to the greater frequency of contact was given.

There was considerable variation on each of the two variables measuring frequency of primary group contact, although the modal response pattern was clearly towards the higher end of the range. For those respondents with children, for example 66.7% see them at least weekly and over one-fourth (27.8%) either live with their children or see them on a daily basis. For those with grandchildren, over half (56.8%) see them at least weekly and 18.3% either live with their grandchildren or see them daily.⁵

3. *Morale.* The measure of morale used in this research is a modified version of the Philadelphia Geriatric Center (PGC) Morale Scale (Lawton, 1975). The overall index was constructed by summing responses across 14 items, 13 of which were derived from the PGC scale.⁶ This index has a possible range from zero to a maximum of 28. The mean morale score for respondents in this sample was 17.0 with a standard deviation of 5.42. This summary measure has an alpha reliability coefficient of .824. The actual items used to measure are listed in the Appendix.

Also entering the analysis as control variables are race, income, sex, and age. Because of the probability that the effects of dependency are mediated by prior social learning, particularly the learning involved in socialization to specific age and sex roles, these latter two variables will be physically controlled throughout the analysis.

RESULTS

The analysis that follows is addressed to an empirical examination of the traditional assumption that primary group contact, especially contact with one's children and grandchildren is positively associated with morale. We are particularly interested in seeking answers to the following questions:

- (1) Is family contact associated with morale for middle aged and older men and women?
- (2) Does the level of dependency of the older respondents mediate the relationship between contact and morale such that, for high dependency respondents, contact may be *negatively* associated with morale?
- (3) Is the effect of dependency on the contact-morale relationship similar for various groups within the population sampled (men and women, for example)?

To answer the first question—whether contact is associated with morale—mean morale scores are broken down by level of contact with children for various sample components. These data are reported in Table 2. Overall, frequency of contact with children is not significantly associated with morale, though some consistent patterns do emerge. For almost all groups listed in Table 2, those who report seeing any of their children on a *yearly* basis have the *highest* morale. The only exception to this occurs among those respondents with incomes greater than \$10,000; in this group, respondents reporting yearly contact have the second highest morale. Another interesting finding from these data involve the respondents with *low* morale. Respondents with the lowest level of contact with children (“less than

Table 2. Morale by Contact with Children and Background Variables

| FREQUENCY OF CONTACT WITH CHILDREN | AGE | | GENDER | | RACE | | INCOME | |
|------------------------------------|-------|-------|--------|--------|-------|-------|------------------|---------------------|
| | 50-64 | 65-80 | Male | Female | Black | White | Less than 10,000 | Greater than 10,000 |
| Less than yearly | 18.6 | 19.1 | 17.7 | 19.8 | 16.7 | 20.2 | 17.5 | 24.7 |
| Yearly | 24.4 | 22.8 | 23.9 | 23.4 | 23.7 | 23.7 | 22.7 | 24.3 |
| Several times each year | 21.7 | 21.2 | 21.9 | 21.1 | 19.4 | 21.7 | 19.9 | 23.1 |
| Monthly | 22.6 | 18.6 | 22.3 | 18.6 | 12.2 | 21.0 | 18.6 | 21.5 |
| Weekly | 21.7 | 20.4 | 21.0 | 21.1 | 17.4 | 21.7 | 20.0 | 22.2 |
| Several times each week | 22.4 | 19.8 | 22.1 | 21.0 | 18.5 | 22.0 | 20.6 | 22.1 |
| Daily | 21.4 | 19.4 | 20.1 | 20.7 | 18.5 | 21.1 | 18.8 | 22.5 |
| Totals | 21.8 | 20.0 | 21.0 | 20.8 | 18.3 | 21.6 | 19.5 | 22.5 |
| N | 391 | 357 | 292 | 456 | 148 | 600 | 399 | 349 |
| Probability | NS | NS | NS | NS | NS | NS | NS | NS |

yearly”) generally report low levels of morale. With the previously mentioned exception of the high-income group, the morale of those respondents who report seeing their children less than yearly is either the lowest or second lowest score for all sample groups. Thus, while there is no linear increase in morale with increasing level of contact with children, the observed distribution of morale scores suggests that frequency of contact with children may be a component of another (unmeasured) variable, such as family cohesiveness, that is positively associated with morale. Interacting rarely, if ever, with one’s children, is associated with poor morale. Conversely, however, *continual* interaction with one’s children seems neither positively nor negatively associated with morale. Those respondents with the highest morale are those who report seeing their children only once a year. Given that many children live considerable distances from their aging parents, yearly visits may indicate the continued viability of these families.

Additional information on the effect of family contact on the morale of older people may be gained as we inquire into the possible mediating effects of dependency. To address the second and third questions posed above, we regress morale on frequency of interaction with children (and, in a second analysis, frequency of interaction with grandchildren), sex, dependency (as indicated by health) and the interaction of these variables. The form of this regression equation is:

$$Y = a + b_1A + b_2B + b_3C + b_4AB + b_5AC + b_6BC + b_7ABC$$

where Y = morale, A = contact with children (or grandchildren), B = sex (coded 1 for males, 0 for females) and C = health (coded 1 for poor health, 0 for fair to excellent health). To test for the possibility that the entry into old age, conventionally defined as 65, may change the perception of dependency and, as a result, serve to alter the effect of dependency in the contact/morale relationship, the regression analysis is run separately for respondents on each side of the age 65 boundary. The results of these analyses are presented in Table 3.

Table 3. Regression of Morale on frequency of contact with children and grandchildren, health, gender, and interaction terms.^{ab}

| Sample | Independent Variable ^c | | | | | | | Constant | R ² |
|----------------------|-----------------------------------|-----------------|--------------------|------------------|------------------|------------------|--------------------|----------|----------------|
| | X ₁ | X ₃ | X ₄ | X _{1,3} | X _{1,4} | X _{3,4} | X _{1,3,4} | | |
| Total Sample (N=747) | -.04 (-0.13) | .07 (0.90) | -.92*** (-15.5) | -.06 (-0.13) | .48** (1.19) | .33** (8.12) | -.29* (-1.05) | 22.99 | .202 |
| 50-64 (N=390) | -.08 (-0.25) | -.05 (-0.58) | -.84*** (-13.9) | .02 (.05) | .44* (1.05) | -.08 (-2.02) | .09 (.33) | 24.6 | .199 |
| 65-80 (N=357) | -.01 (-0.02) | .18 (2.35) | -.97*** (-16.1) | -.16 (-0.33) | .48* (1.20) | .75*** (18.6) | -.68*** (-2.56) | 21.3 | .252 |
| Sample | X ₂ | X ₃ | X ₄ | X _{2,3} | X _{2,4} | X _{3,4} | X _{2,3,4} | Constant | R ² |
| | Total Sample (N=629) | -.02 (-0.07) | -.00 (-0.00) | -.01 (-12.3) | -.01 (-0.03) | .30* (0.78) | .21 (5.03) | | |
| 50-64 (N=304) | -.09 (-0.28) | -.00 (-0.04) | -.74*** (-12.0) | -.02 (-.05) | .37 (.92) | -.16 (-3.83) | .19 (.70) | 24.5 | .186 |
| 65-80 (N=325) | .01 (0.03) | -.03 (-0.42) | -.78*** (-12.7) | .02 (.06) | .26 (.67) | .64** (15.18) | -.54** (-2.17) | 21.4 | .243 |

a. Standardized regression coefficients; unstandardized coefficients in parentheses.

b. Significance levels are indicated by asterisks: *** = .001; ** = .01; * = .05.

c. Variables are labelled as follows: X₁ = frequency of contact with children; X₂ = frequency of contact with grandchildren; X₃ = males; X₄ = poor health.

The regression coefficients in Table 3 indicate that, regardless of the respondent's background characteristics, poor health is associated with low morale. That is, the main effect of health on morale is significant. However, because of the presence of significant interaction effects, this finding is misleading. The interaction terms involving health, or dependency, are also significant suggesting that, for some sample respondents, poor health detracts from a sense of morale or life satisfaction while, for others, it is associated with high morale. An analysis of the interaction terms in Table 3 allows us to construct a somewhat surprising explanation for the effects of primary group contact and dependency on morale.

The data from the overall analysis suggests that poor health is not injurious to the morale of all respondents but specifically affects the morale of males. But not all males, just those who have frequent contact with their children ($X_{1.3.4} = -.29$, $p < .05$). The positive coefficients for the two-way interactions of health with gender and health with frequency of contact suggests that males in poor health generally do not suffer from lower morale. Neither do males or females in poor health who see their children frequently. It is the conjoint influence, rather, of being male, in poor health (or dependent), and having frequent contact with children that seems to be associated with lower morale. The age analysis, also reported in Table 3, clarifies these relationships further. The age of the respondent apparently is a significant factor in explaining the distribution of morale scores within our sample. For younger respondents (aged 50 to 64), gender is insignificant. Poor health generally lowers morale except for those who maintain high levels of contact with children and grandchildren, especially children ($X_{14} = .44$, $p < .05$). For older respondents (aged 65-80), however, gender does play a significant role. For older males in poor health, frequent contact with children and/or grandchildren is associated with low morale ($X_{1.3.4} = -.68$, $p < .001$; and $X_{2.3.4} = -.54$, $p < .01$). A comparison of mean morale scores between groups of older, dependent men with infrequent vs. frequent contact with their children shows the infrequent contact group to have significantly higher ($p < .001$) morale than the frequent contact group (17.2 vs. 11.9)⁷

DISCUSSION

The question that now must be raised is why does dependency so negatively affect that morale of older males with frequent levels of primary group contact? The answer may lie in a consideration of the social meanings attached to *retirement* and to the status of *head of household*. For males, particularly the men in the cohorts studied here (that is, born between 1897 and 1927), all of whom fathered at least one child, their privileged status in the family as "head of household" derives largely from their occupational roles that enable them to be their families' "breadwinner." For women, and for males not yet retired, the increased dependency brought about by illness or accident is not necessarily injurious to morale insofar as the individual is able to maintain contact with helpful significant others, such as family members. Frequent contact with family members during a period of illness is likely to be perceived by the dependent middle-aged person as necessary,

and helpful. In support of this, we found that interaction between contact with children and poor health ($X_{1,4}$) within the 50-64 year old sample segment was positively associated with morale ($p < .05$).

However, for older males in poor health the situation is considerably changed. Whereas it may be important for family stability that the sick or incapacitated middle aged male recuperate as quickly as possible in order to return to work, no such urgency is likely to exist for the incapacitated *retired* male. His illness, coupled with his retirement, deprives the older male of two essential power resources: his strength and his income. The confluence of losses for the older male rob him of his privileged traditional role as *head* and, therefore, render the interaction with formerly inferior role partners (his children) much more problematic.

How else can these disturbing findings be explained? The key to our argument lies in the nature of generational relationships. The social interaction between generations involves a devolution of authority from the now-retired older worker to his middle-aged successor. A significant event in this process of succession is retirement. Our data suggest that the onset of labor force retirement serves to symbolize a simultaneous shift in role definitions within the family. The former worker's privileged status as "breadwinner" no longer applies. In fact, since men in this society principally secure and maintain their adult status by working (Rossi, 1968), retirement (and associated income loss) removes an important source of the male's power within the family. Consequently, his claim to his former position of "head of household" becomes tenuous and increasingly difficult to legitimate. Frequent visits from his grown children may, in fact, constitute occasions during which a ritual of "ceding control" is worked out (Gross and Stone, 1964; Lemert, 1962; Lindesmith, *et al.*, 1977). In other words, occupational retirement may precipitate a family drama in which the middle aged ("ascending") generation assumes leadership through a gradual process of redefining the former "provider" as non-productive and, therefore, dependent. That this process is not entered into voluntarily by the older male is evidenced by the negative association of morale with primary group contact.

SUMMARY AND CONCLUSIONS

Using a sample of 748 middle-aged and older residents of the Atlanta metropolitan region, the relationships between primary group contact and morale was analyzed. The hypothesis to be tested in the research was that the effect of primary group contact on morale varies depending upon the relative power (and, consequently, relative dependency) among the generations. The data reported here partially supports this conclusion as frequency of primary group contact was found to be negatively correlated with morale among dependent older males but not among older males who were relatively independent.

These findings were explained in terms of the power-dependence relationships that exist within families. It was argued that social interaction affects morale negatively during periods in which existing role relationships and associated exchange ratios become salient issues and, hence, are vulnerable to renegotiation. It was observed that the morale of dependent older males who reported frequent contact

with children and grandchildren was significantly *lower* than the morale of those reporting only infrequent family contact. Considering that the dependency of males in this age range develops in a context of vulnerability produced by labor force retirement, it was argued that visits with children and grandchildren are perceived by the older person as a drama in which the ascending generations legitimate their claim to leadership through a gradual process of situation redefinition. The older male, lacking the power formerly possessed as "breadwinner," is forced to comply with his children's tacit suggestions that their roles be reversed. One manifest result of "ceding control" to his middle-aged offspring is a lower life satisfaction for the older male. While this argument is certainly speculative as the survey methodology employed in this research did not permit direct observations of either role reversal or generational succession, our interpretation is consistent both with the data presented here and with the predictions of exchange theory.

Whether the relationship between dependency, primary group contact, and morale holds in other societies is, of course, an empirical question. However, following the lead of those who have examined marital power in a cross-cultural context (Rodman, 1967; 1972), we would hypothesize that normative prescriptions for age stratification specify or qualify the effect that dependency has on power. Strong norms governing power relations in age-heterogeneous situations—whether of filial respect or of direct egalitarianism—would diminish the importance of dependency as a specifying variable. Weaker norms, however, which are probably found in most societies, would make dependency an important specifying variable in the relationship between primary group contact and morale.

FOOTNOTES

¹"Sentimental" assumptions are only stated implicitly. For example, a recent and very popular textbook (Goodman and Marx, 1978) subsumes its discussion of power in family life under the heading, "Role Disturbances Between Husband and Wife."

²While income and health are certainly among the more important resources for older (as well as younger) persons, they are not the only commodities that can be used as barter in social exchange. Blau (1964) notes that nonmaterial resources such as compliance, esteem, and approval frequently serve the same function. For a detailed discussion of the nature and types of power resources, see Dowd (1980).

³Sarah Matthews (1976), in her perceptive essay on elderly widows, defines this tactic of leaving the field of social interaction as "negotiation by default."

⁴Income, on the other hand, while satisfying the second condition stated above does not satisfy the third. We have no firm reason to assume that the income of children sufficiently exceeds the income of the older respondent so as to constitute a source of power and dependency. We cannot arbitrarily define the low-income respondent as *dependent vis-a-vis* his or her adult child since it is not unlikely the income of the child may also be low and, considering the grandchild relationship, it becomes even more hazardous to use income as a measure of dependency.

⁵Previous research that has attempted to assess levels of intergenerational relations with measures of frequency of contact similar to those used here has been justly criticized for its failure to consider telephone communication as a viable means of contact. In the present research telephone communication was omitted from the measure of frequency of contact only

because we wished to focus directly on the effects of *face-to-face* contact on morale. The question of whether telephone contact may also have a variable effect on morale for different categories of dependency is a legitimate research question but one which we are unable to answer in this paper. It should be noted, however, the estimates of primary group contact obtained from the present sample using the measures of face-to-face contact, (excluding telephone contact), while certainly lower than those derived from measures that include telephone calls in addition to face-to-face contact, are quite high nonetheless. It is very unlikely, then, that the estimates of contact used here underestimate in any significant sense the amount of contact one would observe if the measure specified *either* telephone communication *or* face-to-face contact.

⁶Three of the 17 PGC scale items were dropped primarily due to redundancy ("I take *things* hard," "Little *things* bother me more this year," or "As I get older, *things* are better/worse than I though they would be"). Some of the items that are included on our revised index sufficiently approximate the deleted items so as to warrant the shortened version (for example, "Things keep getting worse as I get older"). A fourth item ("I see enough of my friends and relatives") was also dropped since primary group contact is the major independent variable in this analysis.

⁷The comparison of mean morale scores are not presented here due to space limitations. Readers may obtain copies of these figures from the senior author.

APPENDIX: VARIABLES

1. Morale. The 14 items are as follows:
 - a. I have a lot to be sad about.
 - b. I sometimes feel that life isn't worth living.
 - c. I sometimes worry so much that I can't sleep.
 - d. I am afraid of a lot of things.
 - e. I feel bored now more than I used to.
 - f. I get upset easily.
 - g. Things keep getting worse as I get older.
 - h. I have as much pep as I did last year.
 - i. As you get older you are less useful.
 - j. Life is hard for me most of the time.
 - k. I get mad more than I used to.
 - l. I am as happy now as when I was younger.
 - m. Do you often feel lonely?
 - n. Are you satisfied with your life today?

Items were coded such that a response indicating high morale was scored 2; a "depends" response was scored 1; and a response indicating low morale was scored 0.

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