A thesis submitted in partial satisfaction of the requirements for the degree of Master of Arts in Education, Educational Psychology, Counseling and Guidance

by

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DEDICATION

This thesis is dedicated with love to the writer's husband, for his understanding, encouragement and support.

R.L.S.
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ABSTRACT

COMPARISON OF PERCEIVED LIFE SATISFACTION IN OLD AGE WITH PERCEIVED LIFE SATISFACTION IN EARLY ADULT LIFE

by

Ruth L. Stimson

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The purpose of this study was to investigate the relationship between the perception of life satisfaction in old age (age 65 years and older) with the perception of life satisfaction in early adult life (age 18 to 30 years). The general hypothesis was that there would be no significant difference between the two age phases. A review of the literature revealed life satisfaction measurements in old age, but little comparative data between early life measures and old age. Past research also proved to be sparse and contradictory.

The subjects contributing to this study were 174 volunteers who were age 65 or older, and who represented 9 Senior Citizen Centers in the Greater Los Angeles area. The instrument used to assess the past and present perceived life satisfaction of these subjects was the Life Satisfaction Evaluation and Comparison Questionnaire which was designed specifically for this test and consisted of 50 multiple-choice items reflecting 5 categories: Health; Social; Economic; Psychologic; and Activity, of which 25 referred to present life satisfaction and a matching 25 to past early
life satisfaction.

The method of data analysis was a t-test for Matched Groups, which measured the differences between past perceptions and corresponding present perceptions of life satisfaction. Both overall as well as categorical differences between past and present were compared.

Within the framework of the hypothesis the results of this study indicated that there was no overall significant difference between past early life and present old age life satisfaction. Categorically, three of the five categories showed no significant difference, while two indicated significant changes. In reference to the category "Health", perceived life satisfaction was significantly greater in early adult life when compared to old age, while in regard to the category "Economic", life satisfaction was seen as significantly greater in old age than in early adult life.
CHAPTER I

INTRODUCTION

Surely no purpose outranks survival. All other purposes are secondary. No single pattern ensures survival, and no single feature provides the answer. Through the complexities of life shine the patterns that have meant survival. Hidden in the rocks, in the bodies and ways of life of plants and animals is the mindless wisdom of at least two billion years. With his superb brain, man is ready to learn from nonhuman inhabitants of his solar system and perhaps more distant worlds. He can seek to discover how his own kind and other creatures have survived so far, while so many have disappeared without issue. By finding and applying the pattern of survival, man is most likely to extend his own future.

Lorus Milne

To age is to continue living, to survive, and in his most basic activities, man's goal is to live. How he lives, the quality of his life, his sense of satisfaction with his life, affects us all in any society. It is important then to examine and explore in depth the entire life process, the on-going changes, so that we may more fully understand each facet, the effects these progressions play upon each other, and the implications therein. For only with enlightenment and insight can we counsel change that will bring about a better and more satisfying quality of life.

It is therefore to those who have survived the longest that our attention is focused. How do they perceive their lives in old age? What level of satisfaction do they experience at this time?
How are these perceptions related to their past history? In answering these questions, knowledge may be gained which can create changes in early life which will inherently improve the quality of life in later years, even throughout life.

It is in an effort then, to throw a stronger light on the association between early adult life and old age, and hence, expand the body of knowledge about later life by clarifying some causal factors regarding human behaviors and attitudes that this study is made.

Statement of the Problem

Growing old in America has, within the past few years, finally gained the attention of the population as a whole, the media, and those exploring and researching the life span, and in particular, human behavior and development (Newsweek, 1977). Myths are disintegrating and being put to rest, replaced by researched data, implications and projections are being based on at least more knowledgeable information if not truths. There is finally accumulating a prolific body of material in gerontology which hopefully will affect and inspire changes in both attitude and acts toward those fortunate enough, strong enough and wise enough to reach the 'ripeness of life', old age, and also influence those people who, in the process of their work, interact with the aged.

The effects of early childhood development upon adult life have been well examined and found to be profound (Mussen, Conger, Kagan, 1974). Tracing and verifying development and change throughout the entire life span however has been sparse and difficult to attain (Kalish, 1975). Consequently, evidence of on-going consistencies and disparities in individual human behaviors, attitudes emotions and perceptions is relatively unproven, and questionable assumptions are made about aging, and in particular, old age. Even
today many traits and patterns are generally attributed to all aged persons irregardless of their individuality. The Good Age tells us that our society has created an image of the elderly and imposed it on every individual who falls within that age category (Comfort, 1977). It would seem logical however, that if early childhood delivers such a developmental impact on early adult life, then these early patterns might well be determining factors in the way an individual copes in later life stages and indeed how he or she views the world throughout life.

In order to determine this, then, information must be gathered at various ages and stages through the life span, and comparisons drawn among them in order to determine lifelong mental health developmental patterns.

Life satisfaction in old age is generally considered an appropriate measure of well-being and successful aging (Erikson, 1959). Research has previously been explored by professionals in the field of gerontology in regard to successfully aging and life satisfaction of the aged (eg: Knapp, 1976; Medley, 1976; Edwards, Klemnack, 1973; Spreitzer, Snyder, 1974). Little however has been researched in regard to how this information relates to the past history of the subject's life satisfaction. It is with this expostulation then as background that this study was developed. Comparisons in regard to youth and old age can only be objectively made by means of longitudinal studies, incorporating information involving an individual total life span. Because of the enormity of time involved, some viable alternative must be chosen. This study's choice was an examination of different life stages from subjective awareness and memory. Though an individual's perception of himself may be distorted factually, the way in which he or she views self and the
world around him or her is a conclusive indicator of emotional and psychological well-being, and the degree of life satisfaction he or she experiences (Pfeiffer, 1974). Therefore, its measurement has validity.

For purposes of measurement, a questionnaire was designed and developed in order to evaluate perceived life satisfaction in old age and perceived life satisfaction in early adult life, and to determine if any relationship exists between the two life stages. It is hoped that the data resulting from this examination will contribute in part to clarification of the psychological functioning of the elderly individual in our society and hence his or her well-being, and that examination of its connection with the past will lead the way to early detection and prevention of later problems apparent in old age.

Definitions

The definitions of the following terms were considered appropriate for this study:

Old Age - 65 years of age or older

Early Adult Life - 18 years of age to 30 years of age

Life Satisfaction - A feeling of happiness and satisfaction with one's own life (Kalish, 1975).

Health - Factors related to the physiological well-being of the subject.

Social - Factors related to the social interactions of the subject.

Economic - Factors related to the financial and economical state of the subject.

Psychologic - Factors related to the emotional and psychological well-being of the subject.

Activity - Factors related to the active social and personal
participation of the subject.

Statement of the Hypothesis

The present study was designed to test the following hypothesis:

There is no significant difference between perceived life satisfaction in old age and perceived life satisfaction in early adult life.

Limitations of the Study

Since all the subjects participating in this study were ambulatory, the results of the study can only be generalized to ambulatory elderly people.

All tests were conducted at Senior Citizens Centers and therefore involved subjects who may be socially and actively biased.

The majority of the 9 centers where tests were conducted draw their population from middle-class neighborhoods with low representation of racial minorities, therefore the study results are only generalizable to similar populations.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The prime obstacle to correcting the plight of the aged lies in the almost total lack of knowledge concerning the psychological, social, economic and personal changes that transpire after retirement. The numerous strengths of the geronto must be ascertained together with his inherent weaknesses. If they can be developed, methods of maximizing the strengths and minimizing the weaknesses will assist the older citizen in the achievement of a higher level of personal adjustment. Little experimental data are available to substantiate what are merely hypotheses. In many important areas, not even postulates exist.

Eric Pfeiffer (1974)

In the last few years, as the rate of child births decreases in our society, and the number of people living to experience old age increases, more attention has been centered on the exploration of gerontology. The research conducted and the information resulting from it is now being interpolated and integrated into concrete data which will result in a better understanding of life in later years. However, up to this time, conclusive data has been sketchy, to say the least, and even what has been gathered has been prone to skepticism because of the enormous difficulties involved in conducting research with this particular age population (Pfeiffer, 1974). Though many impressive studies have been done and produced important information, there are yet great gaps resulting from yet unanswered questions which need to be filled in order to provide a
complete picture of old age and a recommendation for a process of successful aging.

An initial exploration was made, therefore, in researching the literature for this study, to define and clarify successful aging, its connection with the study of life satisfaction of the aged, the past empirical research and results relating to this, and the associations and implications inherent in the findings.

Successful Aging

Successful aging is in the eye of the beholder and individual differences in its perceptions are great.

Erdman Palmore (1974)

In a conference report on successful aging, gerontologist Eric Pfeiffer stated that though we know very little about aging successfully, he believes that "the successful aging person was someone who, somewhere along the way, decided to stay in training physically, intellectually and emotionally as well as socially. This is the picture that emerges over and over again in reading about successful centenarians, in examining some of the findings from Duke Longitudinal Studies and in discussing the findings of other longitudinal studies..... there did seem to emerge a set of common characteristics for almost all of these persons" (1974).

Successful aging is exemplified in Erikson's stages of life classifications by 'Integrity versus Despair and Disgust'. He utilizes three criteria:

a) an acceptance of one's own and only life cycle and of the people who have become significant to it.

b) an acceptance of the fact that one's life is one's
own responsibility.
c) a readiness to defend the dignity of one's own life style.

A good adjustment to old age then would be manifested in a positive outlook on one's life in old age and on one's behavior in all aspects of living at this time, an individual's view of the world and his relationship and reaction to it (Erikson, 1959).

For those aged individuals who achieve a fulfilling life style, energies would seem to be not heavily invested in any one particular segment of life, but spread broadly, though their involvement in most aspects is more than minimal (Williams, Worths, 1965). In Lives Through the Years: Styles of Life and Successful Aging we find a 'success scale' which categorizes four levels of success, rating the traits of autonomy and persistence high and dependency and precariousness low on the scale (1965).

Most older people come to peace with the changes inherent in aging by recognizing that the only way to enjoy life is to cope with those changes as effectively as possible and make appropriate compensations. Perhaps the most graphic description of successful aging comes from those individuals who are experiencing and examining this stage of life. One such person is Julia Harris, who at 77 sees her own life success in living as containing the following characteristics: good physical care of self; hobbies such as music and feeding the birds; a social life which maintains a balance between introversion and extroversion; economy in life style; a range of emotional expression; a sense of humor and the ability to laugh at oneself; an appreciation of beauty and nature; pleasure derived from helping others; prayer; and a positive philosophy including the "other than that" outlook ("what I can't do, but other than that I feel fine") (Pfeiffer, 1974).
Finally, a gerontologist who is a senior citizen herself states: "A precise definition of successful aging is not important. I believe I am aging successfully because I can meet all of my needs and some of my wants; I am continuing my activities with many groups and making a real contribution in some; I feel a real zest for life" (Gentry, 1977).

**Equating Successful Aging and Life Satisfaction**

The inter-relatedness of all human behavior is frequently emphasized by those studying psychological gerontology. Behavior, performance and life satisfaction of elderly people are integrated parts of their coping abilities (Kalish, 1975). Indeed, most researchers and professionals seem to agree that life satisfaction should be a major component of any comprehensive conception of 'adjustment' or 'mental health' (Palmore, 1974).

In order to determine some degree of success in regard to aging, a measure must be applied which can be empirically defined. Since, as has been stated, determining 'successful aging' is subjective on the most part, then an appropriate determinant would be the degree or level of one's satisfaction with one's life, as a reflection of an individual's feelings of success. In defining more explicit means of evaluating successful aging, Richard Kalish, in his book *Late Adulthood: Perspectives on Human Development*, has enumerated four determinants (1975):

1. A way of life that is socially desirable for this age group (deemed by society as successful).
2. Maintenance of middle-aged activities.
   - functions, behaves as when younger
   - assumes this is success
3. A feeling of satisfaction with one's present status
and activities.

4. A feeling of happiness and satisfaction with one's life.

Of these four, one reflects sociability, one activity and two a feeling of life satisfaction. In general, life satisfied people have been found to be healthy, active and socially and economically sound (Palmore, 1974).

In a discussion involving successful aging with future projections, Neugarten lists five components measuring life satisfaction:

1. Taking pleasure from whatever round of activities constitutes one's everyday life.
2. Regarding one's life as meaningful and accepting responsibility for what one's life has been.
3. Feeling that one has succeeded in achieving one's major goals.
4. Holding a positive self image and regarding oneself as a worthwhile person, no matter what one's present weaknesses may be.
5. Maintaining optimistic attitudes and moods.

She further maintains that there is a wide range of life styles that accompanies satisfaction of life; that no single formula spells success and no single pattern of social or psychological change provides it (Pfeiffer, 1974). This direction (evaluating the personal and social integration and the well-being of the aged) is also reflected in the use of life satisfaction as a measurement in a variety of studies (Cutler, 1973; Edwards, Klemnack, 1973; Tornstam, 1975; Knapp, 1976; etc.).

It appears than that since life satisfaction has been the most prevalent and most effective tool in gathering information relating to mental well-being, happiness and a good adjustment to old age,
then this measurement is the most appropriate for use in this study.

**Equating Early Life Satisfaction with Life Satisfaction in Old Age**

One may adapt to old age well or badly much as one might adapt well or badly to any other stage of life.

Alex Comfort (1976)

There is much evidence to support the impact of early life experiences on later years (Mussen, Conger, Kagan, 1974). Many experts in the field of human behavior and development believe that these early patterns are irreversible. Barrett states that "the self-concept held by the older person is probably almost identical to the evaluation of worth accepted as a young adult ..... that feelings of inferiority are not, as usually believed by the uninformed, typical of the aged.....the small sample (less than 10%) who consider themselves inferior probably reflect opinions conceived during youth or the middle years" (1972). However, research of longitudinal studies covering a life span through old age is sparse and inconclusive (Bengstrom, 1973).

The possibility that the personality may be forming and reforming throughout all the adult years is also being carefully examined and given some credence. Some researchers believe that the effects of early life on the years of maturity are minimal (Britton, Britton, 1972). What really happens in psychological aging is complex and unclear, for as Alex Comfort declares in *The Good Age*: "Old people are people who have lived a certain number of years and that is all!" (1976).

Considering Jung's personality theory, changes occurring as part of the aging process (which begin to take place after the middle years) may be in a very different direction than in the past, and at
different magnitudes, but the direction and magnitude will depend on what takes place in the first half of life. He then integrates both the impact of early life and diverse changes in later years (Gentry, 1977).

Our initial concept of early life development as the basis of personality development in later years seems to reflect a consensus, although with some modifications, for as Barrett explains in his description of the personality of the 'geronto':

Studies of human beings do not indicate as strong a primacy effect of early experience as was once believed. This suggests that in order to understand behavior we must place far more emphasis upon analysis of the person's contemporary social situation and the continually changing environment which plays such a major role in personality development.

During childhood, preadolescence, adolescence and early maturity there is a continuing modification of individual personality. This is due to physical change, reflection of personality attributes observed in others that impressed the individual, experienced success or failure in personal effectiveness, changing self-concept and a multitude of other possibly unique factors. They are all a part of the maturational development. When maturity is achieved, the personality will be rather complete - effective or ineffective, adequate or inadequate, pleasant or unpleasant, as the case may be. From this time on throughout life continuous changes may or may not be observed. Changes rarely occur except through long periods of modification.

If the personality achieves desired ends and satisfies the individual, little modification will take place except through interaction with a changing environment (1972).

With this premise then, that how well one's personality is developed, how well-adjusted one is to life, how satisfying one perceives his life to be as a young adult, will determine how satisfying one finds old age in years to come, that this study is made. For if the well-being and life satisfaction and success in aging of the
elderly individual is not reflected in earlier life patterns and traits, and hence by early developmental determinants, then personality changes may be occurring throughout the life process, or from internal and external effects of experiencing old age alone, for "when true observable change does exist, the cause should be determined, and not merely assumed to be simply due to aging" (Barrett, 1972).

**Empirical Research Relating to Life Satisfaction of the Elderly**

The examination of life satisfaction and morale of the elderly and the correlations relating to these have been the center of much current applied gerontological research, resulting in a substantial initial amount of data (Palmore, Luikart, 1972; Spreitzer, Snyder, 1974; Tobin, Neugarten, 1971; etc.). Most researchers and laymen agree that life satisfaction is a vital part of any conception of mental health (Sells, 1969). This research has been found to be interrelated with health, activity, socio-economic status and to some extent, age (Palmore, Luikart, 1972). However, we do not know if these situational correlations are experienced in old age only as new phenomena to individuals at a new stage of life, or are part of an on-going process from the past, established by early individual development and adjustment, or lack of development and maladjustment. To initiate a comparison with previous and present levels of life satisfaction would entail a study of life satisfaction at each stage of life. No such correlations have been drawn empirically as yet. We can only therefore examine the research which explores life satisfaction in old age and how it relates to variables inherent with the old age experience.

Palmore and Luikart, in a study made in 1972, measured life satisfaction of the elderly subjectively by examining four variables:
The results showed self-rated health as the strongest variable related to life satisfaction, almost twice that of any of the other variables. It also showed that this alone accounted for a majority (two-thirds) of the explained variance in life satisfaction, and that all of the other variables together were of secondary importance. This seems to confirm the old adage that "health is the important thing" (Comfort, 1976). The second strongest association, however, was of organizational activity, which indicated a need for social involvement. Belief in internal controls was the third strongest, bearing out the psychological theories that autonomy and responsibility for self is synonymous with good mental health and feelings of well-being. This longitudinal study however, involved persons from ages forty-five and up, and consequently cannot be considered directly applicable to old age per se. It does however provide a basis for defining categories which will reflect information in regard to life satisfaction of the elderly, as well as a general overview for the study (1972).

The results of the Edwards, Klemnack study which re-examined the correlates of life satisfaction a year later found that those senior adults who were younger, married, and with larger families had a more satisfying life. In terms of formal social participation, those related to associations reported greater life satisfaction. Also, high satisfaction was associated with frequency of social contact with others, and perceiving oneself in good health was positively correlated while the number of experienced ailments was not (1973).
A different study conducted that same year re-examined the relationship between voluntary association participation with life satisfaction of the elderly, since the findings of previous studies were felt to be inconclusive and somewhat ambiguous. The data resulting from this research indicated a significant positive relationship between high life satisfaction scores and high participation. High levels of socio-economic status and subjective health assessment proved also to be significantly related to high levels of perceived life satisfaction. Levels of socio-economic status and health were also positively correlated to levels of association participation (Cutler, 1973).

A) Research Related to Singular Variables

Past research and resulting data have been mainly focused upon the study of life satisfaction levels and variables affecting it in the present life situation of old age. When correlations of avowed happiness were investigated (Wilson, 1967), a significant positive association was found between the subject's perceived degree of happiness and a) his successful involvement with people; b) a personality adjustment; c) health; and d) his economic level; and there no appreciable relationship with his I.Q. was found.

The Kansas City Studies of Adult Life (Neugarten, 1968), an in-depth research program of aging persons, provides indications of a split between personality dimensions and age change. One set of psychological processes which reflected age differences were 'intrapсhychic' phenomena, which are not readily available to awareness and conscious control and which do not have direct expression in overt patterns of social behavior. A second set, relating to personal-social adjustment or psychological well-being as well as to typology of personality traits, did not reflect age variation. Overt personality processes seemed to change with age; covert processes reflected
stability over time.

There is apparently a discrepancy in findings between two different modes of causes of varying degrees of life satisfaction; those contained in the individual personality, and those affected by external factors. Measurement has been made of each separately but effects of one upon the other have not been clarified. In 1975, a revision was made on the Philadelphia Geriatric Morale Scale, an assessment of the inner states of older people. This research supported accumulating evidence that there are identifiably separate aspects of morale or life satisfaction; that attitudes not referring directly to one's self appear to constitute a separate domain as do assessments of one's own health (Lawton, 1975).

Medley attempted to provide a causal model by comparing financial situation, health satisfaction, satisfaction with standard of living, satisfaction with family life and satisfaction with life as a whole. He hoped to explain the mechanisms by which antecedent influences are translated into satisfaction with life by examining the patterns of influence among the previously stated variables. The results of this investigation pointed to the importance of family life satisfaction to satisfaction of life as a whole. Of the variables examined, this made the greatest impact for both sexes. The second most important single variable for females was satisfaction with standard of living, and for males, health satisfaction. The importance of health satisfaction, reported in other studies, though supported here, did not have the overriding impact expected. Also, financial situation was found to have no direct relationship with life satisfaction, for either sex. These findings were recognized as only tentative contributions toward clarification of a general theory, and there was no presumption of either proving or establishing an approach by which
life satisfaction could be irrevocably explained. Further examination of all aspects was highly recommended for future research (1975).

More recently, using multi-dimensional life satisfaction as the basic study premise, Knapp constructed a four-equation multiple regression model for his predictions. The set of regressors included some conventional biographical characteristics, a number of activity variables and three indicators of retirement experience. Once again this research was directed toward a causal model by examining correlates and predictors of life satisfaction as separate entities. A stepwise regression estimation method was adopted and the resulting data indicated that the pattern of regressor influence varied greatly between equations, providing fairly explicit evidence on a number of previously espoused hypotheses. In particular, the activity perspective on aging was found to be important in the prediction of overall affect, but of little relevance for the other dimensions of life satisfaction (1976). There was some support for the Disengagement Theory as well. This theory espouses the belief that psychological problems experienced by elderly people have arisen out of the changes inherent in old age; loss of property, income, prestige, separation from loved ones, deterioration of health and physical abilities, and a disengagement from society (Botwinick, 1973). A more thorough diagnosis of factors interacting with life satisfaction in old age was encouraged once again. This data created only another piece in the yet to be completed puzzle of theoretical consensus regarding successful aging, but did help establish some groundwork for future experimentation.

B) Research Related to Early Life Factors

Little data is available which relates life satisfaction after age sixty-five with earlier life variables. There has been some attempt however in exploring patterns of personality in middle and later life.
Neugarten and Associates, in their study, concluded that sixty year olds, when compared to forty year olds, projected some differences. The older group saw the environment as more complex and dangerous, were less ready to attribute activity and affect to persons in the environment than their younger counterparts, and they moved from an outer to inner-world orientation. On the other hand, some personality dimensions were not affected by age related changes. These were aspects of personality which related more closely to the social system (1965). Reichart and colleagues, in studying the personalities of older men and classifying them in five major categories according to their adjustment to aging, found that the majority adjusting poorly to aging had had a lifelong history of personality problems (1969). Supporting this is the Cybernetic Theory, which compares control systems within the central nervous system, to computers, and implies the "use it or lose it" approach, in that previously established patterns of learning and social activity are determinants of patterns in late life (Busse, Pfeiffer, 1969).

In 1974, Spreitzer and Snyder, extending the examination of Edwards and Klemmack, correlated life satisfaction levels of subjects from age eighteen through old age to support the findings of recent longitudinal studies that retirement does not precipitate a marked deterioration in health and psychological well-being (Streib, Schneider, 1971), and to enlarge upon the suggestion of Maddox that the social and psychological aspects of aging are influenced by life-style patterns established earlier in the life cycle (1968). They also hoped to contradict the recent emphasis on the negative aspects of aging; the loss of roles, social isolation, poverty and cultural youth glorification. They found that up to age sixty-five, women tended toward higher life satisfaction evaluation than men, but after age sixty-five,
the trend was reversed. The relative strength of perceived health and financial adequacy as predictors was identified. This study failed to include, however, any measure of social participation and compared present youth with present aged subjects, thereby confounding generational differences (1974).

In regard to examination of some specific variables, a longitudinal study on the Natural History of Sexual Behavior in a Biologically Advantaged Group of Aged Individuals determined that sexual interest and activity in the aged group existed at the same level reported in their younger years (Pfeiffer, Verwoeldt, Wong, 1969). Similarly, other longitudinal research relating psychological adaption to medical disability in older men suggests that not only are the emotionally adaptable better to withstand the ravages of old age, but also that for the mentally healthy, these ravages may be postponed (Vaillant, Vaillant, 1972). Perlin and Butler too, found that diagnosable psychopathology, including depression, had its origins in the old age period in only twenty-three percent of the non-psychotic community resident aged subjects in their study (1972). Many different and separate factors relating to personality and mental health would seem to indicate a direct relationship between the past and present old age.

C) Research Related to Perception of Self

In general, old people perceive themselves positively. It is the public around them who view them from a negative point of view, for aged individuals exhibit as much confidence in themselves as do the young. One in three people over sixty-five finds his or her present life better than he or she had expected it to be; only one in ten finds it worse (Comfort, 1976). This is borne out in Warren's longitudinal study of urban elderly and their self-perception of
independence. In studying aged person's objective and subjective degree of physical health and well-being, he found that his subjects perceived themselves as a relatively healthy and fairly independent group with particular limitations in regard to mobility. He also discovered that there was little difference in perceived health status as age increased, in spite of the prevalence of chronic conditions, that their positive state of mind was reflected in a positive image of health and well-being (1974). A further reflection was the attempt to clarify the relationship between health and attitudes or self-perceptions by Tornstam. He found that health variables indicated different levels of importance and were important in different ways according to varying attitudes and self-perceptions (1975).

These then would indicate that one's perception of self is further projected onto other perceptions relating to a variety of aspects of one's life and the ways in which one views the world around him.

Conclusion

Past research then, fragmented and incomplete, shows a great ambivalence in regard to what the causal factors involved in successful aging and life satisfaction in old age are. Whether the Disengagement or Cybernetic theorists prevail, conclusive information is yet to be found. Perhaps a newer theory, not yet hypothesized will hold the key. Whatever the final answers may be, examination of only one segment of a life span without a reflection of its historical implications can never fulfill the need of understanding the human process. It is with the hope of casting another small beam of light upon a small segment of one shadow that this study was made.
CHAPTER III

METHODS

Subjects

The subjects were 174 volunteer senior citizens of whom 32 were male and 142 were female. Their ages ranged from 65 years through 88 years of age. All subjects were ambulatory and in attendance at one of nine Senior Citizen Centers in the Greater Los Angeles area. In addition to age and sex, subjects differed in marital status, living accommodation, education and income.

Instrument

The measuring instrument used was the Life Satisfaction Evaluation and Comparison Questionnaire which was designed specifically for this test (Appendix A). The questionnaire was presented in a 14 page booklet form consisting of an instructional page cover sheet, 2 section-head pages, 10 pages of 50 items, and a final information sheet. The questionnaire was divided into 2 sections: Section A) a heading sheet referring to present perceptions plus 5 pages of 25 numbered items, and Section B) a heading sheet referring to past perceptions plus 5 pages of 25 similar matched items. The 25 questions in each section were divided into 5 categories of 5 items each:

1) Health  - Items 1,2,3,4 & 5
2) Social   - Items 6,7,8,9 & 10
3) Economic - Items 11,12,13,14 & 15
4) Psychologic - Items 16, 17, 18, 19 & 20
5) Activity - Items 21, 22, 23, 24 & 25

Each of the 25 items was succeeded by an applicable 5 point Likert Scale with a designated letter A, B, C, D & E of which A represents the highest (most desirable) score and E represents the lowest (least desirable). The respondent was asked to read the item statement, then indicate their most appropriate choice by circling the corresponding letter. The type print was large and double-spaced to facilitate easy reading. The instruction sheet gave an introductory explanation of the questionnaire, plus complete and explicit instructions for answering the following items through the use of a sample question, so that little verbal instruction was needed to be given by the administrator of the test. The time needed for completion of the instrument by a subject was approximately 10 to 15 minutes. Tests were distributed simultaneously and handed in upon completion. No time limit was involved.

The division of the questionnaire into 2 equal and similar sections, one for the examination of present experiences, and one for examination of past experiences, was made so that accurate comparisons and explicit data could be drawn between the two life segments. The breakdown into 5 categories is a reflection of past studies of life satisfaction. In the Duke Adaption Study of 1968 (Palmore, 1974), life satisfaction was measured by the Cantril Ladder, and the resulting 18 variables were divided among 4 categories: a) health, b) activity, c) socio-psychological, and d) socio-economic. Both the 4 categories and the 18 variables were utilized as a foundation for the development of this questionnaire. These categories and their relationship to measuring life satisfaction are further corroborated by the definition of "successful aging"
(Kalish, 1975), and through the Sources of High and Low Morale for the Elderly Scale (Kalish, 1975). The format and length of questionnaire (statement plus multiple-choice response) was chosen to facilitate easy comprehension and answering on the part of elderly subjects who might have difficulty visually or manually.

The Sentence Completion Test (Birren, Butler, Sokoloff, Yarrow, 1975), the 1956 Interview Schedule of Middle-Aged and Older Persons of Pennsylvania (Britton, Britton, 1972), and the Chicago Attitude Inventory (Britton, Britton, 1972) were used as a guide for phraseology of the statement in each item. The scale used by Ryser and Sheldon (1969) in regard to self-rated health was a model for the scale used in each item of the questionnaire. The general basis for measurement variables was the Philadelphia Geriatric Morale Scale (Lawton, 1975), and life satisfaction correlations measured in previous studies (Edwards, Klemmack, 1973; Spreitzer, Snyder, 1974).

In assembling the questionnaires, the order of beginning categories in each section was equally staggered among the 5 categories in each of the 2 sections; eg: 1) categories A,B,C,D,E; 2) categories B,C,D,E,A; 3) categories C,D,E,A,B; 4) categories D,E,A,B,C; and 5) categories E,A,B,C,D, in order to avoid set patterns of response and minimize confounding due to tiring or boredom on the part of the subject. The order of the 2 sections, a) present life experience, and b) past life experience, was varied equally also, and the selection of one from each of the two staggered sections in order to compile a complete questionnaire was made by random selection for all of the questionnaires assembled.
Test Administration

The questionnaire was initially tested at the storefront Senior Citizens Service Center in West Los Angeles. Senior citizens were asked to fill out the questionnaire before leaving the center. Eleven subjects completed the test on September 23, 1977. These subjects were also asked to discuss any problems or disparities inherent in completing the test. The items proved to be clear and the measuring method adequate and appropriate, hence no items were changed, although two were reworded to insure against any possible confusion. Since one subject completed the additional information only, which was presented on the first page of the questionnaire, the order of pages was changed and this information sheet was moved to the end of the questionnaire. The instruction sheet proved adequate in explaining and exemplifying the scoring process to follow. The questionnaire was then retyped and reprinted for final use.

This administrator presented all questionnaires to 174 subjects at the following times and locations:

1. October 14, 1977 - Good Neighbor Center for Senior Citizens,
   First Baptist Church,
   760 South Westmoreland Avenue,
   Los Angeles, California
   Number of subjects: 23

2. October 10 & 11, 1977
   - Culver City Senior Citizen Center,
     4153 Overland Avenue,
     Culver City, California
   Number of subjects: 35

3. October 26, 1977 - Beverlywood Senior Citizens Center,
   1760 South La Cienega Blvd.,
   Los Angeles, California
   Number of subjects: 35
4. October 27, 1977 - Felicia Mahood Center for Senior Citizens, 11338 Santa Monica Blvd., West Los Angeles, California
   Number of subjects: 17

5. October 27 & 28, 1977 - McArthur Park Senior Citizens Center, Parkview Avenue, Los Angeles, California
   Number of subjects: 22

6. November 1, 1977 - B'Nai B'Rith Senior Citizens Service Center, Robertson Blvd., West Los Angeles, California
   Number of subjects: 12

7. November 1, 1977 - Redondo Beach Senior Citizens, 109 Esplanade, Redondo Beach, California
   Number of subjects: 5

   Number of subjects: 16

9. November 10, 1977 - San Fernando Valley Senior Citizens Center, 13164 Burbank Blvd., Van Nuys, California
   Number of subjects: 11

The test administrator was either introduced by a center group leader or director, or was self-introduced to an attending group of seniors. The administrator's school, course of study, as well as the aim of the test was identified. The questionnaire was introduced as a means of gathering further information about later life and its implications and the subjects were asked to contribute to this growing
body of knowledge by completing the questionnaire. They were also assured that the effort was completely voluntary. The test was described as self-explanatory, with careful instructions to follow, and the subjects were informed that it would take 10 or 15 minutes to complete. They were asked to raise their hands if there were any individual problems encountered during its completion, and told to please withhold any general questions involved until after all questionnaires had been returned to the administrator, when more discussion and explanation would be forthcoming. Anyone who felt uncomfortable or reticent in completing the task was encouraged to refuse. The questionnaires, along with pencils, were distributed to those accepting the assignment. Discussion among subjects was discouraged until completion. After all questionnaires were returned, a question and answered period followed informing the subjects as to the goals of the research, and appreciation was extended to them for their help and co-operation. Of the 176 questionnaires distributed to willing subjects, 174 were returned.

Treatment of Data

The data resulting from the questionnaires was manually recorded and statistically analysed by the test administrator. The 174 questionnaires were checked to insure completed responses to each and all 50 items. Of the 174, 47 were found to be incomplete, hence not considered in the computation of data in regard to comparison of present and past life satisfaction. Therefore, 127 subjects were included in this analysis.

The additional subject information in regard to age, sex, marital status, education, income and living accommodations was also tabulated and recorded, and included information from all 174
subjects.

A number value for each letter value on the Likert Scale was substituted for statistical computation as follows:

- A equals the value of 5
- B equals the value of 4
- C equals the value of 3
- D equals the value of 2
- E equals the value of 1

**Scoring Procedure**

A table was used to manually record the 50 marked responses (A, B, C, D or E) for each of the 127 completed tests. The appropriate Likert Scale number value was substituted for each letter value indicated. The total number value accumulated for each of the 5 categories in Section A, and the total number value accumulated for each of the 5 categories in Section B for each of the 127 individual subjects was computed. A score for each subject was calculated by subtracting the total categorical value of Section B (past experience) from the total categorical value of Section A (present experience). The resulting value therefore is representative of the difference between present and past life satisfaction. These 5 categorical scores for each subject as well as the square of each score were recorded and the sum of the individual 127 scores for each category plus the sum of the 127 scores squared for each category was tabulated.

In addition, the 127 scores for Section A were totaled by category, and the 127 scores for Section B were totaled by category. A mean score for each category of each section was then obtained.

In order to obtain total section differences, a sum of the 5
difference values for each of the 127 subjects was calculated as well as the square of this resulting sum. These resulting 127 overall scores were totaled in order to resolve total section differences. The squares of these overall scores were also added for further statistical analysis.

Statistical analysis of the differences between Section A and B of the test, as well as the 5 individual categorical differences in Section A and B were then carried out through application of the \( t \)-test for Matched Groups. The resulting statistical data is given in Tables 1, 2, 3, 4 & 5, and in Figure 1.
CHAPTER IV

RESULTS

To test the hypothesis that there is no significant difference between the perceived past life satisfaction of early adult life and the perceived life satisfaction of old age, the chosen method of analyzing the data was a t-test for Matched Groups. The test was applied to the total questionnaire, matching the overall score of Section A with the corresponding overall score of Section B. The test was also applied to difference scores from each of the 5 separate categories: Health, Social, Economic, Psychologic & Activity. In all instances the level of confidence was set at the .05 level. The total sections and the 5 categories were each treated independently.

The Total Group

Table 1 indicates the total section raw scores, the number of subject responses and the means for both Section A (present) and B (past). The results of the application of the t-test, based upon totals of individual subject differences between Section A and B are given in Table 2. Since, at 126 degrees of freedom and at .05 level of significance a t-test must be greater than $+1.98$ to indicate significant difference, and since the total 't' value was $+0.75$, the hypothesis that there is no significant difference between perceived life satisfaction after age 65 and perceived life satisfaction in early adult life was confirmed.
The Categories

The statistical data in Table 3 shows the categorical totals of raw scores, the number of subject responses and the mean scores for each of the 5 separate categories in each of the 2 sections. The range of mean scores was from 18.15 to 22.45, with the wider distribution of means reflected in past life satisfaction than in the present. The .05 level of significance, the 126 degrees of freedom and the resulting t-test significance value of + 1.98 remained constant for each and all of the 5 categorical difference scores. The t-test score for each category is given in Table 4.

In regard to the first of the 5 categories 'Health' (paired items 1,2,3,4,5), the t-test indicated a marked significant difference between perceived health in old age and perceived health in early adult life. Since the 't' value for 'Health' of -4.08 exceeded the 't' significance value of + 1.98, health in old age was considered to be significantly poorer in old age than health in early adult life.

The t-test findings for the second category 'Social' (paired items 6,7,8,9,10) of -.43 falls far below the + 1.98 level and therefore showed that no significant difference existed between past and present social phenomena.

'Economic', the third category of paired items (11,12,13,14,15) proved however to show a significant difference between perceived economy in old age and early adult life since the t-test value for this category was + 5.24, far greater than the + 1.98 required to show significance. This score, as opposed to the difference in regard to 'Health', indicated a better economical consideration in old age than in early adult life.

The fourth category 'Psychologic' (paired items 16,17,18,19,
20) again showed no significant difference between the paired groups, and the results of its t-test, +.25, indicated a representation of the smallest difference of any of the 5 categories.

Paired items 21, 22, 23, 24 & 25 applied to the last of the 5 categories, and referred to 'Activity'. The t-test results of +.71, when compared to the + 1.98 requirement, indicated here again no significant difference between Section A and B.

Three of the five categories then showed no significant difference when measured by means of the t-test for Matched Groups, though there was a variance in the range of differences. Of the two remaining categories, one showed a significant difference in one direction and one in the opposite direction. There was no significant overall difference between the two sections.

Supplemental Data

Additional information gathered from the 174 subjects in regard to sex, age, income, education, marital status and living accommodation is summarized in Table 5.

Figure 1 gives a graphic representation of the means of each category for each of the two sections of the questionnaire.
TABLE 1

ANALYSIS OF MEANS BY SECTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Scores</th>
<th>Number of Subjects</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>13,281</td>
<td>127</td>
<td>104.57</td>
</tr>
<tr>
<td>Present (Old)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>13,126</td>
<td>127</td>
<td>103.35</td>
</tr>
<tr>
<td>Past (Young)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 2

T-TEST ANALYSIS OF MATCHED GROUPS FOR SECTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Sum of Differences</th>
<th>Sum of Differences Squared</th>
<th>Number of Subjects</th>
<th>Degrees of Freedom</th>
<th>t-test Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - B</td>
<td>155</td>
<td>43,016</td>
<td>127</td>
<td>126</td>
<td>.75</td>
</tr>
</tbody>
</table>
TABLE 3

ANALYSIS OF MEANS BY CATEGORIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Section A</th>
<th>Section B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total of Scores</td>
<td>Number of Subjects</td>
</tr>
<tr>
<td>1</td>
<td>2630</td>
<td>127</td>
</tr>
<tr>
<td>2</td>
<td>2707</td>
<td>127</td>
</tr>
<tr>
<td>3</td>
<td>2654</td>
<td>127</td>
</tr>
<tr>
<td>4</td>
<td>2589</td>
<td>127</td>
</tr>
<tr>
<td>5</td>
<td>2701</td>
<td>127</td>
</tr>
<tr>
<td>Category</td>
<td>Sum of Differences</td>
<td>Sum of Differences Squared</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Health</td>
<td>-221</td>
<td>+3291</td>
</tr>
<tr>
<td>Social</td>
<td>-19</td>
<td>+1983</td>
</tr>
<tr>
<td>Economic</td>
<td>+349</td>
<td>+5359</td>
</tr>
<tr>
<td>Psychologic</td>
<td>+13</td>
<td>+2779</td>
</tr>
<tr>
<td>Activity</td>
<td>+33</td>
<td>+2151</td>
</tr>
</tbody>
</table>

* Significant Difference
### TABLE 5
ANALYSIS OF SUBJECT SUPPLEMENTAL DATA

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>No. of S's</th>
<th>Percentage</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>166</td>
<td></td>
<td>70.98yr.</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Male</td>
<td>32</td>
<td>18.39%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>142</td>
<td>81.61%</td>
<td></td>
</tr>
<tr>
<td><strong>Income (mo.)</strong></td>
<td></td>
<td>124</td>
<td></td>
<td>$666.72</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Under Grade 12</td>
<td>37</td>
<td>23.57%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High School Grad. - 12</td>
<td>55</td>
<td>35.03%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post H.S. 1-2 Yrs.</td>
<td>30</td>
<td>19.11%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>College Grad. 4 Yrs.</td>
<td>26</td>
<td>16.56%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post Grad. College</td>
<td>9</td>
<td>5.73%</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>Married</td>
<td>51</td>
<td>32.08%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>24</td>
<td>15.09%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>68</td>
<td>42.77%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>14</td>
<td>8.80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separated</td>
<td>2</td>
<td>1.26%</td>
<td></td>
</tr>
<tr>
<td><strong>Living Accomodations</strong></td>
<td>House</td>
<td>40</td>
<td>25.15%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Apartment</td>
<td>114</td>
<td>71.70%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Room</td>
<td>5</td>
<td>3.15%</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Youth is the time of getting, middle age of improving and old age of spending; a negligent youth is usually attended by an ignorant middle age, and both by an empty old age.

Anne Bradstreet

Summary

This study was designed to investigate the relationship between the perception of life satisfaction in old age with the perception of life satisfaction in early adult life. The general hypothesis for this study was that there would be no significant difference between the two age phases. The 174 subjects contributing to this study were age 65 or older and represented 9 Senior Citizen Centers in the Greater Los Angeles area. The instrument used to assess the past and present perceived life satisfaction of these subjects was the Life Satisfaction Evaluation and Comparison Questionnaire. This measure consisted of 50 multiple-choice items in 5 categories, 25 of which referred to responses regarding present life of the subjects, and a similar, corresponding 25 in regard to their life in early adulthood.

The method of data analysis to test the hypothesis presented was a t-test for Matched Groups, which measured the differences between the past perceptions and the corresponding present perceptions of life satisfaction. Both the overall life satisfaction of past and present as well as the breakdown by categories were compared.
The results indicated that there was no significant difference between perceived life satisfaction in old age and perceived life satisfaction in early adult life, and therefore confirmed the general hypothesis of this study. Three of the five categories proved also to show no significant differences. The two exceptions related to information in regard to health and economic factors. The level of significance for all tests was set at .05, and all six tests conducted were treated independently. The findings of this study then, lend support to the past studies of Neugarten (1968), Kalish (1975), Boyd and Oakes (1969).

Conclusions

The findings of this study indicated that since there was no significant difference between overall perceived past or present life satisfaction, a relationship may exist between successful aging and healthy early development and life adjustment. This study also indicated that life satisfaction was a state of mind related to one's view of the world and was dependent more upon subjective experience rather than any imposition of external factors. However, the discrepancies shown when the test was examined categorically did indicate a balancing effect resulting from the significant decline in perceived health over the years, with the perceived increase economically over the same period.

The findings relating to the breakdown of categories showed the areas in which attitudes and experiences varied between past and present life. Because of physiological problems and decline inherent in old age, it was not unexpected to find that in regard to the 'Health' category, the mean relating to early life was considerably higher than the mean relating to present old age. The means
relating to social aspects differed only slightly from past to present, although that which represented the past was slightly higher, indicating slightly less sociality in old age than in early life. The means for the category 'Activity' were closely aligned to each other also, but surprisingly, the mean relating to the present was slightly higher than the one relating to early life experiences. However, since a great majority of the subjects were women, and since early life years measured in this study would reflect child-bearing and rearing years for these subjects (age 18 to 30), the activity reflected in the survey may have been minimized at that time. The means of 'Psychologic' were extremely close for past and present, indicating hardly any change between life phases. There was a slightly higher score for the present, which would point to a very slight increase in positive outlook. All five categorical means for both past and present were above average on the scale range, reflecting a 'more desirable' score and hence a more positive world view and life satisfaction attitude. This might be due to the fact that all subjects were ambulatory, active participants in a senior citizen's center and hence may represent a sample population which is both physically and emotionally healthier than average.

The means of the category 'Economic' were the most surprising since the mean of the present time is much larger than the mean indicative of the past early life span. This would indicate that subjects see themselves as much better off economically in old age than in earlier years. An explanation, however, could be that this age group would have experienced the early life span through the Great Depression of the thirties and hence this variance may reflect sociological as well as psychological phenomena because of this. The overall high level of means for all categories would seem to
indicate that elderly people do not see themselves as either unfortunate or as unhappy as is generally believed.

The additional information contributed by the subjects reflected that in regard to living accommodations, the great majority (approximately 97%) live autonomously, either in their own homes or in apartments. The greater majority of subjects were presently single (approximately 68%) either from being widowed, divorced, separated, or having never married. However, at some time in life about 85% had been married. In regard to education, almost 77% completed high school and over 41% continued some education past the Grade 12 level. The mean income of $666.72 per month, though low by today's economic standards, is not reflected as inadequate through the responses given by the subjects in the questionnaire.

Recommendations

As a result of this study, the following recommendations are made: A) Counseling the Elderly Person

1. Since set patterns in attitudes and behavior may have been established early in life and have persisted over an entire life span, whether healthy or unhealthy, the chance of promoting great change through counseling processes in old age is minimal, consequently a realistic approach and awareness of counseling limitations should be developed by those counseling the aged.

2. Counseling theories, direction and instruction in regard to those interacting with elderly people should include information dealing with the perspective of the entire life span rather than intense focus on the period of life involving old age alone.

3. Programs, treatment, counseling techniques and approaches which deal with elderly people should be designed and directed
individually with both present and past psychological constitution in mind, in order to help the older person cope as best they can within their own limitations.

4. In counseling the elderly person, any problem reported which relates to old age needs to be checked out with past experience and past attitudes before any accurate diagnosis or effective treatment can be made, since a differentiation must be established between a chronic or a new problem.

5. Greater attention needs to be focused on problems relating to health changes inherent in the aging process and on the expectation of these changes.

B) Attitudes toward the Elderly

1. Since the subjective attitudes, values, and judgments of those of age 65 or over may not reflect the objective attitudes, values, and judgments in regard to old age and old people made by those observing them, any discrepancies should be carefully examined and considered in order to make effective decisions which involve the welfare of the elderly population.

2. More extensive examination of the elderly and their own view of their lives should be given and recorded, and fewer assumptions made by those not having experienced this late age phase of life in order to give more effective aid to real problems arising from old age itself.

3. Less focus should be placed on old age as a separate entity and more attention given to the entire and continuous life span as well as the constants inherent in that perspective.

C) Further Studies

1. Further studies in regard to comparison of early life and old age should be extended to include other phases of the life span in
order to analyze, with some accuracy, not only their relationship to the later years of old age, but to each other throughout life, so that a continuous pattern could be identified and clarified.

2. A larger population, including non-ambulatory subjects needs to be examined in order to validate the findings of this study and in order to reflect the elderly population as a whole.

3. Studies involving a further breakdown of the population considered in this study as 'old' might add to the greater understanding of changes which are identifiable with aging.

4. A greater intensity and concentration of research on each category involved in the study of life satisfaction is needed, since this study only presented five items for each category measured.

5. An analysis of variance for the life stages and the categories would elicit further information and more explicit statistical data in regard to life satisfaction.
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APPENDIX
LIFE SATISFACTION EVALUATION AND COMPARISON QUESTIONNAIRE

This questionnaire is designed to gather data in regard to the 'golden years' of our lives and compare this with data from our memories of the past. There are two sections; one applies to the present, and the other section to the past. Each section contains 25 items to be answered. All fifty items are to be completed. There is an additional back page information sheet which is also to be filled out.

Please follow the instructions carefully.

INSTRUCTIONS: Please read the sample item below. You will see that there are 5 alternative responses listed below the statement (A,B,C,D & E). Choose ONE response as the answer which MOST CLOSELY describes the situation, or which seems MOST APPROPRIATE to you personally, and indicate your choice by circling the corresponding letter on the left with pencil, as shown below.

SAMPLE QUESTION: I am satisfied with my life.

A. Very often
B. Quite often
C. Sometimes
D. Seldom
E. Almost never

PLEASE TURN TO THE NEXT PAGE AND ANSWER EACH AND ALL ITEMS FROM #1 THROUGH #25 OF EACH SECTION, IN THIS WAY.

MARK ONLY ONE ANSWER PER ITEM.
TURN THE PAGE AND ANSWER THE FOLLOWING 25 ITEMS AS YOU FEEL ABOUT YOUR LIFE TODAY.
HEALTH

1. I feel physically well.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

2. My time is free of medical problems.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

3. I am physically able to take good care of myself.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

4. My health is adequate for my age.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

5. I am free from worry about my health.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

Turn to next page
SOCIAL

6. My relationships with the members of my family are satisfactory.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

7. I am free of loneliness.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

8. When I want, I can find someone to talk to.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

9. I enjoy being with others.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

10. I make an effort to meet new people and make new friends.
    A. Almost always
    B. Usually
    C. Sometimes
    D. Rarely
    E. Almost never

Please turn the page
ECONOMIC

11. I feel that I have enough money.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

12. I am able to budget my finances to 'make ends meet'.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

13. Financially, I am independent of others.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

14. I am free of money worries.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

15. I can provide for my own economic needs.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

Please turn the page
PSYCHOLOGIC

16. I get the love and affection I need.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

17. There is pleasure in my life each day.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

18. I feel young in spirit.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

19. My life is meaningful and important.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

20. I am free of worry and depression.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never
21. Experiencing something new is exciting.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

22. I'm as busy as I want to be.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

23. Hobbies and other personal projects give me pleasure.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

24. Belonging to outside groups, organizations, clubs, etc. enriches my life.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

25. I feel a sense of satisfaction about how I spend my time each day.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never
THINK BACK TO YEARS PAST AND IMAGINE YOURSELF AS YOU WERE IN YOUR YOUNG ADULT LIFE (BETWEEN THE AGES OF 18 TO 30 YEARS OLD). PICTURE IN YOUR MIND HOW YOU LOOKED... THOUGHT.... AND FELT AT THAT TIME OF YOUR LIFE.

NOW TURN THE PAGE AND ANSWER THE NEXT 25 ITEMS AS YOU REMEMBER YOURSELF THEN

...
HEALTH

1. As a young adult, I felt physically well.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

2. As a young adult, my life was free of medical problems.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

3. As a young adult, I took good care of myself physically.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

4. As a young adult, my health was adequate for my age.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

5. As a young adult, I was free from worry about my health.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

Turn to next page
SOCIAL

6. As a young adult, my relationships with the members of my family were satisfactory.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

7. As a young adult I was free of loneliness.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

8. As a young adult, when I wanted, I could find someone to talk to.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

9. As a young adult, I enjoyed being with others.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

10. As a young adult, I made an effort to meet new people and make new friends.
    A. Almost always
    B. Usually
    C. Sometimes
    D. Rarely
    E. Almost never

Please turn the page
11. As a young adult, I felt that I had enough money.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

12. As a young adult, I was able to budget my finances to 'make ends meet'.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

13. As a young adult I was financially independent of others.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

14. As a young adult I was free of money worries.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

15. As a young adult, I could provide for my own economic needs.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

Please turn the page
PSYCHOLOGIC

16. As a young adult, I got all the love and affection I needed.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

17. As a young adult there was pleasure in my life each day.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

18. As a young adult I was young in spirit.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

19. As a young adult, my life was meaningful and important.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

20. As a young adult, I was free of worry and depression.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

Please turn the page
ACTIVITY

21. As a young adult, experiencing something new was exciting.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

22. As a young adult, I was as busy as I wanted to be.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

23. As a young adult, hobbies and other personal projects gave me pleasure.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

24. As a young adult, belonging to outside groups, organizations, clubs, etc. enriched my life.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

25. As a young adult, I felt a sense of satisfaction about how I spent my time each day.
   A. Almost always
   B. Usually
   C. Sometimes
   D. Rarely
   E. Almost never

Please turn the page
INFORMATION SHEET

Please fill in the following information:

AGE: 

SEX: 

MARITAL STATUS: 

EDUCATION: (Last grade completed)

LIVING ACCOMODATION: (Own home; rent apt; hotel; relatives; etc.)

INCOME: (Present average per month)

PLEASE DO NOT SIGN YOUR NAME!

THANK YOU VERY MUCH FOR YOUR TIME, CO-OPERATION AND HELP. IT IS GREATLY APPRECIATED.

Do not write below this line.

Date: Time:

Place: Interviewer: