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EFFECTS OF AN INTERGENERATIONAL PROGRAM ON CHILDREN'S
AND TEACHERS' ATTITUDES TOWARDS AGING AND SENIORS'
ATTITUDES TOWARDS VOLUNTEERING IN THE SCHOOLS

by

Mary Feniak

Submitted to the Faculty of Graduate Studies and Research
Through the Faculty of Education in Partial Fulfillment
of the Requirements for the Degree of Master of
Education at the University of Windsor

Windsor, Ontario, Canada

1993

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ABSTRACT

The purpose of this study was to examine the effectiveness of an intergenerational program on children's and teachers' attitudes towards aging and seniors' attitudes towards volunteering in the schools. Nineteen children from two junior division classrooms in a rural elementary school were compared to 20 children from two different junior classrooms in the same school. The Children's Attitudes Towards the Elderly instrument (CATE) (1976) was used to measure attitudes towards aging. Four measurement techniques were used: open ended questions, a picture series, a semantic differential, and a Piaget based technique to determine a child's concept of age. A two way analysis of variance was computed using group (experimental and control) with test (pretest and posttest). The results showed no significant differences. Six teachers completed a pretest and posttest questionnaire based on Palmore's Revised Facts on Aging Quiz (1980). One way analyses of variance were computed using test time (pretest and posttest). No significant differences were found. Seniors completed a pretest and posttest questionnaire to examine their attitudes towards volunteering in the school. The results indicated that they found volunteering a worthwhile experience. More research is needed to examine the effectiveness of intergenerational programs on children's and teachers' attitudes towards aging.

ACKNOWLEDGEMENTS

While working with seniors, I have come to believe that seniors have much to contribute to children in the community. Seniors have expressed concern about the problems that children face today and want to play an active role in guiding and helping them.

When working in the community as a public health nurse, I saw first hand the demands and pressures experienced by teachers. One way to provide resources to the schools was to bring the teachers and seniors together to collaboratively plan and implement an intergenerational program.

Judy McLaughlin was essential in the planning, implementing and completion of this project. Her expertise as an educator, her leadership, organizational skills, knowledge, commitment to the project and above all her sense of humour were an integral part of the success of the project. Organizing the schedule and classroom activities took Judy a great deal of time and energy.

After taking Dr. Ball's course on planned change and hearing him discuss his ideas and experience with global education, I decided to pursue this project. Dr. Morton challenged me to apply statistical measurement in my work. Both Dr. Ball and Dr. Morton were willing to take responsibility for overseeing this project. They have been tolerant, supportive and helpful throughout this past year.

There were many times when we inundated them with tables and text. Out of our total confusion, they provided order and clarity.

Jim Larocque from the Lambton Health Unit kept us on track. We relied on his help and assistance with the computer and statistical procedures. His patience and persistence with two computer illiterates was remarkable. When we didn't understand, he tried to explain and help us make sense out of all the tables and figures.

A special thanks must go to the staff, parents, students and seniors from the school and community. The staff very willingly agreed to take on this project and spent time planning, organizing and carrying out the activities within their classroom in collaboration with the seniors. The seniors, as well, were tremendous. Their enthusiasm and commitment to the project was overwhelming. They organized activities, brought in displays and artifacts and gave of their time and energy to work with the children. The positive response of the children was proof of the value of the project.

The last acknowledgement must go to my family. Without their love and support, I could never have completed this thesis. Alison, my daughter, provided a sounding board and critiqued our work even when we didn't want to hear it.

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CHAPTER I

Introduction

This project is a product of a joint study co-authored with Judy McLaughlin to investigate the effects of an intergenerational program on children's and teachers' attitudes towards aging and on seniors' attitudes towards volunteering in schools.

The elderly population is growing both proportionately and numerically. By the year 2006, this population will have increased by fifty one percent from 1981 (Ontario Gerontological Association, 1988). By the year 2013, the number of people aged 65 or over will represent sixteen to twenty per cent of Ontario's total population (Shipman, 1985). Accompanying this increase in the percentage of the older population, the population under 20 is decreasing (Southall, 1984).

Tax coalition groups are becoming more vocal in their demands for reduced government spending. In the future, different interest groups will be vying for money that is less available (Shipman, 1985). With a larger elderly population there may be pressure to transfer resources from the education of the young to the care of the elderly. A smaller work force will have to pay higher taxes to cover the costs of pensions and meet the needs of an expanding senior population. A concerted effort on the part of all

society will be needed to reduce competition for government money and to increase understanding of the needs of these different interest groups.

Children are growing up with little contact with the elderly and therefore have a limited understanding of elderly people. The demise of the extended family has resulted in many children not experiencing a caring relationship with an older person. We live in an age-segregated society (Seefeldt, Bredekamp, Jantz, & Serock, 1982). Consequently, most children are ignorant of the process of aging and have a distorted view of what older people are like and how they live. Several negative myths and stereotypes exist about the elderly. They are seen as useless, slightly stupid and the reasonable object of pity (Southall, 1984). By the age of eight, most children have internalized negative attitudes about old age and the elderly (Page, Olivas, Driver, & Driver 1979).

Schools have the opportunity to play an increasingly important role in educating children about aging and the elderly. Intergenerational programs provide a vehicle for debunking some of the existing myths by providing opportunities for children to relate positively to older people. These programs may also help to improve community relations as well as highlighting older people as valuable human resources. Learning outcomes of children may also be

positively affected as a result of the interactions with seniors. Seniors' attitudes in regard to their own value and their worth to the local community, schools and children may be positively enhanced.

Purpose of the Study

The purpose of the study was to examine the effects of an intergenerational program on children's and teachers' attitudes towards aging and on seniors' attitudes towards volunteering in schools.

Review of the Literature

Aging and age have many different meanings. Age may be defined as the length of one's life in years. Aging may be defined as the events and phenomena found in later life or the changes within individuals over time. It is a dynamic process of physical, psychological and social adaptations, and changes that occur throughout the life span (Marshall, 1987; Novak, 1988). The aging process occurs not only within individuals but between individuals and cohort groups (McPherson, 1990).

Aging of a society from an historical perspective indicates dramatic shifts in not only the meaning of aging but the status of the elderly and their impact on society (Novak, 1988; Levin & Levin, 1980).

In early agrarian societies the elderly held influential social, political and religious positions. They

had knowledge, experience, and owned land (a source of power) and were respected in their communities. As they became frail or ill their role diminished and the ownership of land was passed on to their sons (Levin & Levin, 1980; McPherson, 1990; Murphey, Myers, & Drennan, 1982).

As preindustrial and industrial societies developed the status of the elderly changed. For example, as education and literacy increased in society the value placed on the elders' knowledge and experience decreased. The young got better jobs and consequently had more status and power. The population shift to urban life reduced the control of land by the elderly. Mandatory retirement also affected the social status and until recently the standard of living of the elderly (McPherson, 1990; Levin & Levin, 1980).

Since World War II, the changes within the family system from extended to mobile nuclear and single parent families have increased the trend of seniors living independently and eventually seeking institutional care (Marshall, 1987; Novak, 1988; Peacock & Talley, 1984). The family's experience with the elderly has changed over time. It has become more limited, and as a result, attitudes and perceptions of the elderly may not be accurate (Marshall, 1987).

The life expectancy of Canadians has increased by approximately 10 years over the past decade (Ontario

Gerontological Association, 1990), with the fastest growing segment of the population being those 85 years of age and older. Statistics Canada estimate there will be a 137% increase in the group of 85 years of age and over (the old-old) by the year 2021. When this segment of the population includes the aging of the baby boomers, the proportion of senior citizens will rise sharply to 20% of the total population (Ontario Gerontological Association, 1990; Gutman, 1981; McPherson, 1990; Novak, 1988). See Appendix A for population projections.

Palmore (1980) states that these statistics will have an immense impact on the services, resources and structure of our society as one in four people will be 65 years of age or older. The cohort group of those 75 to 84 years of age (the middle-old) will show more health impairments and will have greater need for home support services than the general population (Shipman, 1985). The demand for a greater share of our limited resources will increase competition among the institutions and agencies who depend on tax revenue. An example of this is the competition for funds for day care programs for young children or for the frail elderly, health care or education (Marshall, 1987; Shipman, 1985; Southall, 1984). Those 65 to 74 years of age (the young-old) will also be making demands for new educational and recreational opportunities (Novak, 1988; Southall, 1984).

The dependency ratio of the population will shift gradually as we enter the 21st century. The proportion of workers will decrease compared to an increase in non-workers, this includes children and the elderly (McPherson, 1990; Novak, 1988). The competition for limited resources will be affected by the attitudes, relationships and expectations of all the cohort groups.

Marshall (1987) stated that Canadians will have to plan and initiate creative social policies in order to enable smooth transition into the next century. Lubomudrov (1987) documented that public policy is influenced by legislators' attitudes towards aging.

There is a lack of accessible public information on aging and the aging process as well as decreased opportunities for all younger cohort groups to observe the elderly. These factors have created an environment in which myths have become the basis for beliefs about aging and old people (McPherson, 1990). Palmore (1980) stated that myths can, over time, be accepted as facts which could have a negative influence on the behaviour and expectations of young, middle aged and aged people. Ansello (1978) noted that if as a society we expect aging to be negative then the process will be dreaded.

In 1973, Butler (1973) introduced the term ageism as a process of systematic stereotyping and discrimination

against people because they are old (Palmore, 1980). Ageism as defined by Levin and Levin (1980) is an attitude that predisposes an individual to discriminate against older people. Neuhaus and Neuhaus (1982) have stated that "ageism represents a prejudicial orientation toward the elderly based on misconceptions, half truths and ignorance" (p.241). Palmore (1980) defined ageism as any prejudice or discrimination against or in favour of any age group. Schonfield (1982) defined ageism as being prejudicial and discriminatory.

Ageism consists of the beliefs or stereotypical attitudes held by members of society. Ageism flourishes in industrial societies for many reasons. Mandatory retirement, society's references to lack of productivity, mental decline, conservatism, and sexual decline, when coupled with the change in family structure all contribute to the discrimination and victimization of the elderly (Levin & Levin, 1980; Southall, 1984).

Neussel (1982) discussed the language used to describe the elderly as being negative. It was also sexist in regard to the elderly female. He suggested that there should be guidelines for language used to describe this segment of the population. Palmore (1980) stated the effects on the elderly include loss of self-esteem, mental and physical decline, inactivity, and decreased socialization. He noted

the losses to society, especially to the young, of the wisdom and support of the elderly. Also lost are the experiences of the older persons youth, often in times now considered historical, as well as their experiences of aging (Levin & Levin, 1980; Neuhaus & Neuhaus, 1982; Shipman, 1985).

Peacock and Talley (1984) found that many seniors have accepted the stereotype of the old. Common ways in which seniors may respond to negative stereotypes are: Seniors may accept the stereotype and either accept inclusion in that group (the old), conform or deny affiliation with the old by constantly trying to look and act younger. Some seniors choose to avoid the implications of both the stereotype and their own aging (withdraws, abuses drugs and alcohol, becomes mentally ill). Other seniors accept that they are affiliated with the old but choose to deny the stereotype by challenging society through lobbying, education, and political activity (Ansello, 1978; Levin & Levin, 1980; Marshall, 1987; McPherson, 1990).

Societal costs of not utilizing the human resources of this cohort group in areas such as volunteers or as part time employees has not been estimated. Discussion of the age for mandatory retirement and volunteer work in the community is continuing (McPherson, 1990; Shipman, 1985). As the older population and needs of society increase and

resources shrink, ageism will need to be addressed as negative stereotyping could be a barrier to sharing and utilizing seniors for the benefit of all (Murphey et al., 1982; Novak, 1988; Palmore, 1980; Southall, 1984).

Marshall (1987) states that children's experience with the elderly may be very limited, depending on the amount of interaction they have with their grandparents and extended family. This may result in their having inaccurate images of the old and encouraging stereotyping of the elderly.

In a study done by Allred and Dobson (1987) to determine the change in children's attitudes after contact with the elderly, it was reported that perceptions regarding aging improved slightly. This program paired children with nursing home residents for activities. The results may have been influenced by the mutual friendships and interests which developed over the ten weeks allocated for the study.

In a study by Marks, Newman, and Onawola (1985) cognitive, affective, and conative domains of children's attitudes towards both the elderly and young adults were examined. Results of the Children's Attitudes Toward The Elderly (CATE) questionnaire indicated that children had a negative perception of the aging process. When asked how they thought it felt to be an old person. their responses included terms such as unwanted, helpless, weird, scary, lonely and sad. General perceptions of older people were

positive, as indicated in responses such as kind, happy, and friendly. However, some negative stereotypes existed about old age.

Peacock and Talley (1984) found that elderly age bias begins early in life. In citing a study by Bennett (1976), the authors state that twelve and thirteen year olds have negative attitudes towards the elderly. This may be due to lack of intergenerational contact, changes in family structure and increased family mobility. Further research is needed to identify causes of ageism in young children. In their conclusions, they identified educators as being influential in reducing negative perceptions of aging through the implementation of intergenerational programs.

Murphey et al. (1982) reported in their review of the literature that the way in which attitudes about aging are transmitted is a concern. The way in which the elderly are presented in the media, the lack of interaction between the young and the old have given children limited knowledge and experience with the elderly. This has contributed to children's negative perception of aging.

Page et al. (1981) examined the attitudes of children aged three to 11 years in regard to older people and growing old. The CATE questionnaire was used. Results suggested that of the children interviewed, the attitudes towards the elderly were generally negative and in keeping with the

stereotypical attitudes of the general population. The children reported limited contact with the elderly, shared passive activities with them, and had few ideas of what they could do for them.

A study of attitudes in a multicultural setting in Israel by Bergman and Cybulski (1980) found that children regarded the elderly as a resource for learning. Cultural origins, proximity, and frequency of interactions influenced the children's attitudes positively towards the elderly. They cited the traditional Israeli family structure, proximity and cultural values as having an impact on the value children place on the elderly as a learning resource. They also noted that mutual obligation was more prevalent in the traditional setting whereas reciprocity was more prevalent in the less traditional setting.

A survey by Jantz, Seefeldt, Galpner, and Serock (1977) indicated that older people are generally described by children as being lonely, bored, grouchy, uninterested in life, and inactive.

Hickey, Hickey, and Kalish (1968) in a study of Grade Three children, report that old people are regarded as being feeble and friendly. There was a higher proportion of negative attitudes among the children of low socio-economic background than of middle class background.

Golde and Kogan (1959) tested children's attitudes in a

sentence completion questionnaire and found that they had more negative attitudes towards the elderly as compared to their view of people in general.

Intergenerational programs have existed in Canada and the United States since the late 1960's and early 1970's. These programs "involve the interaction of all age groups, infants to elderly, in a variety of situations at all levels, that provides close communication, sharing of feelings and ideas, and cooperative activity in meaningful tasks" (Peacock & Talley, 1984, pp. 13).

When examining intergenerational programs from an ideological perspective, two contradictory issues have evolved. The first issue is framed in terms of conflict and competition for government funds in a time of diminishing resources (Cohon, 1989). An example of this dilemma is the increasing cost of education versus the increasing cost of health care. The question arises as to where the government will allocate funds, classrooms or hospital beds, text books or drugs, or day care or elder care. This competition discourages collaborative problem solving.

In contrast to this position is the second issue which focuses on the idea of interdependence of generations. Mutual support and dependence between generations for the transmission of culture, services, and knowledge is inherent in this context. A healthy, productive society fosters

mutual support and dependence among cohort groups. There are many opportunities for children and the elderly to interact, support, and share culture and knowledge.

From a theoretical perspective, Cohon (1989) has postulated the notion that intergenerational programs have roots in a number of different theories. These theories include life span developmental theory, theories of aging, as well as child developmental theories.

Erikson (1963) states that children in the industry stage of psycho-social development, depend on adult approval and seek adults other than parents with whom to identify. Piaget and Inhelder (1969) have noted that children in the concrete operational stage of intellectual development begin to reason and think logically. One might expect that they may start to comprehend the concept of aging and its impact on the elderly.

Mannheim and Stewart (1962) and Butler and Lewis (1973) discussed transmission of cultural traditions and the need and desire to leave a legacy as being important. Seniors feel the need to share their experiences with the young. This concern for guiding the next generation involves the acceptance of meaningfulness of one's own life.

Research based on intergenerational programs in dealing with these theories has focused on volunteerism and how it relates to seniors' life satisfaction, self-esteem, general

health/functional status, and socioeconomic status (Cohon, 1989). In this report, it was stated that there is a positive effect on those who are actively involved in and contributing to their community. These seniors feel better about themselves, are healthier, and are more active and independent.

Child development theories also provide a conceptual framework for intergenerational programs. Havighurst (1973) has reported on the movement away from the three generation nuclear family. Increases in the number of single parent families and the breakdown of the extended family demonstrate the need for intergenerational programs as a means of providing opportunities for young and old to interact in meaningful and positive ways. This interaction should contribute to the cognitive and affective development of children.

Project Main in Portland, Oregon, Off Our Rocker in Texas, Celebration of Growing Older and Teaching and Learning About Aging in Boxborough Regional School District in Massachusetts, Age Doesn't Matter in Omaha, Nebraska and Partners at Risk: Elder Mentors and At Risk Youth in Ann Arbor, Michigan are examples of this type of program currently in place in the United States. In fact, Tice (1985) has reported that programs bringing seniors and children together can be found in every state. This

information about intergenerational programs was compiled through surveys by the Center in Support in Intergenerational Education, Service and Research (1985), in Ann Arbor, Michigan.

In Canada, Shipman (1985) reported that nearly three hundred senior citizens were working in Metropolitan Toronto schools. Since that time the North York Board of Education has implemented an intergenerational program for its elementary schools. As well, a number of other boards of education in the province have similar projects in place. A survey of selected intergenerational programs compiled by the Ontario Ministry of Community and Social Services in 1987 indicated that more than 50 intergenerational programs were in place in Ontario. These programs all are aimed at bringing seniors, children and young people together in a number of different locations such as schools, homes for the aged, nursing homes and in seniors' own homes in the community. Examples of these programs as indicated by Shipman (1985) include the 4C Program at McMaster Medical Centre, Students Outreach to Seniors in London, Snow Connections in North York and Senior Tutors Assisting Children (STAC) in Toronto (Office of Senior Citizens' Affairs, 1987).

However, numerous as these programs are, Seefeldt (1987) has reported that research offers inconsistent

findings on the efficacy of these programs and contacts with older people. These inconsistent findings may partly be based on the different research methodologies used.

For the purpose of this study, the following section outlines research that has been conducted to evaluate intergenerational programs. The review includes research involving children as subjects, followed by research involving teachers and their attitudes towards these programs, and finally research which evaluated programs from the seniors' perspective.

Corbin, Kagan, and Metal-Corbin (1987) conducted a research study to evaluate a seven day intergenerational program called Age Doesn't Matter. Quantitative methods were used to describe what occurred on a daily basis between 21 Grade Six children and older participants. The results indicated that the children's global affective perceptions of older adult visitors grew less positive as the program progressed.

Another study by Dellmann-Jenkins, Lambert, Fruit, and Dinero (1986) attempted to change young children's attitudes toward seniors. Although the sample size was relatively small ($n = 30$) and most of the subjects in the control group were female, the findings based on the CATE questionnaire, indicated that interaction with seniors in the classroom did positively change three and four years olds' perception

toward aging and the aged.

Newman (1982) tested effects of consistent social contact with elderly on children's attitudes toward old age.

A program was implemented that involved weekly interaction between seniors and children over a period of two years. Questionnaires, logs and teachers' reports were used to collect information about the program each year. The results indicated a positive change in children's attitudes as a function of contact with the elderly. Children involved in the program for two years showed significantly higher scores than the group involved in the program for one year.

Baggett (1981) used the CATE questionnaire to examine attitude changes of five to nine year old children toward seniors as a result of an intergenerational volunteer program called Off Our Rocker. Results indicated that the experimental group's attitude remained relatively stable. In the control group, there was a significant decrease in negative responses to active things done with the older people. In addition, positive attitudes toward the concept of old were found in the control group. The authors concluded that the program had little or no effect in changing attitudes towards seniors.

Similarly, a study by Allred and Dobson (1987) tried to determine if there was a change in children's attitudes towards aging after intergenerational contact with nursing

home residents. Results indicated only a small positive shift in children's mean scores following intergenerational interaction with nursing home residents.

The CATE questionnaire was used in a study by Davis and Westbrook (1981) to measure the effects of an intergenerational educational program developed for ten and eleven year old students. Results indicated that the experimental group became sufficiently comfortable, familiar and curious about the elderly to increase significantly the percentage of older people they spoke with and interacted with outside the classroom.

Positive results of an intergenerational program were found in a study conducted by Olejnik and LaRue (1979). These results indicated that after two months of intergenerational contact between a group of sixth, seventh, and eighth graders and older people, there was a change in the adolescents' perception of the aged. This perception became less negative and less stereotypical. Girls' perception changed more than boys' and they were more willing to interact with the elderly. The changes were greater among the younger adolescents.

Carney, Dobson, & Dobson (1987) studied the self concept of children and seniors based on a grandparent program in which opportunities were provided for seniors to engage in meaningful activities with children. These

activities included remedial help sharing of stories and helping with arts and crafts projects. Results indicated a significant increase in the mean self concept score from 61.9 to 65.8 for children in Grade Three ($n = 20$) but not for Grade Four ($n = 19$). The Grade Four mean scores decreased from 61.9 in the pretest to 58.3 in the post test ($p < .05$). Self concept was measured by Piers-Harris.

A study was conducted by Public/Private Ventures, a non-profit program development and research organization (Freedman, 1989). The study was designed to provide a better understanding of what happens when older people and academically and socially at-risk youth are brought together. Five intergenerational programs were studied and the benefits to the youth involved were examined. The results indicated that in all five programs, exposure to elders for youths improved the quality of their day to day lives. They also learned a variety of functional skills such as reading and writing as well as computer skills. Seniors helped the adolescents develop a social network.

A review of the existing literature indicates a need for further research into the value and benefits of intergenerational programs in changing children's attitudes towards seniors and the aging process.

Little, if any, formal research has been conducted to evaluate intergenerational programs from a teacher's

perspective. An intergenerational program was initiated by Friedman (1988) in a Grade Four classroom in a school in Westwood, Massachusetts. Teachers in this program informally noted that students grew more responsive and excited about the program as it progressed. Teachers also noted changes in students' attitudes toward seniors. No formal research was conducted on this program.

No literature was found that measured or evaluated a change in teachers' attitudes towards seniors as a result of an intergenerational program.

Limited research has been conducted to evaluate the value of intergenerational programs from a senior's perspective. Carney et al. (1987) used the Purpose in Life (PIL) Scale to measure changes in the seniors' attitudes. Results indicated a significant increase in life satisfaction from the pretest to posttest. It must be noted that a small sample size of 11 seniors was used.

Saltz (1985) reported positive results in a longitudinal quasi-experimental applied research project. This research was based on a Foster Grandparent Program. Statistical analysis of pretest and posttest measures indicated a significant increase for the elderly in the areas of morale, life satisfaction, and life adjustment. A further follow-up seven years later showed that these benefits persisted. Saltz concluded that this program had a

positive impact on the elderly participants.

Marks et al. (1985) conducted a study to measure the effects of a school volunteer experience on 180 senior volunteers. Although there were limitations to this study based on the validity of the instrument used (Questionnaire for School Volunteers), the authors concluded that there was evidence to support the position that the volunteer experience does positively affect the psychological well-being of the seniors involved.

Disch and Moody (1989) carried out an Intergenerational Life History Project between 17 elderly people and 45 young people. Four assessment instruments were used to measure changes in self-esteem and attitudes. These instruments included the Bradburn Affect-Balance Scale (Bradburn, 1969); Rosenberg Self Esteem Scale (Rosenberg, 1965); a six item Trust in Young People Scale and a General Reaction Survey that focused on attitudinal, cognitive, and behavioral changes as a result of the program. Although questions were raised about the reliability and validity of the first two measures, improved self concept was reported for both groups. As well, both groups reported positively on their overall participation in the project.

Further research needs to be carried out to study the value of intergenerational programs from the seniors' perspective.

In summary, this review has found that ageism exists in children as reported in studies by Allred and Dobson (1987), Marks et al. (1985), Peacock and Talley (1984), Page et al. (1981), Bergman and Cybulski (1980), Jantz et al. (1977), Hickey et al. (1968) and Golde and Kogan (1959). In support of intergenerational programs in changing attitudes towards the elderly, positive results were found in studies by Freedman (1989), Carney et al. (1987), Allred and Dobson (1987), Dellmann-Jenkins et al. (1986), Newman (1982), Davis and Westbrook (1981) and Olejnik and LaRue (1981). Negative results were found in studies by Corbin et al. (1987) and Baggett (1981).

For seniors, positive results were found in studies by Cohon (1989), Disch and Moody (1989), Saltz (1985) and Marks et al. (1985) after being involved in the community.

This research would support the predictions that an intergenerational program would ageism in children and teachers and would positively affect seniors' attitudes towards volunteering in schools.

CHAPTER II

Methodology

Setting

The study was implemented in a rural, dual track, French Immersion elementary school of approximately 500 children. This composite school serves the local community which includes a small village. All students are bussed into the school.

This school has been identified as having a large proportion of high risk children. The indicators for this designation include low socioeconomic conditions, identified health concerns and school statistics. The community has also been identified as being a high risk area based on socioeconomic conditions and identified health concerns. It is a blend of stable rural extended families and low income single parent families who reside in the village.

Sample

The student sample was drawn from within the school's student population. Four junior division classrooms participated in the study to generate a population of 102 children. Within this sample, the number of students in Grade Four was 47, in Grade Five the number was 32, and in Grade Six, the number was 23. Whole classrooms were assigned to the experimental group ($n = 58$) and control group ($n = 44$). The two classrooms in the experimental

group, a Grade Four and a Grade 5/6 class, received all of their instruction in English. The two classrooms in the control group, a Grade Four and a Grade 5/6 class, were French Immersion classes.

To test for children's attitudes towards ageism, a sample of 10 children was randomly selected from each classroom. Sample size for the experimental group was ($n = 20$) and for the control group was ($n = 20$). One student from the control group was lost due to attrition.

The four classroom teachers, a teacher librarian and a resource teacher from the school were recruited for the program ($n = 6$). Included in this sample were three male teachers and three female teachers. Two of the teachers had over twenty years teaching experience, one had from 10 to 19 years experience and three of the teachers had less than 10 years of experience.

Twenty-three senior citizens, aged 65 years and over, were recruited from the surrounding community to plan the program. Fourteen seniors involved in the planning sessions volunteered to implement the program with the children's experimental group (two classrooms). Out of the 14 seniors, eight completed and returned the questionnaires as shown in Appendix B and C. The data provided the following information: five seniors were female and three were male, seven seniors were 65 to 74 years of age, and one was over

75 years of age, all seniors had lived in their present residence five years or more, five seniors lived in a village and three lived on a farm, seven seniors were married and one was previously married, two seniors rated their health as excellent and six as good, five seniors had attained a Grade 9-12 level of education and three had college or university level. All seniors reported that they had hobbies and that they volunteered in the community.

Instrumentation

To test children's attitudes towards ageism, the CATE instrument (Jantz, 1976), as shown in Appendix D, was used. This instrument is divided into four parts and is used to analyze the affective, behavioral and knowledge components of children's attitudes. Four measurement techniques are used: open-ended questions, picture series, semantic differential and a Piaget-based technique to determine a child's level of cognitive development in regard to the concepts of age.

To measure teachers' attitudes in regard to ageism, the revised Facts on Aging Quiz developed by Palmore (1980) was administered. This test, adapted by the researcher, consisted of a series of 25 statements measured on a six point Likert rating scale.

To measure seniors' attitudes in regard to ageism, Palmore's revised Facts on Aging Quiz (1980) was used. This

test consisted of a series of 25 statements measured on a six point Likert rating scale as shown in Appendix B. Questions to gather additional data were added to control for the confounding variables such as age, gender and recent contact with the school system. A six point Likert rating scale and open-ended questions, as shown in Appendix C, were also used to assess seniors' attitudes towards the benefits of intergenerational program and the school system.

Procedure

This study was set up as an experimental comparison group design research project. It examined the effectiveness of an intergenerational program on the attitudes of children, teachers and seniors in regard to aging. The study also surveyed seniors' attitudes towards volunteering and the school system.

Children from four classrooms were divided into experimental and control groups. The experimental group of children had an opportunity to interact with each of the 14 seniors for ninety minutes a day for four weeks in April. The sample from both groups was pretested prior to the implementation of the program and posttested at the conclusion of the four weeks.

The seniors and teachers from the experimental group and the authors were involved in two planning sessions to develop the content of the program. Topics cooperatively

developed for the unit included historical aspects of lighting, trapping and hunting, education, agriculture, and family activities as well as local history,. A timetable was produced at the request of the seniors and teachers. The sessions with the seniors were generally followed by activities initiated by teachers, such as journal writing, and discussions. The control group interacted with teachers during the same unit of study. The method of instruction involved paper and pencil activities.

The teachers were pretested prior to the planning sessions. Pretest and posttest data was collected and analysed to examine the teachers' attitudinal changes towards aging. The questionnaires are shown in Appendix E and F. No control group was used.

Seniors' attitudes towards aging were pretested prior to the planning sessions and their attitudes towards the school system and volunteering were posttested.

The independent variable was the intergenerational program that involved seniors working with the children and the teachers in the classroom. The influence of the program was monitored using pretest and posttest comparisons. The dependent variables were the children's, teachers' and seniors' attitudes towards aging, and the characteristics of senior volunteers.

Following board approval and an ethical review process,

permission for children to participate in the study was obtained from parents as shown in Appendix G. Letters and consent forms, as shown in Appendix H and I, were also obtained from the teachers and the seniors.

Interviews for the CATE questionnaire were conducted in the school by the author. Children were interviewed individually in a small room in the back of the school's library. The average length of time for each interview was twenty minutes. Questionnaires were numerically coded.

Teachers' and seniors' questionnaires were handed out and returned to the researcher at the school. Seniors were provided with a self addressed, stamped envelope for their convenience. These questionnaires were numerically coded.

The data analysis for the intergenerational study was achieved using Epi Info 5.01 and SYSTAT programs. These are word processing data base and statistical programs for micro computers. All data were coded by the authors before being entered into EPI5 and SYSTAT. The frequency and tables command in Epi Info 5.01 provided automatic calculation of descriptive statistics for data such as sex, age, grade, location and other dependent variables. The advanced statistical analyses were computed using the SYSTAT program.

CHAPTER III

Results

CATE Questionnaire

Thirty-six two way analyses of variance for the independent variables were computed using group (experimental and control) and test (pretest and posttest) as the independent variables. Test results are based on students' pretest and posttest responses to the following categories: attitudes towards old people and aging, a picture series and a semantic differential dealing with characteristics of young and old people. The relevant statistical analyses are reported in Tables 1, 4, 6, 9. The means and standard deviations are shown in Tables 2, 3, 5, 7, 8, 10, and 11.

When comparing group responses (experimental and control) and test (pretest and posttest) regarding attitudes towards aging, there were three significant main effects for test. These main effects were for attitudes dealing with passive activities, affective helping, and behavioural helping as shown in Table 1. These could be statistical anomalies or artifacts due to the large number of variables tested. The means and standard deviations are presented in Tables 2 and 3.

Table 1

Two Way ANOVA for the Experimental and Control Group
Children's Pretest and Posttest Responses When Asked to Tell
About Old People, Things to Do with Old People, Feelings
About Old People, Feelings About Getting Old, How to Help
Old People and Age Preference

Attitude	F ratio		
	Main effect Test	Group	Interaction
Tell about old (affective)	0.000	0.789	0.213
Tell about old (physical)	0.521	0.008	0.284
Do with old (active)	1.686	1.963	1.686
Do with old (passive)	1.200	4.228*	1.200
Feel about old (positive)	0.276	0.003	0.276
Feel about old (neutral)	0.279	0.872	0.000
Feel about old (negative)	1.999	0.100	0.193
You help old (affective)	1.127	6.262*	3.312
You help old (behavioural)	1.008	5.529*	0.272
Old help you (affective)	1.895	2.091	0.510
Old help you (behavioural)	1.683	1.855	1.683
Age preference (picture)	1.436	0.120	0.237

* $p < .05$

Table 2

Experimental Group Children's Pretest and Posttest Responses
When Asked to Tell About Old People, Things to Do with Old
People, Feelings About Old People, Feelings About Getting
Old, How to Help Old People and Age Preference

Responses	Pretest		Posttest	
	Mean	SD	Mean	SD
Tell about people (affective)	1.00	1.00	1.51	1.05
Tell about people (physical)	-0.53	1.54	-0.47	0.96
Do with old people (active)	0.84	0.37	0.84	0.37
Do with old people (passive)	0.37	0.25	0.37	0.50
Feel\getting old (positive)	0.11	0.32	0.11	0.32
Feel\getting old (neutral)	0.21	0.42	0.16	0.38
Feel\getting old (negative)	0.63	0.50	0.74	0.45
You help old (affective)	0.05	0.23	0.00	0.00
You help old (behavioural)	0.79	0.42	0.95	0.23
Old help you (affective)	0.26	0.45	0.05	0.23
Old help you (behavioural)	0.68	0.48	0.89	0.32
Age preference (picture)	2.68	1.29	2.21	1.32

Table 3
Control Group Children's Pretest and Posttest Responses When Asked to Tell About Old People, Things to Do with Old People, Feelings About Old People, Feelings About Getting Old, How to Help Old People and Age Preference

Responses	Pretest		Posttest	
	Mean	SD	Mean	SD
Tell about people (affective)	1.30	0.98	1.20	0.89
Tell about people (physical)	-0.65	1.35	-0.30	0.98
Do with old people (active)	1.05	0.22	0.85	0.37
Do with old people (passive)	0.80	0.77	0.50	0.60
Feel\getting old (positive)	0.15	0.67	0.05	0.22
Feel\getting old (neutral)	0.30	0.47	0.25	0.44
Feel\getting old (negative)	0.55	0.51	0.75	0.44
You help old (affective)	0.10	0.31	0.30	0.47
You help old (behavioral)	0.60	0.60	0.65	0.49
Old help you (affective)	0.10	0.31	0.05	0.22
Old help you (behavioral)	0.90	0.31	0.90	0.31
Age preference (picture)	2.45	1.23	2.25	1.12

When comparing group responses (experimental and control) and test (pretest and posttest) regarding the age of the men in the pictures, there were no significant main effects or interaction effects as shown in Table 4. The means and standard deviations are presented in Table 5.

When comparing group responses (experimental and control) and test (pretest and posttest) regarding the characteristics of young people, there was one significant interaction effect in the semantic differential. The effect dealt with the characteristic of helpful/harmful as shown in Table 6. As may be seen in Table 7 the experimental group showed an increase in this rating. There were three main effects for group. These main effects dealt with the characteristics of friendly/unfriendly, happy/sad, and good/bad. As may be seen in Tables 7 and 8 the experimental group means were higher than the control group for friendly/unfriendly and good/bad. Conversely, the control group was higher on the happy/sad dimension. Regardless of the cause it was the interaction effects that were the principle focus of this study. These effects are likely statistical anomalies or artifacts due to the large number of variables tested. The means and standard deviations are presented in Tables 7 and 8.

Table 4

Two Way ANOVA for the Experimental Group and Control Group
Children's Pretest and Posttest Responses When Asked to
Estimate the Age of Men in Pictures

F ratio			

Picture	Main Effect		Interaction
	Test	Group	

Picture 1	0.306	0.254	0.350
Picture 2	0.109	1.284	0.676
Picture 3	0.896	2.351	0.098
Picture 4	0.815	2.389	0.103

Table 5

Experimental Group and Control Group Children's Pretest and Posttest Responses When Asked to Estimate the Age of Men in Pictures

Picture	Experimental		Control	
	Pretest	Posttest	Pretest	Posttest
Picture 1				
Mean	30.32	30.36	31.80	30.25
SD	6.11	7.03	6.43	30.96
Picture 2				
Mean	40.68	41.37	43.40	41.80
SD	8.01	6.80	5.28	3.72
Picture 3				
Mean	59.58	58.42	62.95	60.65
SD	10.35	8.40	6.82	6.18
Picture 4				
Mean	75.37	72.74	78.00	76.75
SD	8.90	9.29	9.22	10.43

Table 6

Two Way ANOVA for the Experimental and Control Groups
Children's Pretest and posttest Responses When Asked to Rate
Characteristics of Young People

Characteristic	F ratio		
	Main effect Test	Group	Interaction
Helpful\harmful	2.912	0.932	3.999*
Healthy\sick	0.001	3.248	0.791
Rich\poor	0.046	0.316	0.904
Clean\dirty	0.088	1.185	0.915
Friendly\unfriendly	0.086	11.031*	1.709
Pretty\ugly	0.222	0.008	0.028
Wonderful\terrible	0.791	0.247	0.100
Right\wrong	0.187	0.212	0.928
Happy\sad	0.000	9.672*	0.733
Good\bad	0.714	4.621*	0.714

* p < .05

Table 7

Experimental Group Children's Pretest and Posttest Responses
When Asked to Rate Characteristics of Young People

Characteristic	Pretest		Posttest	
	Mean	SD	Mean	SD
Helpful\ harmful	3.47	0.96	4.11	0.66
Healthy\ sick	3.68	0.82	3.84	0.69
Rich\ poor	3.05	0.23	2.90	0.57
Clean\ dirty	3.63	1.01	3.79	0.92
Friendly\ unfriendly	3.95	0.78	4.26	0.73
Pretty\ ugly	3.84	0.77	3.74	0.73
Wonderful\ terrible	3.84	0.77	3.63	0.68
Right\ wrong	3.11	0.74	3.37	0.76
Happy\ sad	3.74	1.05	3.90	0.74
Good\ bad	3.63	0.76	3.63	0.60

Table 8
Control Group Children's Pretest and Posttest Responses When
Asked to Rate Characteristics of Young People

Characteristic	Pretest		Posttest	
	Mean	SD	Mean	SD
Helpful\ harmful	3.65	0.67	3.60	0.68
Happy\ sad	4.15	0.59	4.00	0.92
Rich\ poor	3.00	0.56	3.10	0.85
Clean\ dirty	3.60	1.10	3.30	1.17
Friendly\ unfriendly	3.55	0.89	3.35	1.04
Pretty\ ugly	3.80	0.62	3.75	0.79
Wonderful\ terrible	3.70	0.86	3.60	0.75
Right\ wrong	3.20	1.01	3.10	0.79
Happy\ sad	4.45	0.69	4.30	0.66
Good\ bad	3.40	0.68	3.10	1.02

When comparing group responses (experimental and control) and test (pretest and posttest) regarding the characteristics of old people, there was one significant interaction effect in the semantic differential. The effect dealt with the characteristic of happy/sad as shown in Table 9. In effect, the experimental group showed improvement while the means of the control group declined. There were two main effects for group. These main effects dealt with the characteristics of pretty/ugly and good/bad. As may be seen in Tables 10 and 11 the experimental group means were higher for pretty/ugly and the control group means were higher for good/bad. Regardless of cause it was the interaction effects that were the principle focus of this study. However, all of these effects are most likely statistical anomalies or artifacts due to the large number of variables tested. The means and standard deviations are presented in Tables 10 and 11.

Table 9

Two Way ANOVA for the Experimental and Control Groups
Children's Pretest and posttest Responses When Asked to Rate
Characteristics of Old People

Characteristic	F ratio	
	Main effect Test	Interaction Group
Helpful\harmful	0.128	0.421
Healthy\sick	0.362	0.766
Rich\poor	1.086	0.050
Clean\dirty	1.859	1.817
Friendly\unfriendly	0.569	0.017
Pretty\ugly	0.761	7.638*
Wonderful\terrible	0.025	0.142
Right\wrong	0.795	0.506
Happy\sad	0.173	0.000
Good\bad	3.419	3.997*

* p < .05

Table 10

Experimental Group Children's Pretest and Posttest Responses
When Asked to Rate Characteristics of Old People

Characteristic	Pretest		Posttest	
	Mean	SD	Mean	SD
Helpful\ harmful	4.37	0.68	4.26	0.73
Healthy\ sick	2.95	0.71	3.11	0.88
Rich\ poor	3.26	0.56	3.42	0.69
Clean\ dirty	4.32	0.58	3.95	0.62
Friendly\ unfriendly	4.63	0.76	4.68	0.48
Pretty\ ugly	3.42	0.61	3.42	0.61
Wonderful\ terrible	4.32	0.67	4.32	0.67
Right\ wrong	4.53	0.70	4.32	0.67
Happy\ sad	3.21	1.13	3.79	0.86
Good\ bad	4.58	0.61	4.21	0.86

Table 11
Control Group Children's Pretest and Posttest Responses When
Asked to Rate Characteristics of Old People

Characteristic	Pretest		Posttest	
	Mean	SD	Mean	SD
Helpful\ harmful	4.20	1.15	4.15	1.14
Healthy\ sick	2.85	0.75	2.90	0.72
Rich\ poor	3.30	0.57	3.45	0.76
Clean\ dirty	3.95	0.89	3.85	0.88
Friendly\ unfriendly	4.80	0.41	4.55	0.61
Pretty\ ugly	3.15	0.67	2.90	0.64
Wonderful\ terrible	4.40	0.68	4.35	0.75
Right\ wrong	4.55	0.60	4.50	0.61
Happy\ sad	3.70	0.92	3.30	0.87
Good\ bad	4.75	0.44	4.60	0.50

Seniors Questionnaire

A revised pretest questionnaire based on Palmore's Facts on Aging Quiz (1980) was used to measure seniors' attitudes towards aging as shown in Appendix B. The pretest questionnaire also asked questions regarding the seniors' attitudes towards volunteering. The posttest questionnaire further examined seniors' attitudes about their volunteer experience as a result of this intergenerational program. The results of both questionnaires are included in Appendices J and K.

It should be noted that all the seniors recruited for this project had hobbies, drove their own cars, and had volunteered in the community in the last two years. The majority reported that they felt it was important to volunteer in the community.

In the posttest, all the seniors reported that they would volunteer again in the school as shown in Appendix K.

Teachers' Questionnaire

One way analyses of variance were computed using test time (pretest and posttest) as the independent variable for each of the dependent variables when examining teachers attitudes towards aging. There were no significant differences for the pretest and posttest measures. The means and standard deviations are presented in Table 12.

Table 12

Comparison of Teachers' Pretest and posttest Responses on
Their Attitudes Towards Aging

Attitude	Pretest		Posttest	
	Mean	SD	Mean	SD
Old are senile	5.55	1.21	5.50	0.55
Senses decline	4.18	1.89	4.17	1.17
No interest\sex	4.82	1.17	4.83	1.47
Lunys decline	2.91	1.10	3.83	0.98
Old miserable	5.18	1.25	5.50	0.84
Strength declines	2.36	1.63	2.33	0.82
% in institutions	3.20	1.14	3.00	1.41
Safer drivers	4.18	1.25	2.83	1.17
Less effective	4.36	1.29	4.50	1.22
% old healthy	2.82	1.72	2.33	1.37
Set in ways	3.82	1.66	3.50	1.76
Learn slower	4.45	1.63	4.50	1.64
Not able to learn	5.64	0.92	5.33	0.82
Slow reactions	2.36	1.43	2.17	1.60
Old alike	5.82	0.40	5.83	0.41
Seldom bored	4.09	1.30	4.50	0.84
Socially isolated	3.64	1.29	4.17	1.17
Fewer accidents	3.73	1.10	3.17	1.47
% over 65 years	2.10	1.37	2.67	1.21
Old low priority	4.27	1.56	3.83	0.98
Majority poor	3.60	1.51	3.33	1.03
Majority work	3.00	1.34	2.00	1.10
More religious	4.27	1.62	4.33	1.03
Seldom angry	3.36	1.50	4.33	1.03
Worse health	3.45	2.02	3.50	1.64

CHAPTER IV

Discussion

Limited research to date has examined the effects of an intergenerational program on children's attitudes towards the elderly, on teachers' attitudes toward aging and the elderly, and on seniors' attitudes towards aging and volunteering in schools. More research needs to be carried out to study the value of intergenerational programs from the seniors' perspective.

One purpose of this study was to examine the effects of an intergenerational program on ageism in children. Peacock and Talley (1984) have reported that bias towards the elderly begins early in life. Recent changes in the family structure and increased family mobility have limited the interaction between the old and the young. Therefore, children have limited knowledge and experience with the elderly which may affect their perception of aging and the elderly (Murphey et al., 1982).

Seefeldt (1987), in a review of the existing literature, identified inconsistent findings regarding the efficacy of these programs. Little formal research was located which dealt with the effects of these kinds of programs in influencing a change in attitudes. The theoretical basis of this study was thus founded on the premise that increasing opportunities for interaction

between different cohort groups would reduce ageism.

The present study also addressed the concern raised by McPherson (1990) and Shipman (1985) of the cost to society of not utilizing the senior cohort group as volunteers. As well as monetary losses (Levin & Levin, 1980; Neuhaus & Neuhaus, 1982; Shipman, 1985), losses must also be expressed in terms of wisdom, experience, and support (Palmore, 1980). Seniors' self-esteem increases as a result of volunteering (Palmore, 1980; Peacock & Talley, 1984). The present study thus examined the effects of an intergenerational program on seniors' attitudes towards volunteering in the school.

To examine children's attitudes toward aging, the CATE questionnaire was used. This instrument assessed children's attitudes through an analysis of the affective, behavioural, and knowledge components of their responses. Open-ended questions about characteristics of aging, a semantic differential, a picture series of four men of different ages, and a Piaget-based instrument were used.

No significant results in changes in children's attitudes as measured by the CATE questionnaire were found upon completion of the intergenerational program. These findings do not support the research done in a number of studies. Allred and Dobson (1987) reported that perception regarding aging improved slightly as a result of interaction with the elderly.

Bergman and Cybluski (1980) reported that the frequency of interactions influenced children's attitudes positively toward the elderly. Newman (1982) also reported positive changes in children's attitudes as a function of contact with the elderly.

Dellmann-Jenkins et al. (1986) reported that interaction in the classroom with seniors positively affected three and four year olds' perception of seniors. Olejnik and LaRue (1979) found that there was a positive change in adolescents' perception and attitude about the aged.

Page et al. (1981) found that the children interviewed had generally negative attitudes towards the elderly. Similarly, Jantz et al. (1977) indicated that older people were described by children negatively. The children in the present study generally reported positive attitudes towards seniors, had regular contact with the elderly and shared passive and active activities with them.

A positive shift in attitudes may not have occurred because the children felt positively towards seniors before the program was implemented. The pretest and posttest results indicated a very slight positive shift. The only significant responses were with group (experimental and control) when asked about the characteristic of helpful/harmful for young people and happy/sad for old people.

The present study supported the findings of Marks et al. (1985). The results of this study and the Marks et al. study indicated that children had a negative perception of the aging process but general perceptions of old people were positive. Results of the present study were consistent with the results found by Baggett (1981). Both studies indicated that the program had little or no effect in changing attitudes towards seniors.

All the seniors in the intergenerational program indicated that they would volunteer again in the school and that volunteering in the community was important. Seniors were enthusiastic about all aspects of the project, from its planning to its completion. Twenty-three seniors participated in the planning stage of the project and fourteen volunteered to execute the different parts of the program. The seniors spent a great deal of time organizing their activities, collecting materials and setting up displays. They involved their friends, neighbours and families in the project.

The interaction between the seniors and the children was open, dynamic, positive, and caring. The comments expressed by those that participated were supportive. They felt welcome in the school and were able to contribute to the children's learning experience. All the seniors stated they would volunteer again and have since been asked to

interact with the senior division children.

Responses to the teachers' questionnaire regarding attitudes towards aging indicated no significant differences between the pretest and posttest results. The teachers regarded aging positively in the pretest, therefore, there was only a slight shift in responses posttest.

Teachers and seniors had open discussions and agreed on all the topics, timetables, and division of tasks and responsibilities. Teachers expressed amazement at the enthusiasm, creativity, and willingness of the seniors to participate in the program. A schedule for each segment of the program was developed by both the seniors and teachers which reduced the problems when implementing the program.

Results from the posttest questionnaire, although not significant, indicated that teachers had very positive feelings about the seniors and the program. They reported having greater respect for seniors and their contribution to the program as well as being surprised at the response and willingness of seniors to participate.

Limitations of the Study

The following limitations of this study must be noted and addressed in subsequent research. These limitations include sample size and selection, testing site, time frame, and interviewer bias. Overall, it is difficult to assess the long range impact of the program but the findings must

be viewed in the light of these limitations.

One limitation relates to the small sample size for the subset of children $N = 38$, for the seniors $N = 14$ and for the teachers $N = 6$. The initial sample for the children was a sample of convenience. Four specific classrooms in the schools were chosen for the study. Individual children for both the experimental and control groups were randomly selected from each of the four classrooms. The seniors were self-selected from the community and volunteered to become part of the intergenerational project. Eight seniors completed the questionnaire. This sample may not have represented the general seniors' population. Teachers in this study were recruited only from within the school involved in the program. Based on the sample size of teachers and selection process used, generalizations can not be made to the general teacher population.

The second limitation relates to the fact that the study was conducted in only one school. Replication of the study in different school settings would have to be carried out before generalizations could be made to the general population.

The third limitation was the close proximity of the classrooms of the control and experimental groups. The program was carried out over a four week period. During that time, children from both groups may have talked with

each other. No provision was made to control for interaction with seniors outside of the school.

The time frame for implementing the program may have affected the results. The program was conducted over a four week period. Activities with the seniors were compressed into a short time period. Extension of the program over a longer period of time may have had a greater impact on the children's perceptions of the seniors. Children may not have had an opportunity to internalize their feelings and attitudes towards the seniors. Posttesting at a later date may have changed the results.

Response bias may have affected the results. The interviewer was probably perceived by the children as being old as indicated by the comments of one child when asked how he would feel when he was old. The child responded by saying, "Well, you would know what it is like". The interviewers age may have affected the children's responses to questions on ageism because they did not want to hurt the feelings of the interviewer by being impolite. Observation of children's interaction with seniors might reveal more negative attitudes as it is difficult to control for response bias using interviews.

Suggestions For Further Research

Intergenerational programs have been implemented in many forms and locations across North America. The basic

premise for initiating these programs lies in the belief that young and old can share ideas and interact in a mutually supportive context.

In a time when the allocation of government funds is closely scrutinized by the public sector as well as various interest groups, programs being offered must prove their utility and viability. Society can not afford to waste money on ineffective and meaningless programs.

If intergenerational programs are to remain viable and active, research must be carried out to provide a statistical base to prove their value and usefulness. For instance, further research should be carried out to examine whether these programs do change children's attitudes about aging. Research should also further examine the effectiveness of the senior as a school volunteer as well as examining the impact of these programs in enhancing the quality of life for seniors.

Research should be conducted to examine the effects of programs on changing teachers' attitudes about aging. Factors such as teachers' and students' enjoyment and perception of the program could be measured in future studies. Teachers in this study felt very comfortable with having seniors take part in their classroom program. Since the seniors and teachers were collaboratively involved in planning the program, rapport developed. This is an

important factor from both teachers' perspective. Seeing the quality of the contributions the seniors made, teachers may feel more positive about the aging process.

Seniors are willing to provide their time, expertise and knowledge at minimal, if any cost, to the taxpayer. The elderly transmit culture, values and history through their stories and reminiscing. Many have treasure troves of historical artifacts and are more than willing to share these with children.

Seniors may influence the attitudes of children. At a time when our society is undergoing significant changes in the family structure, seniors can provide stability for a child as well as being a role model as a warm and caring adult if interaction is ongoing and consistent. More research is needed to support or refute this claim.

Conclusions

The results of this study support the need for further research into the effects of an intergenerational program. Although the results did not show significant differences in children's and teachers' attitudes towards aging, it is difficult to measure the long term impact of this program. Consideration must be given to the fact that the children already had a positive attitude towards the seniors. Many children within the study came from extended families.

For healthy psychological growth, children need a

diverse set of relationships spanning generations and diverse age groups. This provides a nurturing environment for development and social growth. This is especially true for at-risk children. Older adults can provide a caring, consistent relationship for these children which will increase their potential for future success.

Society is constantly changing. People and institutions such as schools continually try to adapt to meet their needs. The traditional, extended family structure that existed at the turn of the century has changed dramatically. This structure, that once provided support for family members, has been replaced by the single parent or nuclear family system. Many grandparents no longer live under the same roof or in close proximity. The reality of today's society may find these same grandparents living hundreds of kilometres away in a different city. Contact may be limited to telephone conversations, letters and yearly visits. Children and seniors may not interact regularly or at all. Most children involved in this study had ongoing contact with seniors.

Seniors in this community demonstrated a desire and commitment to becoming involved in the school. Thus, intergenerational programs may meet many needs and enhance the health and quality of life of seniors. Future studies could be implemented to examine these factors. The

interaction with children encourages seniors to develop and change in a flexible manner. Conversely, if seniors do not have the kind of support found in interaction with the young they may become physically or emotionally ill.

Seniors, when encouraged, take on the role of counsellor, mentor, and teacher. It is important to their self esteem to be acknowledged by the young and to have their life experience viewed as being valuable and interesting. Older people have the ability to put history into perspective as well as the ability to live in the present. They tend to recognize the important things in life and attach less importance to trivial matters. In interacting with children, this is important because they can appreciate experiences from a child's perspective.

Erikson (1963) has suggested that for seniors, engagement and interaction with others is important. To reach the mature stage of development which he calls the period of generativity, seniors need to experience opportunities to guide the next generation. In the final stage of life, according to Erikson (1963), integrity is a state that one reaches after having taken care of things and people and adapted to one's own success and failures. Intergenerational programs can provide seniors with meaningful opportunities to reminisce and review their lives, become involved with children in the school and the

community. Seniors have a sense of responsibility in caring for children and feel productive and worthwhile as members of society when they do.

Difficult social problems can also be solved through encouraging interdependence between the generations. Concern about social isolation both for the young and the old is addressed. As the number of single parent families and working mothers increases, children are left frequently on their own. For seniors, changes in the traditional extended family structure have frequently left them alone without any help or support. Intergenerational programs provide opportunities to increase the contact that these two cohort groups might not otherwise have had.

Intergenerational programs also address the issue of competition for limited monetary resources. Budgets restraints and cutbacks are a reality in today's society. A sensitive public debate thus arises which focuses on who should get what social assistance. Should the money be spent on seniors' health care or children's education? When seniors are actively involved in the school, they have an increased awareness and appreciation of the need for and use of funds within the school. Conversely, young people may have more sensitivity to and understanding of seniors and their needs. As a result of the interaction generated by intergenerational programs, both children and seniors may be

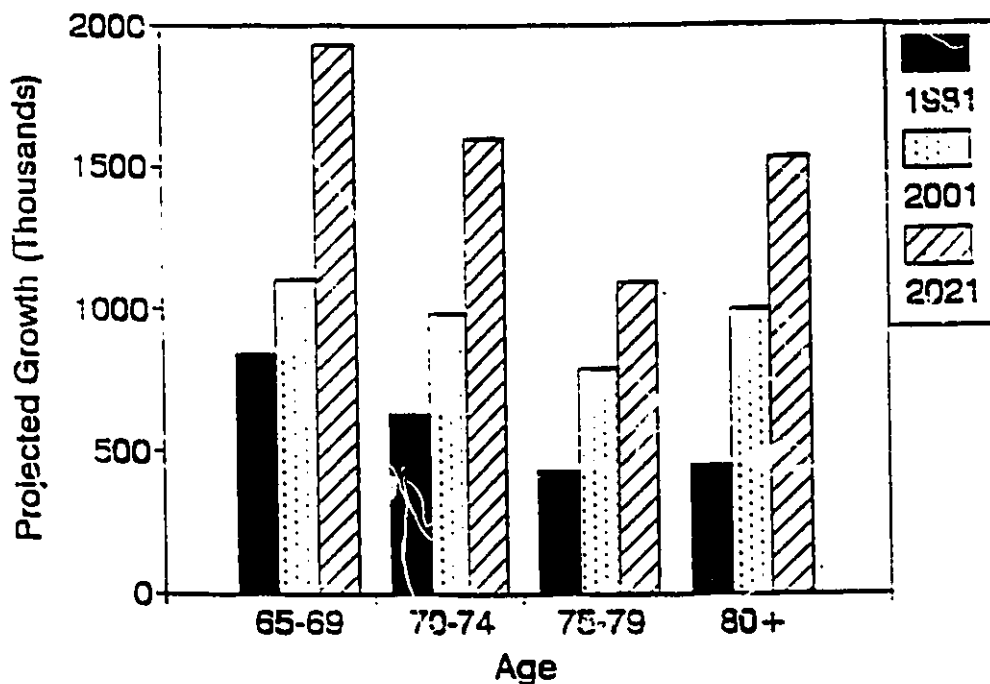
more willing to share rather than compete for resources.

Institutional systems such as health and education, tend to view intergenerational programs from a narrow perspective. These perspectives may include services such as tutoring or chores, companionship, or overcoming stereotypical attitudes towards aging. Intergenerational programs have a much broader impact on society. They contribute to vital social issues such as support for education, health, urban planning, overcoming racial conflicts and providing equal opportunities for all segments of society.

These programs reach beyond the needs of the young and the old as they strengthen the sense of being part of a global community and therefore contribute to the wellness of society.

Appendix A

Projected Population of Canada Aged 65 and Over (1981-2021)



Source: Marshall, Victor W. (1987). Ageing in Canada, (2nd ed.) p.24.

Appendix B

Seniors' Attitudes Towards Aging Questionnaire

First we would like to ask how you feel about aging.

In the following items, please circle a number to indicate the extent to which you agree or disagree.

1. The majority of old people are senile (ie. defective memory, forgetful).

Strongly agree 1 2 3 4 5 6 Strongly disagree

2. All five senses tend to decline in old age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

3. Most old people have no interest in, or capacity for, sexual relations.

Strongly agree 1 2 3 4 5 6 Strongly disagree

4. Lung vital capacity tends to decline in old age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

5. The majority of old people feel miserable most of the time.

Strongly agree 1 2 3 4 5 6 Strongly disagree

6. Physical strength tends to decline in old age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

7. At least one-tenth of the aged are living in long-stay institutions (ie. nursing homes).

Strongly agree 1 2 3 4 5 6 Strongly disagree

8. Aged drivers have fewer accidents per driver than driver under age 65.

Strongly agree 1 2 3 4 5 6 Strongly disagree

9. Most older workers cannot work as effectively as younger workers.
Strongly agree 1 2 3 4 5 6 Strongly disagree
10. About 80% of the aged are healthy enough to carry out their normal activities.
Strongly agree 1 2 3 4 5 6 Strongly disagree
11. Most old people are set in their ways and unable to change.
Strongly agree 1 2 3 4 5 6 Strongly disagree
12. Old people usually take longer to learn something new.
Strongly agree 1 2 3 4 5 6 Strongly disagree
13. It is almost impossible for old people to learn something new.
Strongly agree 1 2 3 4 5 6 Strongly disagree
14. The reaction time of most old people tends to be slower than reaction time of younger people.
Strongly agree 1 2 3 4 5 6 Strongly disagree
15. In general, most old people are pretty much alike.
Strongly agree 1 2 3 4 5 6 Strongly disagree
16. The majority of old people report that they are seldom bored.
Strongly agree 1 2 3 4 5 6 Strongly disagree
17. The majority of old people are socially isolated and lonely.
Strongly agree 1 2 3 4 5 6 Strongly disagree

18. Older workers have fewer accidents than younger workers.

Strongly agree 1 2 3 4 5 6 Strongly disagree

19. Over 15% of the Canadian population are now age 65 or over.

Strongly agree 1 2 3 4 5 6 Strongly disagree

20. Most medical practitioners give a low priority to the aged.

Strongly agree 1 2 3 4 5 6 Strongly disagree

21. The majority of older people have incomes below the poverty level (as defined by the federal government).

Strongly agree 1 2 3 4 5 6 Strongly disagree

22. The majority of old people are working or would like to have some kind of work to do (including house or volunteer work).

Strongly agree 1 2 3 4 5 6 Strongly disagree

23. Older people tend to become more religious as they age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

24. The majority report that they are seldom angry or irritated.

Strongly agree 1 2 3 4 5 6 Strongly disagree

25. The health and socio-economic status of older people (compared to younger people) in the year 2000 will probably be worse or about the same as that of today's older people.

Strongly agree 1 2 3 4 5 6 Strongly disagree

Next we would like to know more about who you are.

26. Are you _____ female or _____ male?
27. How old are you? _____ 65 - 74 years old
_____ 75 - 84 years old
_____ 85 years or older
28. How long have you lived in your present residence?
_____ one year or less
_____ one to five years
_____ five years or more
29. Where do you live? _____ in a village
_____ on a farm
_____ other _____
30. What is your present marital status?
_____ married
_____ previously married
_____ never married
31. Do you consider your health to be: ----- excellent
_____ good
_____ fair
_____ poor
32. How much formal education do you have?
_____ up to grade eight
_____ grade nine to grade twelve
_____ college or university
33. What was your occupation?
-
34. What children do you know?
_____ family
_____ other _____

35. How often do you visit with children?

- once a week
- once a month
- 3 - 4 times per year
- once a year
- never

36. What kind of groups do you belong to?

37. Do you have any hobbies? yes
 no

If yes, what are your favourite hobbies?

38. Do you drive your own car? yes
 no

39. Have you volunteered in your community in the last two years? yes
 no

If yes, where have you volunteered? _____

If no, please check the reason(s) why you haven't:

- too busy
- no transportation
- my friends don't volunteer
- cost too much
- never asked to volunteer
- never volunteered before
- don't feel well enough
- not interested in volunteering
- other _____

40. Do you think it is important to volunteer in your community? yes no

Note. From " The Facts on Aging Quiz: A Review of the Findings" by E. D. Palmore, 1980, The Gerontologist, 20, pp. 669-672.

Appendix C

Seniors' Attitudes Towards Volunteering in an
Intergenerational Program Questionnaire

We would like to ask you about your experience in the school.

In the following items, please circle a number to indicate the extent to which you agree or disagree.

1. My volunteer experience has changed my feelings of being needed.

Strongly agree 1 2 3 4 5 6 Strongly disagree

2. My volunteer experience has changed my attitudes towards school children.

Strongly agree 1 2 3 4 5 6 Strongly disagree

3. My volunteer experience has changed my openness to new ideas.

Strongly agree 1 2 3 4 5 6 Strongly disagree

4. My volunteer experience has changed my attitudes about involvement in school activities

Strongly agree 1 2 3 4 5 6 Strongly disagree

5. My volunteer experience has changed my knowledge about schools.

Strongly agree 1 2 3 4 5 6 Strongly disagree

6. My volunteer experience has changed my attitude about public schools.

Strongly agree 1 2 3 4 5 6 Strongly disagree

7. How has your attitude changed as a result of this experience?

8. In your opinion, what was the single best part of this experience?

9. What would you like to see changed in the program?

10. Would you volunteer in the school again?

yes _____

no _____

11. What kinds of school activities do you think seniors would be interested in volunteering for?

12. List three concerns you have about education today.

i). _____

ii). _____

iii). _____

13. List three concerns you have about children today.

i). _____

ii). _____

iii). _____

14. Do you have any other comments?

Appendix D
CATE Questionnaire

Ques. # _____
Time _____

	Positive	Negative
What can you tell me about old people?		
Frequency Count - Affective Responses	_____	_____
Physical Responses	_____	_____
Behavioral Responses	_____	_____

What old people do you know?

Family: Yes _____
No _____

Others: Yes _____
No _____

What do you do with that person?

With-active: Yes _____ No _____

With-passive Yes ---- No _____

For: Yes ---- No _____

Can you give me another name for old people?
Yes _____ No _____

How do you feel about getting old?
Positive _____ Neutral _____ Negative _____

Picture Series

A. Shuffle photographs and placed in random order on table.

Which person do you think is the oldest?

Response: (Ability to identify) Yes _____ No _____

Response: Evaluative _____ Physical-descriptive _____

B. Photographs remain on table.

(If child has identified correctly in (A), continue. If child has failed to identify, examiner points to photograph of oldest man).

How will you feel when you are that old?

Response: Positive ____ Neutral ____ Negative ____

C. Directions: Examiner points to oldest person.

What things would you help this person do?

Response: Affective ____ Behavioral Stereotype ____
Behavioral Unique ____

D. Directions: Examiner points to oldest person.

What things could he help you do?

Response: Affective ____ Behavioral Stereotype ____
(Photographs remain on testing table in random order).

Can you put pictures in order from youngest to oldest?

Response: (Ability to order) Yes ____ No ____

Directions: Photographs are placed in proper sequence.
(Examiner points to photographs, one at a time in correct order).

How old do you think each of these men are?

Record actual age. Photograph 1 (Youngest) ____
Photograph 2 (2nd Youngest) ____
Photograph 3 (2nd Oldest) ____
Photograph 4 (Oldest) ____

Directions: Examiner indicates all four photographs.

Which of these people would you prefer to be with?

	1	2	3	4
Why?		age-related	altruistic	evaluative

Directions: Examiner points to photograph chosen in 3 (A).
What kinds of things could you do with that person?

Response: with-active with-passive for

Young People

I want you to rate young people as being helpful or harmful.

Helpful	_____	'	_____	'	_____	'	_____	'	_____	'	Harmful
Sick	_____	'	_____	'	_____	'	_____	'	_____	'	Healthy
Rich	_____	'	_____	'	_____	'	_____	'	_____	'	Poor
Dirty	_____	'	_____	'	_____	'	_____	'	_____	'	Clean
Friendly	_____	'	_____	'	_____	'	_____	'	_____	'	Unfriendly
Ugly	_____	'	_____	'	_____	'	_____	'	_____	'	Pretty
Wonderful	_____	'	_____	'	_____	'	_____	'	_____	'	Terrible
Wrong	_____	'	_____	'	_____	'	_____	'	_____	'	Right
Happy	_____	'	_____	'	_____	'	_____	'	_____	'	Sad
Bad	_____	'	_____	'	_____	'	_____	'	_____	'	Good

Old People

I want you to rate old people as being good or bad.

Good	_____	'	_____	'	_____	'	_____	'	_____	'	Bad
Sad	_____	'	_____	'	_____	'	_____	'	_____	'	Happy
Right	_____	'	_____	'	_____	'	_____	'	_____	'	Wrong
Terrible	_____	'	_____	'	_____	'	_____	'	_____	'	Wonderful
Pretty	_____	'	_____	'	_____	'	_____	'	_____	'	Ugly
Unfriendly	_____	'	_____	'	_____	'	_____	'	_____	'	Friendly
Clean	_____	'	_____	'	_____	'	_____	'	_____	'	Dirty
Poor	_____	'	_____	'	_____	'	_____	'	_____	'	Rich
Healthy	_____	'	_____	'	_____	'	_____	'	_____	'	Sick
Harmful	_____	'	_____	'	_____	'	_____	'	_____	'	Helpful

Next I will ask you some puzzle type questions.

1. You will grow older, but your father will stay the same age. Why? _____
2. Your mother and your grandmother are the same age. Why? _____
3. Your grandfather was born before your father. Why? _____
4. You and your mother are the same age. Why? _____
5. If someone was born first, then they are older than you. Why? _____
6. You were born before your teacher was born. Why? _____
7. Your grandmother grows older every year. Why? _____
8. If someone is bigger than you, then they are older than you. Why? _____
9. You grow older every year. Why? _____
10. If someone is five years older than you, they will always be five years older than you. Why? _____
11. Someone is two years older than you, but you will catch up to them and be the same age someday. Why? _____
12. How old were you when you were born? Why? _____

Appendix E

Teachers' Pretest Questionnaire

First we would like to ask how you feel about aging.
In the following items, please circle a number to indicate
the extent to which you agree or disagree.

1. The majority of old people are senile (ie. defective
memory, forgetful).
Strongly agree 1 2 3 4 5 6 Strongly disagree

2. All five senses tend to decline in old age.
Strongly agree 1 2 3 4 5 6 Strongly disagree

3. Most old people have no interest in, or capacity for,
sexual relations.
Strongly agree 1 2 3 4 5 6 Strongly disagree

4. Lung vital capacity tends to decline in old age.
Strongly agree 1 2 3 4 5 6 Strongly disagree

5. The majority of old people feel miserable most of the
time.
Strongly agree 1 2 3 4 5 6 Strongly disagree

6. Physical strength tends to decline in old age.
Strongly agree 1 2 3 4 5 6 Strongly disagree

7. At least one-tenth of the aged are living in long-stay
institutions (ie. nursing homes).
Strongly agree 1 2 3 4 5 6 Strongly disagree

8. Aged drivers have fewer accidents per driver than
driver under age 65.
Strongly agree 1 2 3 4 5 6 Strongly disagree

9. Most older workers cannot work as effectively as younger workers.

Strongly agree 1 2 3 4 5 6 Strongly disagree

10. About 80% of the aged are healthy enough to carry out their normal activities.

Strongly agree 1 2 3 4 5 6 Strongly disagree

11. Most old people are set in their ways and unable to change.

Strongly agree 1 2 3 4 5 6 Strongly disagree

12. Old people usually take longer to learn something new.

Strongly agree 1 2 3 4 5 6 Strongly disagree

13. It is almost impossible for old people to learn something new.

Strongly agree 1 2 3 4 5 6 Strongly disagree

14. The reaction time of most old people tends to be slower than reaction time of younger people.

Strongly agree 1 2 3 4 5 6 Strongly disagree

15. In general, most old people are pretty much alike.

Strongly agree 1 2 3 4 5 6 Strongly disagree

16. The majority of old people report that they are seldom bored.

Strongly agree 1 2 3 4 5 6 Strongly disagree

17. The majority of old people are socially isolated and lonely.

Strongly agree 1 2 3 4 5 6 Strongly disagree

18. Older workers have fewer accidents than younger workers.
Strongly agree 1 2 3 4 5 6 Strongly disagree
19. Over 15% of the Canadian population are age 65 or over.
Strongly agree 1 2 3 4 5 6 Strongly disagree
20. Most medical practitioners give a low priority to the aged.
Strongly agree 1 2 3 4 5 6 Strongly disagree
21. The majority of older people have incomes below the poverty level (as defined by the federal government).
Strongly agree 1 2 3 4 5 6 Strongly disagree
22. The majority of old people are working or would like to have some kind of work to do (including house or volunteer work).
Strongly agree 1 2 3 4 5 6 Strongly disagree
23. Older people tend to become more religious as they age.
Strongly agree 1 2 3 4 5 6 Strongly disagree
24. The majority report that they are seldom angry or irritated.
Strongly agree 1 2 3 4 5 6 Strongly disagree
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be worse or about the same as that of today's older people.
Strongly agree 1 2 3 4 5 6 Strongly disagree

Appendix F

Teachers' Posttest Questionnaire

First we would like to ask how you feel about aging.

In the following items, please circle a number to indicate the extent to which you agree or disagree.

1. The majority of old people are senile (ie. defective memory, forgetful).

Strongly agree 1 2 3 4 5 6 Strongly disagree

2. All five senses tend to decline in old age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

3. Most old people have no interest in, or capacity for, sexual relations.

Strongly agree 1 2 3 4 5 6 Strongly disagree

4. Lung vital capacity tends to decline in old age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

5. The majority of old people feel miserable most of the time.

Strongly agree 1 2 3 4 5 6 Strongly disagree

6. Physical strength tends to decline in old age.

Strongly agree 1 2 3 4 5 6 Strongly disagree

7. At least one-tenth of the aged are living in long-stay institutions (ie. nursing homes).

Strongly agree 1 2 3 4 5 6 Strongly disagree

8. Aged drivers have fewer accidents per driver than driver under age 65.

Strongly agree 1 2 3 4 5 6 Strongly disagree

9. Most older workers cannot work as effectively as younger workers.
Strongly agree 1 2 3 4 5 6 Strongly disagree
10. About 80% of the aged are healthy enough to carry out their normal activities.
Strongly agree 1 2 3 4 5 6 Strongly disagree
11. Most old people are set in their ways and unable to change.
Strongly agree 1 2 3 4 5 6 Strongly disagree
12. Old people usually take longer to learn something new.
Strongly agree 1 2 3 4 5 6 Strongly disagree
13. It is almost impossible for old people to learn something new.
Strongly agree 1 2 3 4 5 6 Strongly disagree
14. The reaction time of most old people tends to be slower than reaction time of younger people.
Strongly agree 1 2 3 4 5 6 Strongly disagree
15. In general, most old people are pretty much alike.
Strongly agree 1 2 3 4 5 6 Strongly disagree
16. The majority of old people report that they are seldom bored.
Strongly agree 1 2 3 4 5 6 Strongly disagree
17. The majority of old people are socially isolated and lonely.
Strongly agree 1 2 3 4 5 6 Strongly disagree

18. Older workers have fewer accidents than younger workers.
Strongly agree 1 2 3 4 5 6 Strongly disagree
19. Over 15% of the Canadian population are age 65 or over.
Strongly agree 1 2 3 4 5 6 Strongly disagree
20. Most medical practitioners give a low priority to the aged.
Strongly agree 1 2 3 4 5 6 Strongly disagree
21. The majority of older people have incomes below the poverty level (as defined by the federal government).
Strongly agree 1 2 3 4 5 6 Strongly disagree
22. The majority of old people are working or would like to have some kind of work to do (including house or volunteer work).
Strongly agree 1 2 3 4 5 6 Strongly disagree
23. Older people tend to become more religious as they age.
Strongly agree 1 2 3 4 5 6 Strongly disagree
24. The majority report that they are seldom angry or irritated.
Strongly agree 1 2 3 4 5 6 Strongly disagree
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be worse or about the same as that of today's older people.
Strongly agree 1 2 3 4 5 6 Strongly disagree

Appendix G

Parents' Letter

Dear Parents:

During the months of April and May, Mary Feniak and I would like to have your child take part in a local history project involving volunteer seniors from the community. Seniors will be invited into the school to talk about and take part in activities related to the olden days.

This thesis project is being directed through the Faculty of Education, University of Windsor as part of our Master of Education degree.

As well as finding out about local history we would like to study teachers', seniors' and children's attitudes towards older people. This would involve asking children a series of questions about older people. Sessions with seniors will be video taped. All information provided will be converted to numbers such that children and the school will not be identified. This will maintain confidentiality of all participants.

We request your permission to have your son/daughter take part in this project involving seniors. Participants may withdraw at any time during the project or refrain from answering any questions. If you have any questions regarding the project please feel free to contact me at the school. Your cooperation is greatly appreciated.

We would ask you not to discuss the project with your child as this might affect the results of the study.

Yours truly,

Judy McLaughlin
Vice-Principal
Central School

Mary Feniak
Public Health Nurse
Health Unit

Intergenerational Program Consent Form for Parents

I give my consent for my son/daughter to take part in this intergenerational project during April and May, 1992.

Student's Name

Parent's Signature

If you would like a copy of the results of this project, please sign the attached form.

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: _____

Appendix H

Teachers' Letter

Dear

During the months of April and May, a research study will be conducted at Central School. This project will involve inviting seniors into the school to be part of a curriculum unit dealing with local history. The target group for this study will be junior division students. The focus of this study will be based on an intergenerational program.

We are respectfully asking you to help gather information for this study. We will be examining the attitudes of seniors, children and teachers towards aging. We will also be looking at attitudes of seniors and teachers towards intergenerational programs in the schools. The findings of this study may be used as the basis for expanding such programs.

All data will be collected by either Mary Feniak, the seniors coordinator at the Health Unit or Judy McLaughlin, vice-principal at the Central School.

The participants and the school will not be identified. This will maintain confidentiality of all participants. You may withdraw from the study at any time or refrain from answering any questions.

We are asking you to complete a questionnaire which

contains three sections. These sections include: true/false statements about seniors and aging, demographic information, questions regarding your opinion about the program.

Your honest opinion will be most helpful in this study.

If you have any questions please contact Mary at the health unit or Judy at the Central School.

We appreciate your assistance in participating in this project.

Sincerely,

Judy McLaughlin

Mary Feniak

Consent Form for Teachers

I agree to participate in this intergenerational study.

If you want a copy of the results of this intergenerational study please sign below:

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

Appendix I
Seniors' Letter

Dear Senior;

During the months of April and May, we would like you to participate in a project on local history in our school. You would be working with children in Grades 4, 5, and 6.

This project will look at the involvement of seniors and their affect on children's learning. We will also look at the attitudes of children, seniors and teachers towards aging as well as the advantages/disadvantages of an intergenerational program.

The participants and school will not be identified at any time. This will ensure confidentiality for everyone who takes part in the project. You may withdraw at any time or refrain from answering any questions.

We appreciate your assistance and support in this project and are looking forward to working with you. If you have any questions, please contact Mary Feniak at the Health Unit or Judy McLaughlin at the Central School.

Sincerely,

Mary Feniak
Judy McLaughlin

CONSENT FORM FOR SENIORS

I agree to participate in this intergenerational study.

If you want a copy of the results of this intergenerational study please sign below:

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

Appendix J

Results of the Seniors' Attitudes Toward Aging Questionnaire

1. The majority of old people are senile (ie. defective memory, forgetful).

Agree 1	2	3	4	5	6 Disagree
				37.5%	62.5%

2. All five senses tend to decline in old age.

Agree 1	2	3	4	5	6 Disagree
		25.0%	25.0%	37.5%	12.5%

3. Most old people have no interest in, or capacity for, sexual relations.

Agree 1	2	3	4	5	6 Disagree
(NR 12.5%)			37.5%	25.0%	25.0%

4. Lung vital capacity tends to decline in old age.

Agree 1	2	3	4	5	6 Disagree
	12.5%	12.5%	37.5%	37.5%	

5. The majority of old people feel miserable most of the time.

Agree 1	2	3	4	5	6 Disagree
12.5%			12.5%	12.5%	62.5%

6. Physical strength tends to decline in old age.

Agree 1	2	3	4	5	6 Disagree
	12.5%	12.5%	62.5%	12.5%	

7. At least one-tenth of the aged are living in long-stay institutions (ie. nursing homes).

Agree 1	2	3	4	5	6 Disagree
12.5%	12.5%	12.5%	12.5%	25.0%	25.0%

8. Aged drivers have fewer accidents per driver than driver under age 65.

Agree 1	2	3	4	5	6 Disagree
(NR 12.5%)		12.5%	25.0%	12.5%	25.0% 12.5%

9. Most older workers cannot work as effectively as younger workers.

Agree 1	2	3	4	5	6 Disagree
25.0%			37.5%	37.5%	

10. About 80% of the aged are healthy enough to carry out their normal activities.

Agree 1	2	3	4	5	6 Disagree
37.5%	37.5%	12.5%	12.5%		

11. Most old people are set in their ways and unable to change.

Agree 1	2	3	4	5	6 Disagree
25.0%	12.5%		25.0%	37.5%	

12. Old people usually take longer to learn something new.

Agree 1	2	3	4	5	6 Disagree
25.0%	25.0%	12.5%	25.0%	12.5%	

13. It is almost impossible for old people to learn something new.

Agree 1	2	3	4	5	6 Disagree
12.5%				50.0%	37.5%

14. The reaction time of most old people tends to be slower than reaction time of younger people.

Agree 1	2	3	4	5	6 Disagree
25.0%		37.5%	12.5%	25.0%	

22. The majority of old people are working or would like to have some kind of work (including house or volunteer work).

Agree 1	2	3	4	5	6 Disagree
25.0%	37.5%	12.5%	25.0%		

23. Older people tend to become more religious as they age.

Agree 1	2	3	4	5	6 Disagree
37.5%	37.5%	12.5%	12.5%		

24. The majority report that they are seldom angry or irritated.

Agree 1	2	3	4	5	6 Disagree
	12.5%	12.5%	12.5%	62.5%	

25. The health and socio-economic status of older people (compared to younger people) in the year 2000 will probably be worse or about the same as that of today's older people.

Agree 1	2	3	4	5	6 Disagree
	50.0%	37.5%	12.5%		

Appendix K

Results of the Seniors' Attitudes Towards Volunteering
Questionnaire

1. My volunteer experience has changed my feelings of being needed.

Agree 1	2	3	4	5	6 Disagree
28.6%		14.3%	42.9%		Nr 14.3%

2. My volunteer experience has changed my attitudes towards school children.

Agree 1	2	3	4	5	6 Disagree
28.6%		14.3%	28.6%		28.6%

3. My volunteer experience has changed my openness to new ideas.

Agree 1	2	3	4	5	6 Disagree
28.6%		14.3%	28.6%		28.6%

4. My volunteer experience has changed my attitudes about involvement in school activities

Agree 1	2	3	4	5	6 Disagree
42.9%		14.3%	28.6%	14.3%	

5. My volunteer experience has changed my knowledge about schools.

Agree 1	2	3	4	5	6 Disagree
14.3%	14.3%	14.3%	42.9%	14.3%	

6. My volunteer experience has changed my attitude about public schools.

Agree 1	2	3	4	5	6 Disagree
14.3%	14.3%	14.3%	28.6%		28.6%

10. Would you volunteer in the school again? 100% said yes.

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VITA AUCTORIS

Mary Alison Feniak was born on December 28, 1933 in Ottawa, Ontario. She graduated from the Ottawa Civic Hospital in 1956 with a diploma in nursing and continued studies with a certificate in Nursing Education from the University of Western Ontario in 1958. She taught nursing for three years at the Sarnia General Hospital and then became a nurse manager at the Ottawa Civic Hospital for one year.

She left the work force to raise her family in 1962, returning to part time work from 1968 to 1972. In 1984, she accepted a part time position in a home for the aged and started to upgrade her education. In 1987, after completing a diploma in gerontology, she started on a Bachelor degree in nursing which she completed in 1989. Presently she is completing a Master of Education degree.

She is currently employed by the Lambton Health Unit as the seniors' coordinator. In this capacity, she is directly involved in and responsible for a community development project with seniors in Lambton County. One of her goals is facilitating seniors in community projects.