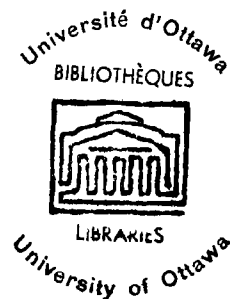


THE RELATIONSHIP OF DEGREE OF INTIMACY TO
LIFE SATISFACTION IN PERSONS 65 YEARS
OF AGE AND OVER

by Mary-Ellen Francoeur

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Graduate Studies of the University
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the requirements for the degree of
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Ottawa, Canada, 1975



Mary-Ellen Francoeur, Ottawa, Canada, 1976

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CURRICULUM STUDIORUM

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INTRODUCTION

Although the scientific study of personality, its structure and development has only been seriously pursued since the beginning of the twentieth century, the investigation of the particular make-up of the aged personality, as well as the needs and frustrations of the later years, has been even more recent. The study of the adult has usually involved persons in their twenties or thirties. With increased realization of the criticality of the early years in personality development, attention has also been given to the young child. Today, when homogeneous groups are needed for research, the university population is frequently used, providing much information concerning persons in their late adolescence and early twenties. Nevertheless, with medical advancement and a physically less strenuous way of life, the old-age population has grown to an impressive degree, leaving society with challenges to meet. Gerontology, the branch of psychology which looks at the older person, has developed rapidly, carrying on investigations into the many facets of personality, intelligence and aptitude of the older population.

There are several obstacles to meet in conducting any research in the area of gerontology. The first would be the difficulty of isolating age as a critical variable. For

this reason, handbooks in gerontology have stressed the need for longitudinal rather than cross-sectional research. The cases where this has been followed are rare, so that one may still question today whether particular personality factors or needs or attitudes seen in the aged are indeed directly related to the aging process or represent merely individual differences. Another difficulty to be faced is that of finding homogeneous groups. Older persons are found in varying living conditions, in varying degrees of health and coping skills. The latter aspect in itself presents a serious problem. Whereas young people and working adults are accustomed now to test-administration, this remains an unfamiliar event for the older person and he may look at it with mistrust and impatience. Furthermore, physical handicaps, such as poor eyesight, hearing or hand coordination call for adjustments to be made on the part of the investigators. Researchers seem to choose most often an interviewing technique to circumvent such handicaps, and although their designs may lack the controls which are easier with younger age groups, they do their best to eventually facilitate and enrich the lives of older persons and prepare younger persons for the adjustments they will have to make.

A great deal of research has now been carried out in the area of the social adaptation of the older person. A popular philosophy which grew up was that older persons

would be far happier and better adjusted if they carried on activities of their own and joined social organizations, thus maintaining social contacts. Then a vast research study was conducted by Cumming and Henry in the late 1950's resulting in the development of the first actual theory of social adaptation for the aged. This was published in 1961, and the theory was called the Disengagement Theory, stating that adaptation involved a movement towards a new form of equilibrium, a life of greater withdrawal from social contacts. Apparently in direct opposition to the older philosophy, much research was generated to resolve the conflict by discounting one or the other theory, that is by maintaining the opposition. Some effort has been made also, however, to modify the Disengagement Theory, bringing it closer to the Activity Theory or at least seeing the possibility of various forms of adjustment.

Although this controversy spurred on much research, there was a distinct failure to understand the nature of the social contacts engaged in and the relationship between the type or quality of contact and the morale or adaptation of the older person. Too often social contact was seen in terms of number of persons contacted or frequency of contact. Instances may be found in the literature where a direct reference is made to the paucity of studies concerning the quality, depth or reciprocity of personal relationships,

not only in the area of gerontology but in the social sciences as a whole. In one study which had set out to relate traditional measures of social deprivation with indicators of morale, it was only in attempting to explain overall trends and deviations that the variable of the presence of an intimate confidant was suggested as significant and brought into the study. Its findings have led to some further research. Nevertheless, there has remained a lack of information concerning the actual nature and quality of relationships.

The present study is an attempt to begin to fill this gap of information. It seeks first to lay the basis for pursuing an investigation of intimate relationships of older persons, and then to present what literature is available concerning intimate contacts engaged in, and how these relate to morale. It hopes to contribute to these past efforts some further understanding of what actually takes place in these contacts and the degree of intimacy experienced in them. Since no instrument fulfilled this purpose, a new instrument was constructed by the author. The information gained from this newly constructed instrument concerning the degree of intimacy experienced by each person was related to his Life Satisfaction, the term used in the study to represent morale or successful adaptation.

Chapter one presents a review of literature divided first into a section dealing with a testimony to a basic

need to intimacy in all human beings of every age, followed by a section looking more specifically at the therapeutic nature of intimate relationships, and finally a description of the intimate contacts maintained in old age and their relationship to morale. The chapter ends with questions proposed for this study which arise out of the literature.

The design of the survey undertaken is presented in the second chapter. This includes a description of the sample, of the instruments used, of the procedure of approaching the subjects, and of the administration and scoring of the instruments. There is then a formal statement of the hypotheses in their null form, followed by the statistical methods used to test these hypotheses.

Chapter three consists of a presentation of the results of the survey and a discussion of these findings along with suggestions for further research.

The appendices contain the two instruments used and their scoring sheets.

CHAPTER I

REVIEW OF THE LITERATURE

The concept of intimacy, or the basic human need for personal contact with another or other human beings, is today commonly accepted as critical in the complete understanding of human development and adjustment. Yet concentration has usually been given to its significance for the infant. The studies of Ribble, Spitz, Arsenian, Bowlby, Harlow and Zimmerman have attested to the importance of the presence of a warm mother-figure for the infant. It has rather been taken for granted that the need for intimacy continues on through life, although satisfied through different kinds of relationships. Few researchers have been motivated to investigate the nature of the need for intimacy as it unfolds, or as it is expressed in different stages of life. This has also been true for the studies of the later years of life, after retirement. Since the two major theories of adjustment in old age, the Activity Theory and the Disengagement Theory, were placed in opposition by Cumming and Henry,¹ engagement in social activities, number of roles, length of contacts with others, in other words,

¹ Elaine Cumming and William E. Henry, Growing Old, New York, Basic Books, 1961.

outside numerical measures of social interaction, have most often been used as indicators of adjustment. The set of these two theories distracted investigators from the qualitative nature of intimate relationships and their significance in the lives of older persons.

Although an intimate relationship may be looked at from many points of view, this study will restrict its investigation to a relationship where there is a confiding or sharing of personal feelings and worries. The study is an attempt to provide further information as to the continued significance of a need for intimacy in the lives of older persons, or more specifically, to discover whether or not the degree of intimacy in a relationship of confiding of feelings and worries is related to life satisfaction in persons 65 years and over.

In order to have a clearer idea of the significance of human intimacy, Chapter I will present first a brief review of literature pertaining to intimacy and the need for intimacy in humans in general. This will be followed by the testimony of psychotherapists as to the therapeutic nature of intimacy in interpersonal relations. A review will then be made of the literature concerning the nature and influence of intimate relationships in the lives of older persons, followed by a presentation of studies more particularly dealing with the relationship between intimacy and morale or

life satisfaction. Finally, a summary will be offered along with the questions proposed in this study.

1. The Human Need for Intimacy.

An early clear explication of the need for interpersonal intimacy was made by Harry Stack Sullivan.² He described it as an instinctual need and a "powerful integrating tendency," equating the unsatisfactory fulfillment of this need with the pain of loneliness. Taking a developmental approach, Sullivan saw the beginnings of a need for intimacy in the infant's need for contact with living beings, this growing into a need for tenderness. He saw the next stage in the development in the child's seeking of adult participation in his play, this followed by a need for compeers and acceptance by them. With pre-adolescence came the more obvious expression of a need for intimate exchange and friendship, in its highest form a need for love of another person. In adolescence, he saw "the same need for intimacy, friendship, acceptance, intimate exchange, and in its more refined form, the need for a loving relationship, with a member of the other sex." Late adolescence and the rest of life were characterized, for Sullivan, by a consolidation and continued meaningfulness of these needs.

² Harry Stack Sullivan, The Interpersonal Theory of Psychiatry, New York, Norton, 1953.

This need, which for Sullivan reached its peak in preadolescence, had a great power. Contacts with others were made despite an intense fear and anxiety, in order to overcome the terrible loneliness which must result should there be a deprivation of companionship. Intimacy, for Sullivan, had the sense of closeness, a situation where two people could validate all components of personal worth. In this situation, he saw an adjustment of the one person's behavior to the expressed needs of the other in the pursuit of an increasingly mutual satisfaction and the maintenance of security. Satisfaction of the instinctual need for intimacy, then, brought security; failure to satisfy it brought anguishing loneliness. Satisfaction could only come in interpersonal relationships. Sullivan gave most emphasis to the years of crucial development, but stated that the consolidation of the meaning of this need in late adolescence led to its continued relevance in the rest of life.³

Frieda Fromm-Reichmann⁴ again spoke of the relationship between the need for intimacy and loneliness, and referred to Sullivan's definition of loneliness as "the exceedingly unpleasant and driving experience connected with an inadequate discharge of the need for human intimacy, for

3 Passim, p. 291-292.

4 Frieda Fromm-Reichmann, "Loneliness," Psychiatry, Vol. 22, 1959, p. 1-15.

interpersonal intimacy."⁵ She stressed that the longing for this interpersonal intimacy extended throughout life and that there was a great feeling of threat in not having this intimacy. She stated that the human being is born with this need for contact and tenderness. Her experience with psychopathology made her more sensitive to an unsatisfied need, this most critical, in her opinion, in early development, when an orientation to later relationships was established. And yet she pointed to the schizophrenic who, although deeply hurt, maintained a yearning and a capacity for love along with a fear of interpersonal closeness. The innate need and longing for her remained vital in all human beings.

Other authors have looked at the need for human contact and union, although they have not used the term "intimacy." Erich Fromm⁶ spoke of man's need to love which arose from an experience of anxiety in his awareness of his aloneness and separateness in the world. At birth man was thrown from a situation which was definite, into a situation which was "indefinite, uncertain and open." The only certainty about the future was his death. Man felt vulnerable, in that his will, his human powers, could not prevent

5 Sullivan, op. cit., p. 290.

6 Erich Fromm, The Art of Loving, New York, Harper and Row, 1956.

his death nor the death of those he loved; the world could invade him without his being able to react. "The deepest need of man, then, is the need to overcome his separateness, to leave the prison of his aloneness," and for Fromm, the only complete answer was fusion with another person, desire for this fusion being "the most powerful striving in man." There was a creativity in the actualization of this striving, as one gave, and in giving one brought something to life in another, this reflecting so that both could then share in the joy of what had been brought to life in them. The act of giving was "the highest expression of potency," for in the act, the person experienced himself as "overflowing, spending, alive, hence as joyous."⁷ In Fromm's statement, then, can be seen a striving to overcome separateness through the intimate relationship of fusion with another, and in doing this a discovery of all of one's potency. He also implied an almost inherent mutuality in the fusion, one's giving stimulating a giving in the other.

The feeling of separateness was at the basis of an instinct to enter into relation described by Martin Buber.⁸ For Buber, an intimate relationship would have been one where an "I" stepped into direct relation with a "Thou" who met him, where two persons, in meeting, stepped out of the world of things and each became whole in himself. The first

7 Passim, p. 8-23.

8 Martin Buber, I and Thou, New York, Scribner's Sons, 1958.

such meeting took place in the child who had left the primal world of his mother's womb and entered into his personal life. To overcome his feeling of separateness from his mother, his instinct to enter into relation led him to reach out, to possess the world. This instinct first involved contact by touch, then by visual touch, but it soon developed to its full powers so that there might develop mutual relation, or "tenderness."⁹ This instinct, the potential for an "I-Thou" relationship, was the highest level of experience in man, and was necessary for him to be fully human. A man was transformed, or became fully actualized as a person, by entering into relationship.

Andras Angyal¹⁰ looked at man's need to relate intimately in even another way and formed a new word to describe the striving in man, "homonymy." The striving, in his view, again originated in the very young child who gradually became capable of differentiating the environment as separate from himself. With the feeling of separateness came a sense of isolation as things were seen as out of his control. The child, finding himself alone, was forced to resolve the conflict and Angyal believed there were two

9 Ibid., p. 28.

10 Andras Angyal, Neurosis and Treatment: A Holistic Theory (E. Hanfmann and R. M. Jones, Eds.), New York, Wiley and Sons, 1965.

trends which developed in the child at this time and continued throughout his life: the trends to relate to the world through mastery and love. It is the second of these trends, that is homonomy, which is of significance here and Angyal defined it as "the wish to be in harmony with a unit one regards as extending beyond his individual self." Man had, according to Angyal, three levels of existence: the first, a striving to satisfy biological needs; the second, a striving to fulfill his potential; and the third, and most human, the striving "for meaning and significance of our person." He described this third striving very beautifully:

To be, to exist on this level, is to mean something to someone else. . . . We are nothing within ourselves, nonexistent. . . . This existence we cannot directly create for ourselves; it can only be given to us by another. . . . Starting with the small child who urgently wants to be noticed, we all want to have a life in the thoughts and feelings of others, to have them reflect our individual existence, and reflect it in an understanding affectionate way.

The need to be, to come into existence through another, was "the crux of our existence from the cradle to the grave."¹¹

To be taken into the love, affection and thought of another was an extremely important issue, then, for human beings. At the same time, one needed to love, to participate in the life of another, thus extending one's world beyond oneself. This latter aspect could be seen in Angyal's

¹¹ Passim, p. 15-19.

reference to the strong motivation of neededness, and this he associated particularly with old people. All men needed to feel that they were of use, a need which could not exist if men were sufficient unto themselves. Only in relationships where a person felt of value to another human being could he feel complete, could he maintain his self-respect at an adequate level. In another publication of Angyal's,¹² the significance for mental health of going beyond oneself, of participating in a larger whole, was brought out. In this relationship, one saw oneself as a small part of the world, so that one's personal sufferings and troubles were significantly reduced, were brought more into proportion. Without this relationship, a person might be so wrapped up in himself that his being might become his whole world and his troubles might take on gigantic proportions. Angyal would go along with Sullivan and Fromm-Reichmann in underlining the fact that the need to form relationships in which one felt loved, and cared for, and in which one could love and reach out beyond oneself should not be minimized.

This section has looked at the views of several authors who saw a need for intimacy, or meaningful interpersonal contact appearing first in the young child and

¹² Andras Angyal, Foundations for a Science of Personality (published for The Commonwealth Fund by Harvard University Press), Cambridge, Mass., 1967.

remaining significant throughout a person's life despite the fears and anxieties which might accompany it. Failure to satisfy the need brought pain and suffering. The potential of a relationship was an experience of creativity as each person became more whole, more fully actualizing, the realization of this wholeness stemming, it would seem, from a mutuality of experience.

The following section will again look at the significance of intimate contacts, but this time from the point of view of their therapeutic nature as evidenced by the experience of several therapists.

2. Intimacy as Therapeutic.

The therapeutic nature of satisfaction of the need for intimacy has been recognized by therapists who, although seeing therapy as one means of providing an intimate relationship, have given great value to the significant interpersonal relationships which may develop in everyday life. When Maslow¹³ described the basic needs essential to the understanding of human development, he stressed that these needs, such as safety, belongingness, love and respect, could be satisfied only by other human beings, that is in

13 A. H. Maslow, Motivation and Personality, New York, Harper and Row, 1954.

an interpersonal context. In situations such as marriage, friendship, and collaboration, which Maslow saw as possible "everyday miracles," there was the opportunity for significant positive experience of the self and the self in relation to another. He pointed to the challenging situations where untrained therapists have brought about remarkably positive results in patients and his only explanation lay in the positing of a motivational, interpersonal theory. Rather than concentrating on what was consciously said and done, he gave more emphasis to what was unconsciously done and perceived.

The therapist in all cases cited was interested in the patient, concerned about him, was trying to help him, thereby proving to the patient that he had worth in the eyes of at least one person. Since the therapist was in all cases some one who was perceived as wiser, older, stronger, or healthier, the patient could also feel more safe and protected and therefore less vulnerable and less anxious. The willingness to listen, the lack of scolding, the encouragement of frankness, the acceptance and approval even after sinful revelations, gentleness and kindness, the feeling given to the patient of having someone on his side . . . help to produce in the patient the unconscious realization of being liked, protected, and respected.¹⁴

There would seem to be here what Angyal referred to as the striving to come into existence by entering into the affection of another. Here we are looking at one side of an intimate relationship, a feeling of being cared for

14 Passim, p. 313-320.

totally by another and a resulting feeling of worth. It would seem that such a feeling must be present before one ventured out as a therapeutic agent oneself.

Hobbs¹⁵ referred directly to therapy as an experience of intimacy, human intimacy being for him "necessary for human survival."¹⁶ Whether or not the need for intimacy was instinctual or biologically based, the infant's prolonged experience of dependency provided time for a learning of a need to be close to others. From then on, experience taught the means of risking and handling intimacy. He saw how many experiences in everyday life could be the source of healthy integrations and reintegrations and how these could develop throughout the life of a person. Thinking in terms of learning to risk intimacy, Hobbs saw a significant aspect of therapy or any therapeutic interpersonal relationships as a sustained experience of intimacy where the person found he was not hurt. The person learned he could reveal many things about himself and continue to be respected and accepted by the other. In this way, in daring to remain in the relationship, he satisfied the need for intimacy, for closeness, which had remained with him since infancy.

15 Nicholas Hobbs, "Sources of Gain in Psychotherapy," American Psychologist, Vol. 17, No. 11, 1962, p. 741-747.

16 Ibid., p. 743.

Jourard¹⁷ also attested to the therapeutic nature of certain interpersonal relationships and went on to look at the nature of the therapy. He described the transformation and inspiration engendered by certain friends, teachers, relatives or employers, with whom a person felt more whole, more worthwhile, more sure of himself and full of self-confidence. In this frame of mind, the person also felt more strongly motivated to deal with problems he was experiencing. A relationship which continued between two people and remained therapeutic reflected a concern on the part of each for the welfare and happiness of the other. In some way, each was producing satisfactions for the other, and it might seem that concern for the other was a way of taking care of one's own welfare, and happiness. Jourard resolved this suspicion of selfishness by seeing a simultaneous love and concern for the self and for the other which together arose from an underlying power within man, to love. To love meant to be concerned first for the self in order to be able to feel concern for the other. In this description of a significant therapeutic relationship, one is given a picture of two sides, while, with the therapists who preceded, the giving seemed to come more from one side to be

17 Sidney M. Jourard, Personal Adjustment: An Approach through the Study of Healthy Personality (2nd ed.), New York, Macmillan, 1963.

received at the other. Jourard implied that a healthy relationship would have giving and gains on both sides.

The close relationship between intimacy and loneliness was brought out again by Ferreira,¹⁸ as it was with Sullivan and Frieda Fromm-Reichmann. He defined "intimacy need" as "the instinctual (i.e. born with) need that human beings had for contact with other human beings."¹⁹ The intimacy need was at the basis of life, its fulfillment essential to normal growth and development, especially in the early years where the feelings of belonging and trust were germinating. For the person in whom the need had not been fulfilled, there was the constant haunting loneliness which he sought to rid himself of. Ferreira believed that the fulfillment of the intimacy need might be a basic dimension in the therapeutic process, as the patient who came to therapy was looking in this relationship for a reparation of past pain and loneliness. The persistent need and the seeking of its fulfillment might represent a fundamental reason for relationship. Perhaps the therapists who have experienced those in need, those who have been deprived, are most sensitive to the strength of the intimacy need which continues to be significant even when constantly

18 Antonio J. Ferreira, "The Intimacy Need in Psychotherapy," International Journal of Psychoanalysis, Vol. 24, 1964, p. 190-194.

19 Ibid., p. 190.

unsatisfied. As with Sullivan and Fromm-Reichmann, Ferreira placed this need along with those needs directly connected to maintenance of the human organism.

Finally, the importance of interpersonal contact appeared in Frankl's theory of Logotherapy, as described by Crumbaugh.²⁰ For Frankl, true meaning in life, meaning in life being for Frankl a basic drive in man, could only be found in a human encounter, that is a mutual exchange and sharing of feeling and emotion. Crumbaugh, in describing this encounter, compared it to Buber's I-Thou relationship. In going beyond oneself to another to find meaning, this meaning arose out of the acceptance by the other of one's personal life. Within this acceptance, the person discovered an identity as a person as opposed to a thing.

This section brings to an end the discussion of intimacy in the lives of people as a whole. The ideas and feelings of therapists, just described, have presented the intimate relationship primarily as a one-sided experience where a person risked opening himself up to another in the hope of being accepted and understood. Therapy and certain significant interpersonal relationships in everyday life fulfilled this hope and in this fulfillment lay one aspect

20 James C. Crumbaugh, "Frankl's Logotherapy: A New Orientation in Counselling," Journal of Religion and Health, Vol. 10, No. 4, 1971, p. 373-386.

of their therapeutic nature. The person who felt accepted experienced himself as whole and worthwhile. Some description of a mutuality of experience was found, but it was not emphasized by the therapists.

In the next section, studies more closely related to the topic of the present research will be described. If, as the literature suggests, the need for intimacy persists throughout life, it would be expected that evidence of this need would be seen in old age, and that older persons would continue to seek relationships which would satisfy this need. Therefore the following studies will look at the nature and significance of intimacy in old age. Intimacy will be seen as a sharing of feelings.

3. Research on Intimacy in Old Age.

The Disengagement Theory of Cumming and Henry²¹ has already been referred to. The appearance of this theory was very significant in the history of attempts to understand social adjustment in the aging, as it was based on a direct communication with aged persons as to the number of their social roles, the amount of time they spent in interaction with others, and the number of interactions engaged in. The tendency had often been to impose a theory of adjustment

21 Cumming and Henry, op. cit.

based on middle-age standards. The study leading to the development of the theory was entitled the Kansas City Study of Adult Life. The population was composed of persons aged 50 to 90 over the whole study period, chosen first by stratified sampling of middle- and working-class white persons of this age in Kansas City with others added on a basis of quota sampling. Whether or not its postulates are valid for the aged as a whole and in all circumstances, the theory has at least generated much research to clarify the type of adjustment and the nature of social interactions which lead to good morale among the aged.

Unfortunately, this theory has usually been associated with the idea of withdrawal and this has often brought a strong negative reaction. Not enough attention has been given to what Cumming and Henry have to say beyond this idea. The following is a brief statement of their theory:

In our theory, aging is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. The aging person may withdraw more markedly from some classes of people while remaining relatively close to others. His withdrawal may be accompanied from the outset by an increased pre-occupation with himself; . . . When the aging process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship.²²

²² Ibid., p. 14-15.

Although there was withdrawal involved, there was also described an "altered type of relationship," in which some contacts were cut, but others remained relatively close. One might well wonder about the nature of these relationships which were maintained and what lay behind their maintenance in the midst of a stronger trend to withdraw.

Cumming and Henry gave us some idea of relationships of their subjects with family and friends. They wished to examine the kindred each person considered himself to be on intimate terms with, and the percentage of persons with at least one available kin. They defined intimate kindred as those named in response to the question: "Which relatives other than those who live here with you, do you feel closest to?" Available kin were those "living near enough so that a visit can be made comfortably during the course of a day and an overnight trip is unnecessary." They found that children and siblings were the relatives most frequently referred to in terms of closeness. The relationship varied with age and visiting patterns varied with sex. Although siblings and collaterals (that is, nephews, nieces, children-in-law) were the choice for sociability overall, the seventy-year mark seemed a turning point in that, at this age, children became more important when help was needed. Although the role of friendship was not extensively examined, it seemed to act as a substitute for kinship, and a relationship of

friendliness potentially held a source of help. Fifteen respondents, questioned on the above points, felt that kinship should ideally be identical to friendship. However, in time of need, kin were turned to preferentially. The need for clearly understood terminology was seen in the study of friendship. When respondents were "asked to define friendship," answers were very vague and differed sharply from diffuse "'she's my old friend and would do anything for me'," to specific "'she's my bridge-playing friend',"²³ the diffuse statements coming mostly from those without siblings, the specific, describing activities engaged in, coming from those with siblings. The general conclusion was that "friendship" was poorly defined and often referred to kinship relations by the respondents. It would seem, therefore, that intimate relationships in old age were formed primarily with kin, friends acting as substitutes, if necessary, when help and support were needed. Friendship did not seem to be sought for its own sake.

In returning to Cumming and Henry's idea of disengagement, we may now say that, according to their findings, although in old age there may be a decrease in contact with society at large, contacts with kin do not diminish except

23 Passim, p. 52-62.

where kin are absent, and this contact has for its goal satisfaction of needs, and support. Further evidence of a need for intimate contacts was seen in men who were retired and had no available siblings. These men were found to have very low morale, which was related to a lack of horizontal ties provided by work, and the absence of siblings to turn to as substitutes. This situation was in contrast to women who could maintain relationships of helping and being helped as daughter, mother, and grandmother in mutually dependent and very close relationships throughout their lives.²⁴ Cumming and Henry made a reference to Townsend²⁵ to support their theory that increased isolation need not lead to low morale, but at the same time they did not erase completely the need for intimacy: ". . . isolation is not a serious matter for very old people because, being so self-preoccupied, they need only someone to care about what happens to them."²⁶ It is clear from this study, then, that need for intimate relationships persists into old age.

24 Ibid., p. 148.

25 Peter Townsend, The Family Life of Old People, Baltimore, Penguin Books, 1963.

26 Ibid., quoted by Cumming and Henry, op. cit., p. 153.

Blau²⁷ followed up on a previous study²⁸ she made herself which indicated that extensive association with friends assumed, following widowhood or retirement in old age, a great importance in the achievement of adjustment. Her aim was to discover the constraints interfering with this source of adjustment, especially those related to the change of status in widowhood and retirement. The index of three items which she used was intended to measure the "extent of friendship participation."²⁹ The data were collected from two surveys of people sixty years old and over--one from a sample of 468 persons in Elmira, New York, and the other from a sample of 500 residing in the Kips-Bay Yorkville Health district of New York City. Reference was made to "really close friends" and the only clarification of this rather ambiguous concept was mention of discussion of confidential matters, and visiting in each other's rooms. "Confidential matters" may again be misleading and understood in a limited way. The findings provided the information that changes in major status, that is, widowhood or retirement, will influence friendship participation according to the

27 Zena Smith Blau, "Structural Constraints on Friendship in Old Age," American Sociological Review, Vol. 26, 1961, p. 429-439.

28 -----, Old Age: A Study of Change in Status, unpublished Ph.D. dissertation, Columbia University, 1957, quoted by Blau, "Structural Constraints on Friendship in Old Age."

29 -----, "Structural Constraints on Friendship in Old Age," p. 430.

prevalence of persons with similar status within the social structure. However, these findings gave no indication of the effect of friendship or the lack of it on an older person, as did the findings of her previous study. Retirement seemed to be the major constraining factor for men, while widowhood was for women, the status of wife being the main focus of the woman's social life.

Arth³⁰ set out to take a more in-depth look at the nature of close friendship. Avoiding proximity or frequency of contact as measures of friendship, emphasis was put, rather, on people's feelings, and viewed a close friendship "as a relationship between two persons, not kin, involving deep feelings of personal liking, trust, confidence, and dependability in time of crisis."³¹ Data were collected through open-ended and semi-structured interviewing which sometimes lasted ten hours with one subject. Subjects were made up of two groups, one a community group of fifteen volunteers from a city library Golden Age group, the other a hospital group consisting of a random sample of forty patients newly admitted to a state psychiatric hospital which served Boston. The first findings were very interesting in that for both groups there was a mistrust of others

30 M. J. Arth, "American Culture and the Phenomenon of Friendship in the Aged," The Gerontologist, Vol. 1, 1961, p. 168-170.

31 Ibid., p. 168.

and the presence of very few close relationships with others. Even in the hospital group, patients who had formerly led normal lives reported few close relationships despite much social involvement. However, the role of the family stood out as very important, particularly in times of crisis. It was felt that perhaps the American culture with its competitive institutions and "other-oriented" national character might well inhibit the formation of close friendships. This attitude, along with mechanisms such as pattern of frequent moving, social class mobility and, for the aged, physical infirmity, could act as further inhibitors. To follow up these possibilities, another sample from the community was used. The sample consisted of ten men and women between 40 and 50 years, and ten men and women between 60 and 70 years, randomly selected from a middle-class Boston suburb. With these subjects, expectations and limits of close friendships were explored in depth, contrasts with closeness to kin made, and contemporary experiences compared to those later in life. As a result, new information was brought forth. With this sample, the mistrust and lack of friendships were not as strong. Furthermore, a difference between the sexes was discovered, men seeming to have fewer close friendships than women. Arth related this difference to the male's greater involvement in occupational competition. Husbands also tended to view their wives as best

friends, so that Arth felt that the marriage relationship was one means of satisfying the need for intimate contact in the midst of the inhibitors. It is interesting that Arth set out to view friendship as a relationship between two persons who are not kin, and yet found the role of the family and the marital relationship to be significant. It would seem to indicate a need for openness to all relationships to fully understand the manner in which the need for intimacy is satisfied. Arth has also brought into the open the differences between the sexes. Finally, his remark that the term "friend" is in much need of refinement and clarification, reflects previous difficulties with the vagueness of the term.

Townsend's³² research was referred to in the discussion of Cumming and Henry. His study was made to investigate the seeming social trend that relatives no longer felt responsible for the elderly, seeing this rather as the responsibility of the state. It took place in Bethnal Green, a relatively small borough near central London, England. The population was predominantly working-class. Names of persons of pensionable age were obtained at random from the records of seven general practitioners who themselves were selected at random. Two-hundred and sixty-one names of

32 Townsend, op. cit.

persons aged 65 and over were selected, but since some had died, 203 people were actually interviewed. Of these, two-thirds were women, and half were widowed. During the interviews a kinship diagram, information concerning frequency of contact, and more general information about the family were obtained. A survey was also made to investigate the social and family background of old people seeking help from the social services. Subjects in the survey were 200 people originating in East London who spent the last years of their lives in homes for the aged, a group of 300 in the care of a local geriatric hospital, and a group of 400 being visited by home helps. The aim of this survey was to explore how relatives and the social services, each in its own way, met the needs of old people, and to determine the identity of persons who made the greatest demands.

It might be said that generalization of findings would have to be restricted when the main population of the study lived in a small borough where families remained close in distance; however, one can also consider the contribution keeping location and social environment in mind. In studies already discussed above, it was stated that older persons would turn to relatives when in need. Townsend points out that what held family relations together in his study was reciprocation of services. Few old people took no part in helping others, the helping here through performance of

services rather than sharing of feelings. With respect to relationships between children and parents, children expressed greater affection for their mothers than for their fathers, and the men seemed to accept this. When relationships between child and parent were followed over life, the element of continuity was found to be essential, which brought in the value associated with the social virtues of regularity, loyalty, constancy, and fidelity. In relationships between siblings, it was found that, often, ties between siblings weakened with age, the exception being for those who remained unmarried or childless. There was a sex difference found for maintenance of ties, men seeing less of their siblings than women. This is in accord with previous findings that women have more close relationships in old age than men. It was found also, on the one hand, that married and widowed people in the sample showed special concern for their unmarried brothers and sisters and, on the other hand, that single and childless people gave more help to their relatives than they received.

Although the study had for its purpose the exploration of relations between old persons and their relatives, these relations were compared to relations with those outside the family. It was found that, despite attachment to the local community, old persons depended most on their families. Although they had numerous associates, they had few close friends, so that the network of kinship seemed a self-contained

social unit. Reasons for relations being so restricted were fall in income and growing infirmity so that friends could not be entertained or visited. Old persons found it hard to make new friends, and greatly missed those who had died or were no longer near. In this way, this study corroborated previous findings of the importance of family contacts.

Lowenthal and Boler³³ made a contribution to the discussion of disengagement theory and to the present investigation of intimate relationships in old age. Their sample consisted of 280 persons who lived in the community. The original sample, of which these 280 were the survivors, were six hundred persons 60 years of age and older drawn on a stratified random basis from eighteen census tracts in San Francisco. Causes of attrition were refusals, deaths and unlocatability. There was an almost equal division of men and women, of age groups 60 to 64 years, 65 to 74 years, and 75 years and over, and of marital status broken down to married, widowed and single-divorced-or-separated. Data were collected in three interviews carried out at approximately annual intervals.

In their findings they brought out distinctions between voluntary withdrawal or a chosen decrease in

33 M. F. Lowenthal and Deetje Boler, "Voluntary versus Involuntary Social Withdrawal," Journal of Gerontology, Vol. 20, 1965, p. 363-371.

interaction, and involuntary withdrawal or decrease in contact as a result of widowhood, retirement or physical illness, as well as the impact of these two types of withdrawal on morale and attitudes. Withdrawal was seen as a decrease in social interaction with friends, relatives or organizations over a two-year period. This interaction would seem to be of a fairly superficial, not confiding, nature. Significant findings were that those who had suffered the age-linked deprivations of widowhood, retirement and physical illness showed a greater decrease in morale than those who had recently voluntarily withdrawn from social interaction. The traumatic effects of deprivation seen here would seem to go along with the findings of studies already described where retirement brought loss of significant contacts for men and widowhood brought a loss of the wife role.

Lowenthal and Boler were particularly interested in the phenomenon of maintenance of morale in those persons who had voluntarily withdrawn from social interaction. It was hypothesized that these people might be entering a qualitatively different type of experience, that is, toward greater intimacy. This intimacy was seen in their having more confidants, though fewer contacts with friends. It would seem that deprivation in the form of widowhood and retirement perhaps interfered with relationships where there would be the possibility of intimacy. Without deprivation, persons would tend to place greater value on the pursuit of intimacy.

Contact with peers was shown by Tunstall³⁴ to have a positive influence. He stated that the socialization process particular to old age consisted of learning the new roles of widow, retired person, pensioner. Membership in clubs or groups with peers provided the opportunity to discuss health and old-age problems. It seemed from his investigation, however, that only a small minority of old people did join such groups, and so the majority remained surprisingly ignorant of basic facts and thus were unable to see their problems in perspective. Here, relationships with peers would not necessarily be deeply intimate but would at least entail a sharing of problems.

A vast study by Rosow³⁵ hoped to show that substitutes for loss of family and role loss could be found in peers if older persons lived in environments where there was a density of persons of an older age. His hypotheses were that:

. . . emotional dependence should increase with age and its correlates; emotional dependence should increase with children's absence; interaction with neighbors should be inversely related to contact with children; compensatory neighboring should increase with residential concentration of the aged; emotional dependence should be inversely related to residential density; and high role loss should generally intensify these relationships.³⁶

34 Jeremy Tunstall, Old and Alone, London, Routledge and Kegan Paul, 1966.

35 Irving Rosow, Social Integration of the Aged, New York, The Free Press, 1967.

36 Ibid., p. 241.

In order to have residential concentration of the aged, apartment buildings with a high proportion of older residents were chosen. Local friendships of twelve hundred elderly persons were then investigated, persons qualifying according to their reception of social security benefits. In this way, men were sixty-five years or older, women sixty-two years or older. They resided in several hundred buildings in the Cleveland metropolitan area.

Several of the hypotheses were not upheld. Emotional dependence was found to be a psychological feature of people's intimate relationships, independent of sociological factors, or external, objective changes in life such as role loss and widowhood. Close relationships with children were important, but limited contact with children was not compensated for by seeing friends. Compensation was found to occur, however, in some persons who had comprehensive role loss. Working-class people, living in areas with a high density of older persons gave greater value to local friendships than middle-class people. The clearest finding here, however, in opposition to the hypotheses proposed, was that involvement with children and relationships with friends constituted two completely independent systems. This was in contrast to the statements of Cumming and Henry that friends acted as substitutes when family was not available for support. It is important to note, however, that

compensation did seem to occur with high role loss and lack of contact with children when, it could be surmised, there was the greatest need for satisfying yearnings for intimacy. One drawback of this study was the reference to friend, good friend, and friendship with no qualification of these terms, and no indication of the nature or depth of these relationships. Subjects were asked such questions as: "About how many good friends would you say you had now?"³⁷ Subjects could understand "good friend" in differing ways, a problem found in previous studies described. Furthermore, contacts with children, although said to be significant, were not described as to their nature or depth.

Kastenbaum and Cameron³⁸ pointed out another side to the intimate relationships of older persons, which alters the view of previous studies that older persons turn to others for support in their relationships. They used a Social Space Measure which looked at those who confided in, asked information from, or sought approval of, the older person and how the older person then depended on these others. They found that the older generation typically acted more as a "giver" than a "taker" of emotional support. The sample

37 Ibid., p. 60.

38 Robert Kastenbaum and Paul Cameron, "Cognitive and Emotional Dependency in Later Life," in Richard A. Kalish (Ed.), The Dependencies of Old People: VI, Ann Arbor, Michigan, University of Michigan Institute of Gerontology, 1969, p. 39-57.

was small, three generations of fifteen families, so that the total number of subjects was fifty, and was described as not entirely representative of families in general. All of the older persons were non-institutionalized, residing in a metropolitan area with children and grandchildren close by. The sample could then lead to a questioning of the generalizability of results; however, the results could also be seen as suggestive of the older person's continued ability to give support to those with whom he relates intimately, as well as of the continued need for "neededness."

This section has presented studies which have concerned themselves with the meaningful relationships of older people. It was seen that the relatives of older persons became very important as contacts when emotional support was needed, and although the older person might be most often on the receiving end, his need for "neededness" also seemed to be present as he continued to give both in the way of services and emotional support. Some studies brought out sex difference in the nature and degree of contact. Lastly, an important aspect of some studies, in view of the present research, was the difficulty encountered in interpretation when vague or ambiguous terms were used such as "close" and "friend."

The last area to be reviewed is that dealing more specifically with the relationship between intimacy and morale or life satisfaction amongst older persons.

4. The Relationship of Intimacy and Morale (Life Satisfaction) in Old Age.

Some research concerning the later years of life has sought to discover whether there is a relationship for the aged person between the presence of significant interpersonal relationships or intimate relationships and morale or life satisfaction.

A study by Lowenthal and Haven³⁹ came very close to the aim of the present study, in pointing out the striking fact that life histories of their subjects indicated that the happiest and healthiest in terms of morale were often those who were, or had been, involved in one or more close personal relationships. It was then hypothesized that such relationships could act as a buffer against age-linked social losses. The subjects in this study were the same as those in the study of Lowenthal and Boler, that is, 280 survivors of an original sample of six hundred in San Francisco. They differed from the elderly San Franciscans as a whole in having proportionally more elderly, more males, and more persons living alone, the latter involving more single, widowed and divorced persons, than elderly Americans in general. Information concerning intimacy was

³⁹ M. F. Lowenthal and C. Haven, "Interaction and Adaptation: Intimacy as a Critical Variable," American Sociological Review, Vol. 33, 1968, p. 20-30.

gathered using field research methods, the actual approach being the question, "Is there anyone in particular you confide in or talk to about yourself or your problems?"⁴⁰ followed by a request for the identity of the confidant.

With this very simple and limited instrument, it was found that the presence of a confidant was positively associated with the three measures of adjustment used, while the absence of a confidant was related to low morale. The measures of adjustment were first a satisfaction-depression score based on a cluster analysis of answers to eight questions concerning sense of satisfaction with life, happiness, usefulness, mood and planning; second, ratings of psychiatric impairment by three psychiatrists, working independently on protocols and without contact with subjects; third, an opinion of the subjects as to whether they were young or old for their age. Subjective opinions of the subjects pointed to the great importance of the stability of a confidant to a sense of well-being in that the great majority who had lost a confidant were depressed, whereas the great majority who continued to have one were satisfied. Even further, it appeared that with the absence of a confidant, social activities could increase and yet the person would become depressed. Where there was no confidant and a

40 Ibid., p. 22.

decrease in social life, the odds for depression were overwhelming. In looking at the relationship of having a confidant to deprivations such as widowhood, retirement, and physical illness, it was found that the presence of a confidant was associated with high morale scores despite the deprivation in widowhood and retirement. Physically ill persons were depressed despite the presence of a confidant.

Other variables were also noted. Women were found to be more likely to have a confidant than were men. There were differences for age in those having a confidant, persons under 65 and those 75 and older less likely to have a confidant than those 65 to 74 years. However, women were more likely than men to have a confidant at any age. Married persons were most likely to have a confidant, single persons least likely and widowed persons fell between. Those of a higher socioeconomic level were more likely to have a confidant than were those of a lower level. The identity of the confidant in all cases was evenly spread among spouse, child, and friend. Siblings and other relatives were rare as confidants. For women, their husbands were least frequently named as confidants while wives were most frequently named for men. Women tended rather to name a friend, or secondarily a child or other relative. Finally, it was found that the more social interactions there were, the greater was the chance of there being an intimate relationship.

This study could well be criticized for its methodology. The major measure of morale was the satisfaction-depression score based on the eight questions concerning sense of satisfaction with life, happiness, usefulness, mood, and planning. There could not be an equal distribution of questions related to each of these areas and none could be treated adequately in a total of eight questions. One might also wonder whether the differentiation between satisfied and depressed was adequate. It was determined by the median score; persons falling below the median called "depressed" and persons falling above the median called "satisfied." In presenting results, percentages only were given with no indication of the N, so that there can be no real evaluation of significant results. Results may be seen, then, as implications to be followed up and tested using a more dependable and clear methodology.

Very relevant questions were raised by Palmore and Luikart⁴¹ who looked at the relationship of having a confidant, among other variables, to life satisfaction. These authors sought to determine the relative importance of several variables to life satisfaction, and the independent effect of each variable when the others were controlled.

41 E. Palmore and C. Luikart, "Health and Social Factors in Life Satisfaction," Journal of Health and Social Behavior, Vol. 13, 1972, p. 68-80.

Subjects were 502 in number, 261 men and 241 women, aged forty-five years to sixty-nine years. They were chosen randomly from membership lists of the local major health insurance association. In this way they were primarily representative of the middle and upper socioeconomic classes, the lower class represented to a limited extent. The measure of life satisfaction was the "Cantril Ladder" which first asked respondents to describe their "wishes and hopes for the future," then asked them to describe "what would be the most unhappy life for you." The ladder referred to an actual picture of a ladder numbered from zero on the bottom rung to nine on the top rung. The top rung represented the best possible life for the respondent, the bottom rung the worst possible life. The respondent was asked to indicate where he felt he stood. Although other measures of happiness or life satisfaction were used, this one was felt to be the most stable and global assessment. It was also felt that the instrument had the advantage of being "self-anchoring" and was continuous with theoretically equal-intervals. The measure for the presence of a confidant was the question: "Is there one person in particular you confide in or talk to about yourself or your problems?"

It was found that having a confidant was moderately but significantly correlated with life satisfaction for

males ($r = .15$, $p < .05$), while for women there was reported a somewhat negative correlation with life satisfaction ($r = -.07$). The authors felt a need to explain this "negative correlation," but were at a loss to do so. However, such an explanation was not called for since this low correlation, not being significant, suggested that there was no relationship between life satisfaction and having a confidant for women. Therefore, the negative direction did not have meaning. The finding did, nevertheless, suggest a sex difference in the relationship between the presence of a confidant and morale, whereas no such sex difference was reported in the study of Lowenthal and Haven. It could be that the age of the sample makes a difference. The age range in this study was between forty-five and sixty-nine years, whereas subjects in Lowenthal's study were sixty years or over, and some over seventy-five years. The study of Palmore and Luikart deliberately looked at persons in middle age as it is a period with relatively high rewards, and yet contains potential stresses such as physical decline and approaching retirement. With an older sample, these stresses have been realized, and the nature of adjustment may have changed. The use of different instruments could also have a bearing on results.

Finally, a great similarity with the study of Lowenthal and Haven can be found in the research of Smith

and Lipman.⁴² The subjects were 259 elderly householders in two apartment complexes in Miami. The basic sampling unit was the household and the preferred respondent was the household head. Three independent variables were looked at in relation to life satisfaction: constraint, project longevity, and peer interaction. Relationships between the variables were also examined as well as their combined effect on life satisfaction. Constraint was seen as a composite variable joining physical capacity and monthly income, physical capacity ascertained by answers to questions concerning ability to perform daily tasks. Respondents with incomes below \$101 per month were said to be economically constrained, those with more, economically unconstrained. In analyzing the data, a constrained subject was one who experienced one or both types of constraint, an unconstrained subject neither type. Project longevity was a descriptive variable related to the length of operation of the two housing complexes. Peer interaction was taken to be number of contacts with close friends, based on answers to the question, "How often do you get together with close friends?" Frequency was dichotomized into high interaction, that is, contacts several times a week, and low interaction, that is

42 Kenneth J. Smith and Aaron Lipman, "Constraint and Life Satisfaction," Journal of Gerontology, Vol. 27, 1972, p. 77-82.

weekly contacts or fewer. Life Satisfaction was measured by eleven of the twenty items of the Life Satisfaction Index A.

The findings relevant to the present study were that, in the sample as a whole, variations in the level of peer interaction were not related to Life Satisfaction. There could be a decrease in interaction and yet Life Satisfaction would be maintained. However, constraint had a significant effect in limiting the degree of Life Satisfaction. It was found, at the same time, that "involvement in psychologically satisfying and supportive contacts with others sharing a common situation can have a counterbalancing effect on the negative effects imposed by physical and economic constraint."⁴³ The authors viewed this as satisfaction resulting from positive factors outweighing the negative. In a similar vein, it was found that among the elderly constrained, those socially active were more likely to be satisfied than those less active. Although these results are meaningful for the present study, there is still the problem of the term "close friend," and the description of interaction as "contact," terms which are highly ambiguous. Only in the discussion of results are contacts referred to as "psychologically satisfying and supportive" and yet again this description is not backed up by a concrete meaning. It is also to

43 Ibid., p. 80.

be noted, however, that contacts with others were only significant in Life Satisfaction for subjects who were under stress, as was the case in Lowenthal's study. It might be questioned whether this relationship would continue if the intervening factor of constraint or non-constraint were absent.

These three studies suggest a relationship between having a confidant and life satisfaction for at least those older persons living in a situation of deprivation. They also pose questions as to the presence of such a relationship in the older population as a whole, and as to differences for sex. In terms of procedure, there continues to be a lack of qualitative data describing the nature of the confiding relationship due to the measure used, and ambiguous terminology.

The following will be a brief summary of the review which has preceded, a statement of the aims of this study, and the underlying rationale, and a presentation of the questions proposed in this study.

5. Summary and Questions Proposed.

It would seem from this review that the need for intimate relationships continues throughout the lifespan. In old age, although there may be a decrease in social interaction, certain relationships are maintained,

especially those with relatives. Old persons would seem to turn to relatives in time of need and for support. There are also indications that older persons can give in these relationships in the way of services and emotional support.

Referring more particularly to having a confidant, previous studies show this to have a significant relationship to morale or life satisfaction for those who are suffering through deprivation or constraint. It is not entirely clear whether the relationship between having an intimate confidant and life satisfaction would apply to the old-age population as a whole. There would seem to be, in any case, definite sex differences.

The present study is an attempt to carry further the investigation of the possible significance of intimacy in the life of the older person. Using terms which seek to avoid as much ambiguity as possible, some qualitative aspects of an intimate relationship will be examined which go beyond the mere presence or absence of a confidant.

Little reference is made in the literature as to a possible approach to looking at the qualitative nature of an intimate relationship. Williams and Loeb⁴⁴ suggested

44 R. H. Williams and M. B. Loeb, "The Adult's Social Life Space and Successful Aging: Some Suggestions for a Conceptual Framework," in B. L. Neugarten (Ed.), Middle Age and Aging, Chicago, The University of Chicago Press, 1968, p. 379-381.

that various ways could be set up to measure the degree of intimacy a person had with people with whom he interacted. They offered several definitions of intimacy, one being the notion of "the sharing of emotional life."⁴⁵ This definition would seem to coincide closely with the approaches taken in the studies just discussed where the older person was asked if he had someone to whom he could talk about himself or his problems.

Taking the notion of "the sharing of emotional life," three emotions or feelings were chosen in this study as a sampling of the emotional life which could be shared with a confidant. These feelings were happiness, worries, and sadness.

Finally, in looking for a means of using this notion in a measure of degree of intimacy, a new instrument was constructed for the present study based on a description of steps in the process of becoming intimate. These steps, proposed by Dreyfus,⁴⁶ provided a means of operationally defining "degree" of intimacy, and thus a means of looking at the nature of an intimate relationship.

Dreyfus also gives emphasis to a sharing of feelings. A direct quotation of his steps towards intimacy,

45 Ibid., p. 380.

46 Edward A. Dreyfus, "The Search for Intimacy," Adolescence, Vol. 2, No. 5, 1967, p. 25-40.

as well as a complete description of the instrument as it was constructed from these steps, will be offered in the next chapter.

Several questions were then proposed, based on the literature just reviewed and some concepts emerging from the present approach to "degree of intimacy." The literature suggested that a need for intimacy persisted throughout life and that the older person maintained certain significant relationships despite a decrease in social interaction. Furthermore, these relationships were significantly related to the morale of at least some of these persons. The present study asks whether the degree of intimacy experienced in a relationship is significantly related to the Life Satisfaction of the older person. Then, looking more closely at the "degree of intimacy," it is asked whether the degree of openness to intimacy or the degree of mutuality in sharing of feelings is significantly related to Life Satisfaction. Furthermore, since the older person continues to seek the satisfaction of his need for intimacy, often in more than one interpersonal relationship, this study asks whether the presence of one or more relationships of a confiding or sharing nature is significantly related to Life Satisfaction.

Previous studies have brought out discrepancies when sex differences were sought in the relationship between

having an intimate confidant and morale. This study will again ask whether there are differences for sex, this time between the relationship of degree of intimacy and Life Satisfaction. Another finding from the literature was that the presence of intimate relationships was particularly significant for older persons deprived through widowhood, and that the presence of intimate relationships varied for marital status. The present study will ask whether there are differences for marital status in the relationship between degree of intimacy and Life Satisfaction.

The next chapter will present the design of this survey. This will include a description of the sample and instruments used, as well as the procedure taken to test the hypotheses. Following this will be a statement of the hypotheses in their null form. Finally, the methods used to analyze the data will be presented.

CHAPTER II

DESIGN OF THE SURVEY

This chapter has for its purpose the presentation of the design of the survey used in this study. There first will be a description of the sample. This will be followed by a discussion of the instruments used, and the procedure used in collecting the data. The hypotheses will then be stated in their null form. Finally, the methods used to analyze the data will be presented.

1. The Sample.

Age sixty-five was chosen as the basal age for persons in this study since this remains the age of retirement in North America, and the Life Satisfaction Index A, one of the instruments used, is most valid for persons over age sixty-five. The sample consisted of fifty persons aged 65 to 88. Although sixty persons were interviewed, ten were not included in the final sample due to incompletions or inconsistencies in their responses to the instruments. All of these persons resided in a rent-to-income apartment building for senior citizens in Ottawa, Canada, and had been living there for six months. Previous to this, they had been living in their own homes, apartments, or in rooms. A large number had lived in the same area of the

city as the rent-to-income building, so that there had been no disruption in terms of locale. Dissatisfaction due to living quarters was related to the giving up of a home or a loss of privacy. The mean age was 70.9 years. Of these fifty persons, 38 were female having a mean age of 71.8 years, and 12 were male, having a mean age of 70.38 years. The breakdown for marital status appeared as 15 married, 27 widowed, 3 separated, 1 divorced, and 4 single. All were volunteers, and the method for obtaining them will be described in the section on procedure.

The rent-to-income apartments in the Ottawa area are open to any citizen aged sixty or over living on a fixed income and no longer able to afford the regular apartment rents. The members of the sample group were, then, at the time of testing, comparable in terms of financial status.

Since all persons were living in the one building, the circumstances in which they lived (that is, type of residence, facilities, opportunities for social contacts and social activities) were held constant. Furthermore, a prerequisite for obtaining an apartment was the ability to take care of oneself, so that all persons were self-functioning.

The particular apartment complex used for this study was purposely chosen as it was the most recently opened rent-to-income building. Several other buildings of its

kind in the Ottawa area had been used in other research projects, and it was felt that in these, the cooperation of the residents might be somewhat influenced by past experience.

The instruments used in this study will now be discussed.

2. The Instruments.

Two instruments were used in this study. To measure degree of intimacy, a Research Questionnaire was designed by the author after reviewing the literature on intimacy among the aged. The Life Satisfaction Index A (LSI-A) of B. L. Neugarten, R. J. Havighurst, and S. S. Tobin was chosen as a measure of Life Satisfaction. These instruments will now be discussed.

(a) Research Questionnaire.- In past studies which dealt directly or indirectly with intimate relationships of the aged, information was gathered in a way which often limited the scope of knowledge which could have been obtained, and questions asked tended to include ambiguous terms which left subjects confused.

Cumming and Henry¹ sought information concerning intimate kin with the question, "Which relatives other than those who live here with you, do you feel closest to?"²

1 Elaine Cumming and Willian E. Henry, Growing Old, New York, Basic Books, 1961.

2 Ibid., p. 52.

They were interested in frequency of contact, rather than in the nature of the relationship. With this question, nothing is learned of the relationships with some relatives, and the words "feel closest to" are ambiguous. Respondents were also asked to define friendship, and the very open-endedness of this task resulted in vague statements.³ Arth⁴ obtained data through open-ended semi-structured interviewing techniques and it is impossible to know, on reading his study, whether standard questions were asked by the various interviewers. Blau⁵ constructed an index of three items to measure the extent of friendship participation:

1. How many really close friends do you have here in town that you occasionally talk over confidential matters with?
2. How often do you get to see the friend that you know best here in town?
3. Would you say that you go around with a certain bunch of close friends who visit back and forth in each other's houses?

Again one is left with the ambiguous words "confidential matters" and "close." Rosow⁷ collected data during three

3 Ibid., p. 62.

4 M. J. Arth, "American Culture and the Phenomenon of Friendship in the Aged," The Gerontologist, Vol. 1, 1961, p. 168-170.

5 Zena Smith Blau, "Structural Constraints on Friendship in Old Age," American Sociological Review, Vol. 26, 1961, p. 429-439.

6 Ibid., p. 430.

7 Irving Rosow, Social Integration of the Aged, New York, The Free Press, 1967.

interviews, and yet used such terms as "good friend" with no definition of the words. Lowenthal⁸ wished to improve upon earlier studies of intimacy amongst the aged, and yet her one question, "Is there anyone in particular you confide in or talk to about yourself or your problems?" followed by a description of the confidant,⁹ limited the information obtained concerning the nature of the relationship and the extent of the confiding. Palmore and Luikart¹⁰ followed Lowenthal closely by asking the question: "Is there one person in particular you confide in or talk to about yourself or your problems?"¹¹

The present Research Questionnaire,¹² designed by the author, was an attempt to avoid ambiguity and to carry further an understanding of the part played by an intimate confidant in the Life Satisfaction of older persons. The words "intimacy," "close," and "friend" were not used, nor was there reference to the frequency of contact. Rather,

8 M. F. Lowenthal and C. Haven, "Interaction and Adaptation: Intimacy as a Critical Variable," American Sociological Review, Vol. 33, 1968, p. 20-30.

9 Ibid., p. 22.

10 E. Palmore and C. Luikart, "Health and Social Factors in Life Satisfaction," Journal of Health and Social Behavior, Vol. 13, 1972, p. 68-80.

11 Ibid., p. 71.

12 A copy of the Questionnaire, the scoring key and answer sheet may be found in Appendix 1.

the presence or absence of a confiding relationship and the nature and the degree of the intimate confiding experience by each respondent were investigated.

From the broadest point of view, intimate confiding in the Research Questionnaire was defined as a sharing of three possible areas of experience in the life of an older person, that is, happiness, worry, and sadness with a particular person. This one person would be the "someone" in whom the older subject could confide about himself and his problems. Now, however, more specific areas of confiding were suggested, and feelings surrounding this confiding were explored. Although other areas of experience could have been proposed, it was felt that these three gave a varied enough representation to gain knowledge concerning the degree of intimate confiding with the one person, and to make hypotheses concerning the degree of intimacy. The Questionnaire had, then, three natural divisions, the first concerning feelings of happiness, the second, feelings of worry, and the third, feelings of sadness. The division fell in that order, based on the hypothesis that the sharing of happiness would be the least likely to be associated with anxiety, and the sharing of sadness the most personal and painful. This hypothesis was substantiated by a trial use of the Questionnaire with an elderly sample.

Under each area of possible sharing, questions were formulated to reflect steps of intimacy. A model for the steps of intimacy was sought, and a description by Dreyfus of "the steps involved in the process of becoming intimate"¹³ was found to be useful. The following is a direct quotation:

First, there must be the willingness for the possibility of intimacy. Such willingness allows for a feeling of openness to emerge; it is a pregnant state.
Second, in the atmosphere of openness one gets to know the other person; one can be receptive to the other person. Each person is exploring the possibility of closeness and subsequently of intimacy. As such getting-to-know one another occurs, each becomes somewhat familiar with the other.
Third, as such familiarity increases, and sharing of feeling takes place, closeness begins to emerge. In such closeness one has a feeling for the other person as a person, whether that person be male or female. Closeness entails a caring for the other person in a reciprocal fashion. In closeness there must be mutuality in order for real intimacy to emerge. Less than mutuality precludes real intimacy from ensuing. Out of such openness, closeness may ensue. During openness each explores the other for possibilities of being intimate. Such openness sets the stage for dialogue, for sharing of feelings, thoughts, and wishes.
Fourth, as such sharing occurs so does intimate dialogue, where each shares himself with the other. Each allows the other to get in touch with the other, where each shares himself with the other. Each gives up a part of himself to the other and is open to receive the other. Each person, during the disclosure involved in intimacy which strengthens the bond between them, agrees to accept responsibility for the disclosure of the other and agrees not to violate the freedom or integrity of the other.¹⁴

¹³ Edward A. Dreyfus, "The Search for Intimacy," Adolescence, Vol. 2, No. 5, 1967, p. 31-32.

¹⁴ Ibid., p. 31.

The steps were adapted for the Questionnaire, and four questions in each of the three divisions reflected the steps. The openness for intimate sharing was represented in the Questionnaire as: Do you (or would you) want to share this happiness (these worries; this sadness) with someone? Second was seen the actual sharing: Do you in fact share this happiness (these worries; this sadness) with this person? Third was seen a feeling of trust or acceptance so that the person may turn with ease to the other: If there is someone, is he (or she) a person you can feel at ease turning to with your happiness (worries, sadness)? Finally, the presence of mutuality or of reciprocity, necessary for true closeness, was reflected: Do you like to see that person share his (her) happiness (worries; sadness) with you? These questions alone were to be used in obtaining a score for each division, scores based on an answer of "Often" or "Always," "Sometimes," "Never," and "I don't know."

Other questions were used to lead up to those quoted above and were not scored: Do you sometimes feel happy (worried; sad)? and Do you have someone now you could share this happiness (these worries; this sadness) with, either in person, in writing, or by phone? Two further questions were then asked under each area of experience, one asking whether the sharing took place with more than one person,

and the other asking the identity of the person or persons. With the first, it was possible to determine whether having more than one intimate confidant was significant. The second provided added information as well as a check as to whether the respondent was referring to the same persons under each area of experience.

It was assumed in the Questionnaire that each respondent did experience moments of happiness, worry, and sadness, so that the operational definition of a completely intimate confiding relationship was the sharing of all three feelings with one person. If all three feelings were shared with one person, the total score was to be based on the sum of the scores for each of the three divisions. If, however, only two of the three feelings were shared with a person, the total score was to be based on the sum of the scores for the two divisions involved. Similarly, if only one feeling were shared, the total score was to be based only on the score of the one division. If it were to occur that each feeling was shared with a different person, the division having the highest score was to be used for the total score. This procedure for obtaining a total score relied on a clear identification of the person with whom the respondent shared so as to be able to determine which feelings were shared with the same person.

The above description represents the basic structure of the instrument. However, during the course of the study, it underwent an evolution in an attempt to strengthen it.

Before preparing the final draft of this instrument, it was administered to ninety-seven persons in a group setting by the author and six assistants. Twenty persons either refused or were unable to respond, the latter due to a difficulty in language or eyesight. The respondents consisted of 56 females, 6 males, and 15 persons who did not indicate sex. They ranged in age from fifty-nine to eighty-seven years, with a mean age of 70.5. Ten persons gave no age or an incorrect age. As age sixty-five was wanted as the lowest age, and inconsistent answers made many Questionnaires unscorable, only thirty-three Questionnaires were actually scored. Amongst the latter, questions were often unanswered. Scores ranged from 0 to 23, with a median score of 17. As a result of this administration, it was felt that the Questionnaire should be administered verbally on a one-to-one basis to take into consideration the many possible difficulties of the respondents. Also, the wording of some questions was altered to make the meaning more clear, as a result of this experience. The method of scoring, however, remained the same.

In a one-to-one administration, the administrator asking the questions plays an important role. He may detect

defensiveness in answers and through some further questioning obtain a more open and accurate response. Furthermore, taking into consideration the age of the respondents, their ability to concentrate, and lack of test-sophistication, the administrator may often be called upon to check for inconsistency of responses and to see that all the questions are answered.

After administration of the Questionnaire in the present study, it was felt that the validity of the instrument could be tightened by performing an item analysis which would indicate which items did not differentiate sufficiently within the sample (see Table I). The procedure used for the item analysis was that of Maxwell¹⁵ which consisted of two steps. The first step involved an examination of the percentage of favorable responses obtained for each item, the goal being to omit items to which more than eighty per cent or less than twenty per cent of the respondents gave favorable responses. The second step looked "at the way in which response to each item increases as the total score increases."¹⁶ As a result, four of the original twelve scorable items were found to differentiate insufficiently between subjects. The items involved were the following:

15 A. E. Maxwell, Analysing Qualitative Data, London, Methuen, 1961, p. 154-156.

16 Ibid., p. 154.

Table I.-^a

Item Analysis of Research Questionnaire:
 Number of Respondents Giving Favorable Responses to Each Item
 when Respondents Are Divided into Subgroups Arranged in Order
 of Increasing Total Score; Percentage of Favorable Responses
 for Each Item; and Test of Association between Response to
 Each Item and Total Score.

Item No.	Subgroups						Total	Percentage	Association Expressed as Chi Square
	I (8)	II (8)	III (8)	IV (8)	V (8)	VI (10)			
2	3	2	4	6	6	8	29	58	8.345
4	2	2	5	4	7	6	26	52	4.923
5	5	7	6	7	8	10	43	86 ^c	2.279 ^d
6	4	5	7	6	7	10	39	78	2.513 ^d
10	0	1	1	2	0	7	11	22	8.909
12	0	0	0	1	0	6	7	14 ^c	14.000
13	0	4	5	7	6	10	32	64	12.250
14	0	0	6	6	7	9	28	56	18.286
18	0	1	0	2	2	8	13	26	18.616
20	0	0	0	1	2	4	7	14 ^c	14.000
21	0	5	3	4	8	10	30	60	13.067
22	1	4	4	3	6	9	27	54	6.000

^a Format of table taken from A. E. Maxwell, Analysing Qualitative Data, London, Methuen, 1961, p. 155.

^b A favorable response is taken here to be a score of 2.

^c Percentages above 80% and below 20% indicating insufficient differentiation

^d Chi square not significant (3.84 at .05 level, 1 degree of freedom; 2.71 at .10 level, 1 degree of freedom) indicating insufficient differentiation.

1. Item 5: If there is someone, is he (or she) a person you feel at ease turning to with your happiness?
2. Item 6: Do you like to see that person share his (her) happiness with you?
3. Item 12: Do you in fact share your worries with this person?
4. Item 20: Do you in fact share your sadness with this person?

Items 5 and 6 produced very high percentages of maximum scores (86% and 78%, respectively), while items 12 and 20 produced very low percentages of maximum scores (each 14). When the second part of Maxwell's analysis was performed, that is, the test of association, items with chi squares showing significance at the 0.10 level or higher were judged to be acceptable. The small number of original items determined this lenience in level of significance.

This analysis led to a reduction in the number of items to be scored. The method of scoring remained unchanged. However, as a result of fewer scorable items, the possible score for each division was lowered according to the number of items remaining and the total possible score was lowered to 16 from 24.

With this change in the scoring of the instrument, it was questioned whether the number of remaining scorable items and the new score could assure sufficient reliability. As a result, a further revision was made which served to increase the total score of the instrument and give weight to certain

critical aspects of intimacy included within the instrument. More specifically, the total score obtained from the items remaining after item analysis was supplemented by weights for degree of openness to intimacy and degree of mutuality. The weight for degree of openness to intimacy was based on the number of feelings, that is, from 0 to 3 feelings, that a person expressed an openness to share with one person. Thus, an answer of "Never" to all three questions asking them if they felt they wanted to share a feeling with someone else, resulted in a weight of 0. If there was an answer of "Often" or "Sometimes" to one of the three questions dealing with wanting to share, the weight was 1. With such a response to two of the three questions, when the sharing was to be done with the same person, the weight was 2 and, similarly, a weight of 3 was based on an answer of "Often" or "Sometimes" to all three questions when the sharing was to be done with the same person. The weight for degree of mutuality was determined by response to two questions in each division, that used for degree of openness to sharing and that which asked whether the subject liked to see the other person share each feeling with him. When there was an answer of "Often" or "Sometimes" to the first, and "Always" or "Sometimes" to the second, for one feeling, the weight was 1. (An answer of "Never" to both, or to one of the two questions resulted in a weight of 0.) Positive answers to both questions for

each of two feelings shared with the same person led to a weight of 2, and positive answers for the three feelings when shared with the same person, gave a weighting of 3.

The method of obtaining a final total score on this instrument actually evolved over the study, as has been seen. A brief review of this method will now be presented. Certain items representing steps toward intimacy, four steps in each division of the Questionnaire, were originally defined as those to be scored. The score for each item depended upon the subject's response of "Often" or "Always," "Sometimes," "Never," or "I don't know." (The score for each response may be found in the scoring key of Appendix 1.) A score for each division was obtained by summing the scores for the four items. The scores of the divisions were then added to give a total score, if the confidant in each division was the same person. This latter procedure reflected the purpose of the study which was to look at the quality, nature and depth of a significant interpersonal relationship. Upon item analysis, four of the original twelve scorable items were eliminated as unable to differentiate sufficiently in the sample of the study. The instrument was then rescored, dropping the scores of those items which had been eliminated. In this way, the total possible score was lowered. Finally, this latter total score was supplemented by weightings for degree of openness to intimacy, based on the response to one of the items of the

Questionnaire, and for degree of mutuality, based on the response to two items of the Questionnaire. It was this final score which was used in the analysis of the data.

(b) Life Satisfaction Index A. - The instrument used as a measure of Life Satisfaction was the Life Satisfaction Index A (LSI-A)¹⁷ of B. L. Neugarten, R. J. Havighurst, and S. S. Tobin, with a modification strongly suggested by a later analysis.¹⁸ A description of the original instrument, its validation, its modifications, and examples of its usage will follow.

Neugarten, Havighurst, and Tobin developed a Life Satisfaction Rating Scale or LSR in 1961¹⁹ as a measure of successful aging while engaged in The Kansas City Study of Adult Life, a study which attempted to look at the social adaptation of elderly persons. Due to the need for a long interview accompanying the administration of the Scale, and the difficulties such interviews could give rise to in many research designs, they subsequently developed two shorter self-reporting indexes, Life Satisfaction Indexes A and B,²⁰

17 A copy of this Index with scoring key and answer sheet as used in this study may be found in the Appendix.

18 David L. Adams, "Analysis of Life Satisfaction Index," Journal of Gerontology, Vol. 24, No. 4, 1969, p. 470-474.

19 B. L. Neugarten, R. J. Havighurst, and S. S. Tobin, "Measurement of Life Satisfaction," Journal of Gerontology, Vol. 16, 1961, p. 134-143.

20 Ibid.

based on the LSR. They were constructed to be used together or separately; however, the literature shows that LSI-A has been used alone far more frequently than LSI-B, and the case is rare that the two have been used together.

In its final form, Life Satisfaction Index A consisted of twenty items, written as statements to which respondents were asked to indicate an answer of "agree," "disagree," or "?" by means of a check (✓). The authors indicated, for each item, which answer would represent an expression of Life Satisfaction. A check for this answer yielded a score of 1, while a choice of either of the other two possible answers yielded a score of 0. This form has been altered in research studies to be described later, and one of these altered forms was used in the present study.

Life Satisfaction Index B, which was not used in this study, consisted of twelve items expressed as questions to which a free response was requested.

Since the indexes were based on the LSR, the rationale underlying them was the same as that for the LSR. Previous measures of psychological well-being of old people had used such terms as "adjustment," "competence," "morale," or "happiness," and had adopted two basic points of view. The first point of view referred to overt behavior, and implicitly judged greater well-being to be related to the continued social participation and activity level of middle age. The other point

of view looked rather at the person's internal frame of reference, that is, his own evaluation of his present or past life, his satisfaction or his happiness. This view implicitly judged the person's own evaluation to be the best criterion, and avoided the criteria applicable to middle-age standards. In developing the LSR, the authors wished to avoid bias of the Activity or Disengagement theories, the first relating activity to adjustment, the second, social withdrawal to adjustment. The authors referred, rather, to the person's feelings about himself and his life.²¹

In the authors' review of previous measures, the inventory of Your Activities and Attitudes²² was seen as reflecting the first point of view described above referring to overt behavior. However, this measure as well as the Cavan Adjustment Scale²³ reflect both points of view of attention to overt behavior and subjective judgment in their items, although emphasis is given to activity. Other earlier attempts were the direct self-reports of happiness

21 R. J. Havighurst, "Successful Aging," Gerontologist, Vol. 1, No. 1, 1961, p. 8-13.

22 R. S. Cavan, E. W. Burgess, R. J. Havighurst, and H. Goldhamer, Personal Adjustment in Old Age, Chicago, Science Research Associates, 1949.

23 Ibid.; and R. J. Havighurst, "The Social Competence of Middle-aged People," Genetic Psychology Monographs, Vol. 56, 1957, p. 297-375.

of Kuhlen,²⁴ Pollak,²⁵ Lebo,²⁶ and Rose.²⁷ These were criticized for this vulnerability to conscious and unconscious psychological defenses, and lack of validity against a more objective criterion. Kutner's Morale Scale²⁸ was criticized again for lack of validation against an outside criterion, its assumption that psychological well-being is based on only one factor, and findings of restriction in generalization of use. A Morale Index²⁹ resulting from the Kansas City Study of Adult Life was criticized for its very few items (four), its validation against so few cases, and the one factor seen to be a basis for well-being.

Neugarten, Havighurst, and Tobin's attempt at an improvement over these measures, the Life Satisfaction Rating Scale, was constructed during the Kansas City study.

24 R. G. Kuhlen, "Age Trends in Adjustment During the Adult Years as Reflected in Happiness Ratings," American Journal of Psychology, Vol. 3, 1948, p. 307 (Abstract).

25 O. Pollak, Social Adjustment in Old Age, New York, Social Science Research Council, 1948.

26 D. Lebo, "Some Factors Said to Make for Happiness in Old Age," Journal of Clinical Psychology, Vol. 9, 1953, p. 385-390.

27 A. M. Rose, "Factors Associated with Life Satisfaction of Middle-Class, Middle-Aged Persons," Marriage and Family Living, Vol. 17, 1955, p. 15-19.

28 B. Kutner, D. Fanshel, A. M. Togo, and T. S. Langner, Five Hundred Over Sixty, New York, Russell Sage Foundation, 1956.

29 E. Cumming, L. R. Dean, and D. S. Nevell, "What Is 'Morale'? A Case History of a Validity Problem," Human Organization, Vol. 17, No. 2, 1958, p. 3-8.

On the basis of information concerning life pattern, attitudes and values gained in long interviews, the concept of psychological well-being was analyzed into five components and operational definitions were given: (1) Zest (vs. apathy), that is, the degree to which the person takes pleasure in the activities of his life; (2) Resolution and Fortitude, that is, the degree to which the person sees his life as meaningful and accepts resolutely his past; (3) Congruence between desired and achieved goals, that is, the degree to which he feels he has succeeded in achieving his major goals; (4) Positive Self-Concept, that is, the degree to which he holds a positive self-image; (5) Mood-Tone, that is, the degree to which he maintains happy and optimistic attitudes and moods. The components showed a positive inter-correlation. However, there was a great enough independence to assume more than one dimension. Life Satisfaction seemed to be the most suitable term to describe the combination of these components. Ratings were based not only on the respondent's direct self-report of satisfaction, but also on inferences drawn by the raters from all the information available on the respondent, information along the lines of interpersonal relationships and how others reacted toward him.³⁰

30 Neugarten, Havighurst, and Tobin, op. cit., p. 137.

The Kansas City Study population was composed of members of two groups. The first group consisted of persons aged fifty to seventy chosen by stratified sampling of middle- and working-class white persons. The second group, aged seventy to ninety, was chosen by quota sampling later in the study. When the Scale was developed, 74% of the first group and 83% of the second group remained. Many of the drop-outs were believed to be socially isolated persons.

In the validation of the Scale, ratings were made by two judges who worked independently, reading interview material so that they had no direct contact with respondents. In 177 cases, the correlation between ratings corrected by the Spearman-Brown coefficient of attenuation was 0.87.

Since the authors also wished an outside criterion of validity, they had a clinical psychologist interview the respondents and make his own ratings. Eighty cases, representative of the 177 cases in age, sex, and social class were interviewed. The correlation between the average of the two judges' ratings and the rating of the clinical psychologist was 0.64. This correlation was interpreted by the authors to be satisfactory given the lapse of time between ratings and the fact that a number of persons low on Life Satisfaction dropped out, narrowing the range of scores in the eighty cases, the difference in the nature of the two ratings, and the greater depth of the clinical interview.

In the development of the two shorter Indexes, a sample of sixty cases from the larger group was selected to be representative of age, sex, and social class. The high scores and low scores on LSR were used as criterion groups in the selection of appropriate items taken from questions in interviews of the study. Other items came from Kutner's Morale Scale and newly formulated items. The first preliminary instruments which emerged were LSI-A consisting of twenty-five attitude items for which only an "agree" or "disagree" response was required, and the LSI-B, consisting of seventeen open-ended questions and checklist items. The new instruments were administered to ninety-two respondents along with Interview 6, an interview in the larger study. Data on sixty of the ninety-two cases were used to compute correlations. Scores on LSI-A correlated 0.52 with LSR; scores on LSI-B, 0.59. It was felt that further refinement was needed. Therefore, an item analysis was performed for all ninety-two cases, that is, each item was studied to discover whether it differentiated between high and low LSR scores, top and bottom quartiles on LSR being used as criterion groups. This time, the correlations between the resulting Indexes A and B, and LSR were 0.55 and 0.58, respectively. For combined scores on the two Indexes, the correlation with LSR was 0.61. Lapse in time between interviews may account partially for the lowering of

congruence. However, the level of congruence points to the important fact that direct self-reports can be expected to agree only partially with evaluation made by an outside observer.

To further validate the Indexes, the ratings of the clinical psychologist were compared with fifty-one LSI-A scores and fifty-two LSI-B scores. The correlations were 0.39 and 0.47, respectively. The narrow range of scores in cases interviewed by the psychologist accounts partly for the low correlation. Agreement between the rating of the clinical psychologist and the Index scores was much greater for persons over sixty-five, the correlations between 0.55 and 0.59, respectively, as compared to 0.05 and 0.32, respectively, for persons under sixty-five years. It could not be said with certainty whether this latter finding was related to an artifact of the measures, or whether it reflected increasing consistency in the psychological behavior of aged persons.

It was questioned whether the LSI-A and LSI-B were more reflective of Mood Tone alone than of the other components of LSR. When correlations with Mood Tone alone were compared to correlations with the LSR as a whole, the correlations were not significantly different.

In the validation study of the Indexes, the mean score of LSI-A was found to be 12.4 and the standard

deviation 4.4. The mean score of the LSI-B was 15.1 and the standard deviation 4.7. When scores on the two Indexes were combined the mean was 27.6, the standard deviation 6.7.

Since their development, the Indexes have been used separately or together as measures of Life Satisfaction. However, the LSI-A has been used far more frequently and has undergone investigation as to its validity. The following will be a presentation of validity studies of the LSI-A and a description of other research in which this Index has been used.

Wood, Wylie and Sheafor³¹ noted in 1969 that no further studies of the relationship between the direct self-report instruments and the LSR had been reported since their development in 1961. They proceeded to test the relationship of the LSI-A to the LSR on a different population, that is, a rural as opposed to an urban population. The simplicity of the LSI-A and the ease of using it in a mail questionnaire were the reasons for its choice as an instrument. Of the six hundred questionnaires mailed, 355 were returned, 281 of which were complete and usable. The mean LSI-A score was 11.6. A random sample of fifty of those who scored above the mean and fifty of those who scored below the mean was

31 V. Wood, M. L. Wylie, and B. Sheafor, "An Analysis of a Short Self-Report Measure of Life Satisfaction: Correlation with Rater Judgments," Journal of Gerontology, Vol. 24, No. 4, p. 465-469.

interviewed using a schedule which included most of the questions of the original LSR. The one hundred persons with scores on both instruments were made up of thirty males and seventy females, one-fourth of whom had more than a high school education, 54 of whom were married, 41 widowed, and 5 never married. All were relatively healthy. The age range was sixty-three to ninety-two years. The sample of one hundred was randomly divided into two equal groups, and scores on the two instruments were compared for the first group of fifty. Coefficient of correlation was 0.56, close to the correlation of 0.55 in the original Kansas City Study. As a result of their analysis, the authors questioned the scoring method for LSI-A; it was felt that being undecided was not comparable to a wrong answer. An alternative scoring method was proposed with a score of "0" for the "wrong" answer, a score of "1" for a question mark or no response, and "2" for the "right" answer. With this scoring, the correlation between LSI-A and LSR was slightly higher than when using the original method. In addition, an item analysis of the LSI-A of the one hundred persons indicated that the omission of seven items would improve the instrument. The authors gave their new instrument the name Life Satisfaction Index Z (LSI-Z). When the latter, scored with the authors' altered method, was correlated with LSR, a correlation of 0.57 was obtained. It may be noted that this

correlation is not much higher than 0.55, the correlation between LSI-A and LSR in the Kansas City Study. The Kuder-Richardson Formula 20 "Coefficient Alpha" was used to test for the reliability of LSI-Z, and it gave a reliability of 0.79. It was concluded that this new instrument was useful in cases where a reasonable approximation of level of psychological well-being was enough. Further analyses were made in this study of both LSI-A and the modified instrument, LSI-Z. Correlations between LSI-A and LSR were examined for age and sex differences. Definite age differences were found among the correlations: a correlation of 0.21 between the two instruments for the age group 63 to 69; a correlation of 0.50 for the age group 70 to 79; and a correlation of 0.65 for the 80 years and over group. This increased correlation with age ^{was} similar to the findings of the Kansas City Study. Sex differences were also marked with a correlation of 0.39 for women and 0.72 for men. When the correlation between LSI-Z and LSR was examined for age and sex differences, there was less of a difference for age, but there continued to be a marked sex difference, that is, 0.42 for women as compared to 0.83 for men. It would seem, then, that for the rural sample of this study, the correlation of LSI-A and LSR was approximately the same as that in the Kansas City Study. The modified LSI-A, or LSI-Z as it was named by the authors, was recommended for use in studies of rural older male populations.

Wood, Wylie and Sheafor's modification of the LSI-A has since been used in two other studies. Bultena and Wood³² used it to investigate differences in the personal adjustment of older persons who have moved to age-integrated and to age-segrated communities in a retirement state and to discover factors underlying this differential adjustment. Data came from interviews in 1967 and 1968 with 521 retired males residing in three age-integrated communities and in four planned retired communities in Arizona, all of these males originally being from the mid-west. On the basis of scores obtained for Life Satisfaction, morale was found to be significantly higher for respondents in the planned retirement communities than for those in the age-integrated communities.

Bultena and Oyler³³ also made use of the modified instrument in a study designed to look at the possibility of health status being a critical variable in the relationship between disengagement and life satisfaction. Data came from interviews with three hundred persons, representing a fifteen percent random sample of persons aged sixty-five and older

32 G. L. Bultena and V. Wood, "The American Retirement Community: Bane or Blessing?" Journal of Gerontology, Vol. 24, 1969, p. 209-217.

33 G. L. Bultena and R. Oyler, "Effects of Health on Disengagement and Morale," Aging and Human Development, Vol. 2, 1971, p. 142-148.

living in a rural county in Wisconsin. Life Satisfaction scores ranged from 0 to 13 with a median score of 8. The findings indicated that, with increasing age, there was a waning health status and an accompanying decrease in Life Satisfaction. Whereas Cumming and Henry³⁴ suggest that life satisfaction should improve late in the disengagement process, little support was found for this even for respondents for whom deteriorating health was not a possible factor affecting morale.

Adams³⁵ felt that a further analysis should be made of the LSI-A, especially to examine its construct validity and item reliability. The 508 persons in the sample on which data were obtained were non-institutionalized and living in towns of populations of 1000 to 1500 in Missouri. There were two hundred males and 308 females represented, and their ages ranged from sixty-five to over eighty. When the LSI-A was administered, a mean score of 12.5 was obtained with standard deviation of 3.6 compared with 12.4 and 4.4 for the Kansas City Study and a mean of 11.6 in the Wood, Wylie and Sheafor study. In examining the item reliability of the Index, Adams used two types of analyses. The first was a discrimination value based on the difference in

34 Elaine Cumming and W. E. Henry, Growing Old, New York, Basic Books, 1961.

35 Adams, op. cit., p. 470-474.

percentage of affirmative response to each item of the high and low total score groups, these latter groups being the upper and lower thirds of the sample by LSI-A score. The second analysis was a biserial correlation between the mean of the affirmative response group of each item and the LSI-A mean score for the whole sample. Ideally, discrimination values should range from 20% to 80% and have a mean of 50%. In Adams' analysis, the items in the LSI-A ranged from 16% to 63% with a mean of 42%. The only item which fell outside the ideal range was: "I feel my age, but it does not bother me." This corresponds to item 11 in Neugarten, Havighurst and Tobin's instrument. In a biserial correlation, it is desirable that all items have an r_{bi} greater than 0.30. In Adams' sample, the biserial correlations ranged from 0.16 to 0.55. The item quoted above had the lowest r_{bi} , indicating that practically as many persons below the mean gave an affirmative response to this item as did those above the mean. The item having the second lowest correlation, 0.28, was: "Compared to other people my age, I've made a lot of foolish decisions in my life," which corresponds to item 14 in Neugarten, Havighurst and Tobin's instrument. At the same time, there was a significant sex difference in the affirmative response to this item. The item: "In spite of what people say, the lot of the average man is getting worse, not better," had the next lowest correlation, although it fell within the acceptable range,

and it also showed a significant sex difference in response. In summary, however, the items which stood out as least reliable were items 11 and 14. Finally, in order to examine the LSI-A for its construct validity, a factor analysis was performed. Within this analysis (1) the average item variance explained was used to determine whether or not the LSI-A measures the single factor of life satisfaction; (2) the communality of the items was used to determine how well the individual items correlated with the life satisfaction factor; (3) rotated factors were employed to locate clusters of highly interrelated items and these item clusters examined to determine whether or not they appeared to represent the five components which Neugarten, Havighurst and Tobin said were the basis of the Index. In (1), five factors were drawn from the LSI-A item intercorrelations as a check against the possibility that the five components were measured independently and were not combined into the single factor of life satisfaction. The five factors explained 34%, 8%, 7%, 5%, and 4% respectively of the variance of items, suggesting that there is one major factor and this presumably is life satisfaction. In (2), it was taken that the factor above explaining 34% of item variance could, with greater confidence, be seen as the life satisfaction factor. Therefore, the communality of twenty items was examined with respect to this first factor. The range in communality was

from 0.008 to 0.81, items 11 and 14 having the lowest communalities, that is, the lowest correlation with the life satisfaction factor. In (3), rotated factors were used to locate "clusters" of items related to the five components of zest, resolution and fortitude, congruence, self-concept, and mood tone. It seemed that only four factors of Mood Tone, Zest, Congruence, and one not clearly identifiable, could be discerned. A fifth factor had no items highly correlated with it, although the highest correlations were with items 11 and 14. Since these latter items performed poorly overall, it was felt that they should be removed from the LSI-A. From the factor analysis, it seemed that the items of LSI-A were not entirely adequate in representing all five components. However, Adams concluded that the LSI-A provided a "fair estimate of life satisfaction for a small town elderly sample as it does for the urban and rural samples on which it has been tested."³⁶ The only changes suggested were the omission of items 11 and 14 of Neugarten, Havighurst and Tobin's original instrument. He also suggested further research aimed at developing more adequate items to complete the theoretical design of five components. As a result of this thorough investigation of these findings, especially those related to items 11 and 14,

36 Ibid., p. 473.

and comments made by Adams' sample regarding these two items, the present study omitted the two items suggested. It was not felt that the more numerous omissions of Wood, Wylie and Sheafor made a significant difference, when their modified instrument was correlated with the LSR, to warrant following their example.

A further modification of the LSI-A can be seen in the study of Smith and Lipman.³⁷ In measuring Life Satisfaction, they used eleven of the twenty items of the original LSI-A. Unfortunately, they gave no indication of which items were not used and no rationale for omitting certain items. Because of this neglect, it cannot be ascertained whether or not this modification is worthy of note, or of being used again. Their scoring method was also different both from the original method and from that of Wood, Wylie and Sheafor, items being scored 3 for a response most indicative of Life Satisfaction, 2 for a neutral response, and 1 for a response indicating dissatisfaction. The distribution of scores ranged from 11 to 33, with a median of 24.7. The purpose of their study was to look at the relationship between constraint, that is, a composite variable combining health and monthly income into a single multivariate index, length of

³⁷ Kenneth J. Smith and Aaron Lipman, "Constraint and Life Satisfaction," Journal of Gerontology, Vol. 27, 1972, p. 77-82.

time subjects had been living in a housing project, peer interaction, and the interaction of these three variables, with life satisfaction. Their dividing point for successful and unsuccessful agers was a score of 25. In the study, 136 respondents scored 25 or above, 123 scored 24 or lower, respondents being 259 elderly persons living in two of fourteen housing projects operated by the Miami Housing Authority. Constraint was found to be a significant variable in Life Satisfaction, and peer interaction was found to be a significant variable in the Life Satisfaction of the constrained.

In view of the procedure in the present study, of obtaining responses through an interviewer, Pihlblad, Rosencranz, and McNevin³⁸ have added an important dimension to information surrounding the LSI-A. They investigated the possibility of interviewer bias with a sample of persons over sixty-five years of age living in sixty-four Missouri towns with populations between 250 and 5000. One thousand, seven hundred and sixteen interview schedules were completed, which included LSI-A. The interviewers were nine women, ranging in age from 35 to 54 years, each of whom interviewed at least one hundred persons in the aged sample. They had had experience in dealing with people, but were carefully trained in

38 C. T. Pihlblad, H. A. Rosencranz, T. E. McNevin, "An Examination of the Effects of Perceptual Frames of Reference in Interviewing Older Respondents," Gerontologist, Vol. 7, 1967, p. 125-127.

the use of the schedule and in interviewing techniques. The researchers had for their purpose, more specifically, to obtain an assessment of the interviewers' perceptual frames of reference toward older persons, through the administration of the Tuckman-Lorge stereotype scale, and to compare high and low scores on this scale with subjective evaluations made by interviewers, and responses obtained on the Life Satisfaction Index. The latter comparison is more pertinent to this present study. When highest and lowest scores on the Tuckman-Lorge were compared in terms of Life Satisfaction responses recorded for the aged respondents, the three interviewers scoring higher on the Tuckman-Lorge did not differ significantly from the three scoring lower. The Life Satisfaction scores of the aged did not differ significantly between the two groups of interviewers. It would seem, then, that the attitudes of the interviewers did not significantly influence responses obtained.

Lieberman³⁹ used the LSI-A with a broader age range as a means of measuring degree of Life Satisfaction. He administered the instrument to a group of elderly persons with a mean age of 77.6 sampled from a local retirement home and from a Golden Age Club, and to a group of seventy-eight

39 Lewis R. Lieberman, "Life Satisfaction in the Young and the Old," Psychological Reports, Vol. 21, No. 1, 1970, p. 75-80.

undergraduates with a mean age of 20.1, sampled from three classes of psychology students. Since the instrument had never been used with such a young group, all of the students were also administered the Thomas Morale Scale which was found to have a significant correlation of 0.49 with the Index. This would indicate that the Index is appropriate for a younger age group. It was then found that there was no significant differences between the mean scores of the old and the young, means being 12.1 and 12.4 respectively; however, there was a significant difference for responses between the two age groups in thirteen out of twenty items. The older persons, in their responses, reflected an attitude towards life particular to them. In administering the LSI-A to an older population, then, a consistent attitude for this age group can be felt to exist, that is, a satisfaction sustained by a belief that the past was satisfying and agreeable. Furthermore, in comparing young and old, a qualitative analysis rather than an analysis of total scores would be more appropriate.

The Indexes have also been used to examine the relationship of Life Satisfaction to other variables. Arthur⁴⁰ did a pre- and posttest of two groups of older persons in a

40 Gary L. Arthur, "Companionship Therapy with the Aged in a Nursing Home," Dissertation Abstracts International, Vol. 32, No. 6-B, 1971, p. 3614.

companionship therapy experiment, the purpose being to determine the efficacy of companionship therapy with the aged in a nursing home. Two methods of therapy, one rotating and one sustained companionship, were used to improve morale and personal adjustment. Two experimental groups and one control group were formed each having five aged males and five aged females, subjects selected from the Phenix City Alabama Nursing Home on the basis of severe adjustment problems in the nursing home. The therapists were ten young university-student volunteers, five male and five female. A pretest and posttest on the LSI-A were used as dependent variables as well as pretest and posttest on the Revised Social Dysfunction Rating Scale. Not only were the subjects administered these tests, but the volunteer therapists were also pretested and posttested on the LSI-A to detect any changes in their perception of morale in the aged population, and these latter data were compared to the data derived from the aged. In the analyses of the data, the Kruskal-Wallis one-way analysis of variance by Rank was used, and it was found that changes in morale occurred in combined subjects undergoing sustained and rotating companionship when compared to the controls ($p < 0.005$), while the sustained group approached a significant change when compared to controls ($p < 0.06$). The finding for the aged, however, seemed to conflict somewhat with the perception of the volunteers. No clear explanation could be found.

Zibbell⁴¹ and Seymour⁴² used LSI-B and LSI-AB respectively as measures of Life Satisfaction, both wishing to find the relationship of this measure to social activity level in older persons in order to clarify the differing descriptions of adaptation in the Activity and Disengagement theories. In his study, Zibbell's sample consisted of fifty subjects, male and female, age 65 and over. All subjects were volunteers and living independently in the community. Although the sex distribution was representative of the older population, the group was higher on intelligence, education, and health than a general aged population. Seymour chose to use the two Indexes combined as his measure of Life Satisfaction. His sample consisted of forty males and females, black and white, aged 65 to 87. Again, his subjects were volunteers and living independently in communities. All considered themselves retired for at least one year. As with Zibbell's sample, the means for intelligence and occupational level were higher than for older people in general. Using their different instruments, both found a

41 Robert A. Zibbell, "Activity Level, Future-Time Perspective and Life Satisfaction in Old Age," Dissertation Abstracts International, Vol. 32, No. 7-B, 1972, p. 4198-4199.

42 Guy O. Seymour, "Activity Level, the Sense of Personal Autonomy and Life Satisfaction in Old Age," Dissertation Abstracts International, Vol. 33, No. 5-B, 1972, p. 2331-2332.

significant relationship between Activity Level and Life Satisfaction, especially for the females.

A close study of all of these reports has led to the decision that the Life Satisfaction Index A is a valuable measure of Life Satisfaction in persons sixty-five years of age or older. Although several modifications of the instrument have been described, the one suggested by Adams would seem to be the most thoroughly analyzed statistically. It is also the most modest modification in terms of items omitted. It seems to give clear evidence for omission of two items, and so this modification was used in the present study. The scoring method remains that described by Neugarten, Havighurst, and Tobin.

However, as with the Research Questionnaire, an item analysis was performed on the modified instrument of Adams, after its administration, to further refine it as an instrument which differentiated sufficiently within the sample of this study (see Table II). The method of Maxwell was again used, and as a result, six of the eighteen items were found to differentiate insufficiently between subjects. The items involved were the following:

1. Item 2: I have gotten more of the breaks in life than most of the people I know.
2. Item 8: I expect some interesting and pleasant things to happen to me in the future.
3. Item 11: As I look back on my life, I am fairly well satisfied.

Table II.-^a

Item Analysis of Life Satisfaction Index A:
 Number of Respondents Giving Favorable Responses to Each Item
 when Respondents Are Divided into Subgroups Arranged in Order
 of Increasing Total Score; Percentage of Favorable Responses
 for Each Item; and Test of Association between Response to
 Each Item and Total Score.

Item No.	Subgroups						Total	Percentage	Association Expressed as Chi Square
	I (8)	II (8)	III (8)	IV (8)	V (8)	VI (10)			
1	2	4	6	8	8	10	38	76	10.315
2	3	5	4	2	4	9	27	54	.666 ^d
3	1	3	5	8	7	10	34	68	15.059
4	1	2	7	6	7	9	32	64	9.000
5	1	1	3	7	5	7	24	48	16.333
6	1	1	1	1	6	7	17	34	14.235
7	2	6	7	8	7	10	40	80	5.000
8	1	4	6	1	5	7	24	48	.333 ^d
9	2	5	6	8	7	10	38	76	7.579
10	1	2	5	4	3	9	24	48	18.713
11	5	8	7	8	8	10	46	92 ^c	1.565 ^d
12	5	7	4	5	7	8	36	72	.888 ^d
13	5	6	8	8	8	10	45	90 ^c	2.178 ^d
14	3	4	3	4	7	7	28	56	4.571
15	3	5	2	3	4	9	26	52	2.769
16	2	4	6	8	6	10	36	72	8.000
17	3	6	8	6	8	10	41	82 ^c	2.390 ^d
18	0	1	2	5	3	8	19	38	17.790

^a Format of table taken from A. E. Maxwell, Analysing Qualitative Data, London, Methuen, 1961, p. 155.

^b A Favorable response is here taken to be a score of 1.

^c Percentage above 80% indicating insufficient differentiation.

^d Chi square not significant (3.84 at .05 level, 1 degree of freedom; 2.71 at .10 level, 1 degree of freedom) indicating insufficient differentiation.

4. Item 12: I would not change my life even if I could.
5. Item 13: Compared to other people my age, I make a good appearance.
6. Item 17: I've gotten pretty much what I expected out of life.

Items 2, 8, and 12 were not found to show an adequate association between score on the item and total score. A significance level of 0.05 was used for the chi squares of the test of association. Items 11, 13, and 17 produced very high percentages of favorable responses (92%, 90%, and 82% respectively).

With the elimination of these six items and using the scoring method of Neugarten, Havighurst and Tobin, the total possible score on this revised LSI-A was 12. The scores from this revision of the instrument were used in the analysis of the data.

Having now looked at the instruments, the method used in obtaining the data of this study will be described in the next section.

3. Survey Method.

This section, describing the survey method of the study, will be divided into three parts: first, a presentation of the manner in which the sample was obtained; second, a description of the manner in which the instruments were

administered; and third, the manner in which the instruments were scored.

(a) Obtaining the Sample.- When it was discovered that the tenants of the rent-to-income building had formed a tenants' association, the president of this association was approached and cooperation obtained from him and his fellow-executives in proceeding further with the project, as well as an invitation to the next meeting of the tenants. At this latter meeting, the author introduced herself to the tenants present and introduced her project as a wish to spend a few minutes with those ready to volunteer in order to ask questions concerning some of their needs and how they were getting along in their new way of life. The names and telephone numbers of twenty volunteers were obtained.

Since this number was insufficient for the planned total sample of fifty, additional names were taken randomly from the list of tenants and these persons then asked individually for their participation. The greater majority accepted; however, a very few declined either because of not feeling well, of reluctance as a result of past experience with questionnaires, or an unexplained refusal. Those persons who refused were replaced by others, selected again randomly from the list of tenants.

(b) Administration of the Instruments.- Appointments were made by telephone with the first group of volunteers. When the additional subjects were approached in person, appointments were made, or the instruments administered immediately if the subject was free at the time of the author's visit.

All subjects were visited individually in their apartments by the author, and the instruments administered orally. Each subject was randomly assigned a number from 2 to 51, and this number was written at the top of each answer sheet. The number allowed for matching of instruments for each person. Subjects were also assured of the confidentiality of their responses.

Although there was an informality to the situation, the same instructions were repeated verbally to each person and the items, as worded in the Appendix, were read. However, if the wording of items was found by subjects to be unclear, the author did offer explanation or elaboration, taking care not to bias the subject in his response.

The introduction given for the Research Questionnaire was: "I am going to ask you some questions about different ways you may feel sometimes."

The instructions given for the Life Satisfaction Index A followed closely that given by Neugarten, Havighurst and Tobin, but were adapted for oral administration: "Here

are some statements about life in general that people feel differently about. I will read each statement, and you tell me if you agree, disagree, or you are not sure one way or the other."

Some difficulties did arise. It was found that subjects often tended to respond with a description or a story so that the author had to, in these cases, recall to the subject the response categories of the instrument and have him choose the most appropriate. Another difficulty was the obtaining of responses which seemed contradictory to responses previously given by the same subject. The author then returned to previous questions and repeated others until clarity and consistency was found. This difficulty arose in particular with the Research Questionnaire.

In cases where a husband and wife were both present in the apartment and both were to be administered the instruments, contamination of the responses of each was eliminated by a statement that each was to answer the way he personally felt, and one partner was asked to wait in another room while his spouse answered.

As there was a possibility of order effect in the administration of the instruments, the sample was divided into two groups, those who were randomly assigned an even number answering first the Life Satisfaction Index A, and

those randomly assigned an odd number answering first the Research Questionnaire.

In order to obtain additional information needed for the study, each subject was asked his age and marital status, while the author recorded his sex. This was done after both instruments had been administered, and recorded at the end of the answer sheet for the Research Questionnaire.

(c) Scoring of Instruments.- Both the Research Questionnaire and the Life Satisfaction Index A were scored by hand. The scoring of the Life Satisfaction Index A was done simply by adding the scores of 1 for each response in a favorable direction according to the key of Neugarten, Havighurst and Tobin. It was then rescored, eliminating those six items found to be inadequate in the item analysis, and the total scores obtained this time were those used for the analysis of the data.

The Research Questionnaire was scored three times, first with the instrument as originally proposed and then after each of the two revisions. Before scoring of the Questionnaire for the first time, responses were checked to determine whether the sharing of feelings of happiness, worries, and sadness was done with at least one and the same person. If all three feelings were shared with the same person, the scores from the three divisions were added together. If, however, only two feelings were shared with

the one particular person, only the scores for these two divisions were added together. And, again, if each of the feelings was shared with a different person, the division with the highest total score was used and its score became the overall total score. Such a method of scoring was seen to be in accordance with the purpose of the Questionnaire, that is, to measure the degree of intimacy in a particular relationship. The second scoring, which took place after item analysis, simply lowered the total score by subtracting the scores of those items eliminated in item analysis from the total original score. Finally, the total score obtained after item analysis was supplemented by weights for degree of openness to intimacy and degree of mutuality as specified in the preceding description of the Research Questionnaire. These last scores were used in the analysis of the data.

4. The Hypotheses.

In this section, the hypotheses concerning the relationship of degree of intimacy to Life Satisfaction in persons aged sixty-five and over will be stated in their null form. They are as follows:

1. Regardless of degree of intimacy, as measured by the Research Questionnaire, the subjects do not differ significantly on their Life Satisfaction Index scores.

Degree of intimacy: degree defined as high, medium, or low, where the total scores on the Questionnaire were divided to form three groups (high, medium, and low) with as close to equal numbers in each group as possible.

2. Regardless of degree of openness to intimacy, as measured by the Research Questionnaire, the subjects do not differ significantly on their Life Satisfaction Index scores.

Degree of openness to intimacy: openness defined as a response to "often," "sometimes," or "never" to a question concerning wanting to share a feeling. The independent variable, degree of openness, was determined by counting the number of feelings the person wanted to share "often" or "sometimes" with one particular person, resulting in a possible score of 0 to 3 feelings.

3. Regardless of degree of mutuality as measured by the Research Questionnaire, subjects do not differ significantly on their Life Satisfaction Index scores.

Degree of mutuality: determined by the number of feelings a person wanted to share with someone else "often" or "sometimes," and the number of those same feelings the sharing of which he wanted to see reciprocated by the other person "always" or "sometimes." This number could vary from 0 to 3 feelings.

4. Subjects experiencing one intimate relationship and those experiencing more than one intimate relationship as measured by the Research Questionnaire, do not differ significantly on their Life Satisfaction Index scores.

One intimate relationship: defined as a situation where at least one of the feelings is shared with only one person. More than one intimate relationship: defined as a situation where at least one of the feelings is shared with more than one person.

5. Regardless of sex or degree of intimacy, as measured by the Research Questionnaire, the subjects do not differ significantly on their Life Satisfaction Index scores.

Degree of intimacy: now defined according to two categories of high and low; high scores are the median and above.

6. Regardless of marital status or degree of intimacy, as measured by the Research Questionnaire, the subjects do not differ significantly on their Life Satisfaction Index scores.

Marital status: divided into the two categories of married or single, single including widowed, divorced, separated and never married. Degree of intimacy: again defined according to two categories of high and low.

In the following section, the statistical methods used to test these hypotheses on the data obtained will be described.

5. Techniques of Analysis.

The statistical methods used to test the hypotheses will now be described. It should be noted that the statistical analyses were computed using the item-analyzed and weighted form of the Research Questionnaire, and the item-analyzed Life Satisfaction Index A.

Before beginning any analyses, the possibility of order effect of the administration of the instruments on instrument scores was investigated by performing t tests to measure any significant differences between means of the scores on the instrument when administered first and when administered second. Following this precaution, the instrument scores were combined, disregarding order of administration, and further analyses undertaken.

The data were first examined for differences in Life Satisfaction with varying degrees of intimacy. Then, taking one aspect of degree of intimacy, that is, degree of openness to intimacy, differences were tested in Life Satisfaction according to varying degrees of openness. In the same way, another aspect of degree of intimacy, degree of mutuality, was taken and differences in Life Satisfaction were tested, depending on the degrees of mutuality. Data obtained concerning number of intimate relationships were used to determine its relation to Life Satisfaction. Finally, variables of sex and degree of intimacy, as well as marital status and degree of intimacy were looked at to clarify their relation to Life Satisfaction.

As a test of the first hypothesis relating degree of intimacy to Life Satisfaction, a one-way analysis of variance was performed with Life Satisfaction Index A scores as the dependent variable, and high, medium, and

low degree of intimacy as the independent variable. The scores determining degree arose from the distribution of the data, three groups of as close to equal size as possible being chosen. The data were also analyzed for a trend towards linearity.⁴³ Pearson's product-moment coefficient of correlation was also calculated, for which the formula is:

$$r = \frac{\sum xy}{N(s_x s_y)} \quad 44$$

to measure the relationship between Research Questionnaire scores and Life Satisfaction scores. In this formula x and y represent deviations from the mean of each group of scores, s_x and s_y the standard deviations of each of the two groups, N the number of subjects and r the proportion of common variance to the total possible variance of the two variables.

Following these analyses, two one-way analyses of variance were performed, first with degree of openness to intimacy as independent variable represented by the willingness to share one, two, or three feelings with one person,

⁴³ William L. Hays, Statistics for Psychologists, New York, Rinehart and Winston, 1963, p. 551-558.

⁴⁴ V. Keith, Design and Analysis in Experimentation, Ottawa, University of Ottawa Press, 1972, p. 44.

and then with degree of mutuality as independent variable, represented by the sharing of one, two, or three feelings with one person and a willingness for reciprocity. It was found that only three subjects were totally unwilling to share and only four totally unwilling for a mutual sharing, so that these were not included in the analyses. In both analyses, Life Satisfaction Index A scores were used as the dependent variable. Trends for linearity were sought again.

Before proceeding to any of these analyses of variance, a test for homogeneity of variance was performed. Hartley's F maximum test was used, as treatment groups were not of equal size. The formula for this test is:

$$F_{\max} = \frac{\sigma^2_{\text{largest}}}{\sigma^2_{\text{smallest}}} \quad 45$$

where $\sigma^2_{\text{largest}}$ and $\sigma^2_{\text{smallest}}$ represent the largest and smallest variance within the treatment levels.

When the subjects were divided according to those having intimate relationships with only one person and those with more than one person, it was found that only five subjects reported a relationship with one person. For this reason, no analysis was performed, although this finding in itself provided information.

45 Roger I. Kirk, Experimental Design: Procedures for the Behavioral Sciences, Belmont, California, Brooks/Cole Publishing Co., 1969.

Before proceeding to the next analyses, the distribution of scores of each of the instruments was examined for normality. Figures 1 and 2 present the distributions. It may be seen that there were departures from normality, for this sample, on both instruments. It could then be inferred that the population from which the sample was drawn would also digress from normality. Furthermore, when subjects were divided according to male and female, and married and single marital status, the numbers varied greatly in size, as was seen in the description of the sample. It was decided that a nonparametric measure should be used, as the assumptions necessary for analysis of variance could not be met. The Mann-Whitney U Test, described by Hays as "apparently a good and relatively powerful alternative to the usual t test for equality of means,"⁴⁶ was chosen as the most appropriate test. The formula for calculating U is:

$$U = N_1N_2 + \frac{N_1(N_1+1)}{2} - T_1$$

where N represents the number of subjects in each treatment group and T_1 represents the sum of the ranks of one treatment group on the dependent variable. For the calculations, subjects were first divided into those with high and low degree of intimacy. This division was made according to the median, where the median score and above was taken to be an expression of a high degree of intimacy. A further

46 Hays, op. cit., p. 633-635.

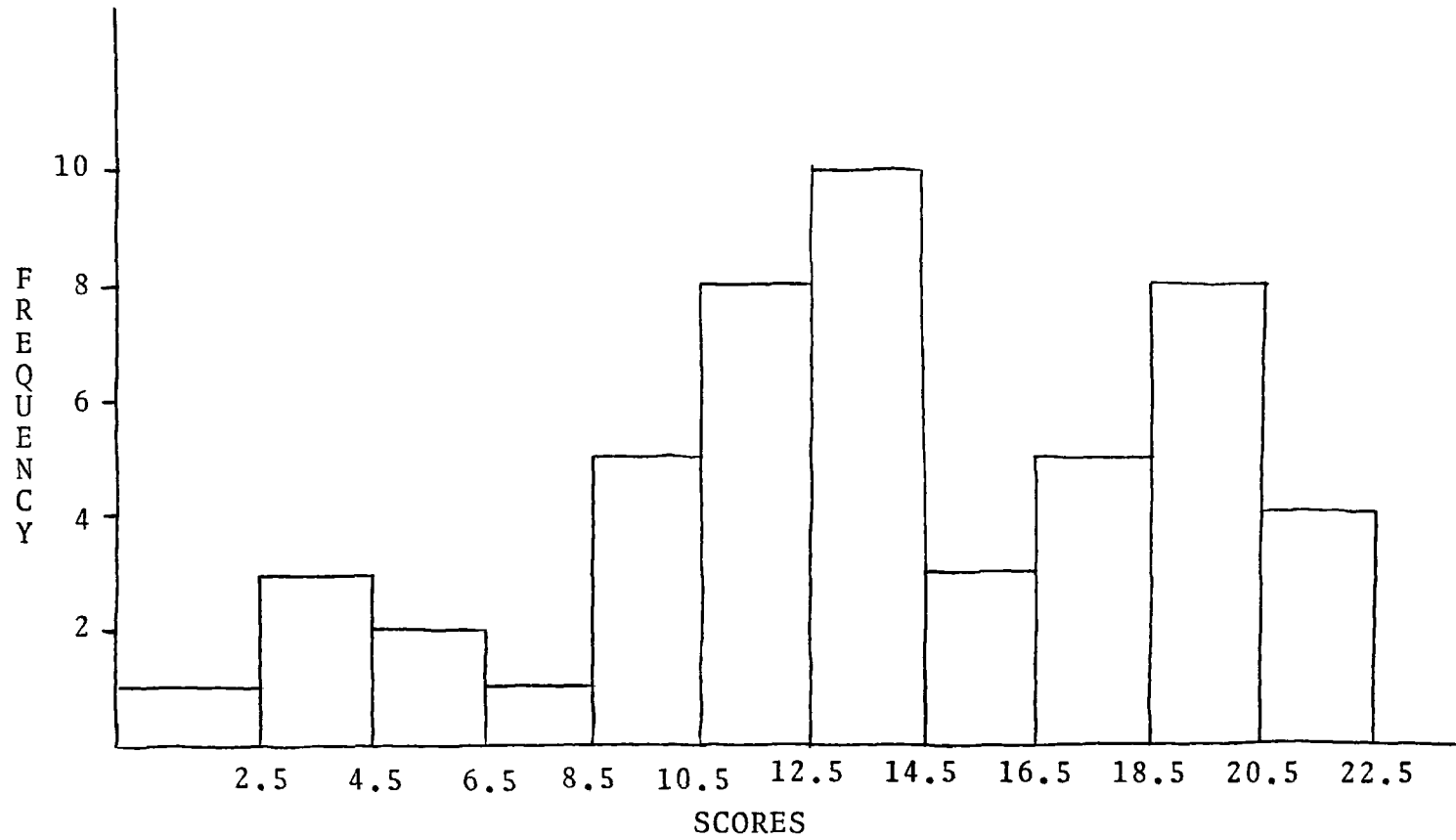


Figure 1.- Histogram of Research Questionnaire Scores.

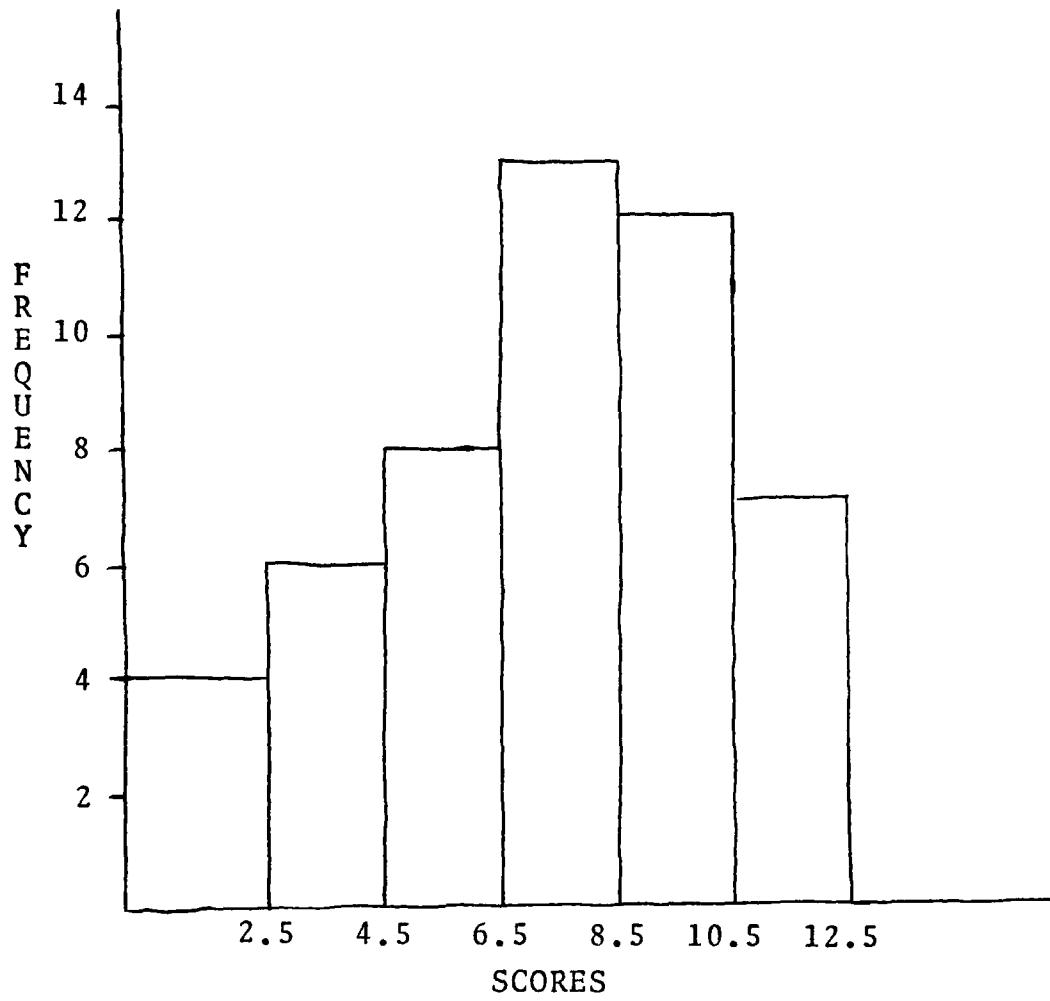


Figure 2.- Histogram of Life Satisfaction Index A Scores.

division was made for males and females, and married and single marital status. Differences in rank in Life Satisfaction Index A scores were then sought for males having a high or low degree of intimacy, and similar differences sought for each of the other divisions of female, married, and single.

To gather further tentative information as to interaction of variables in Life Satisfaction, two 2 X 2 analyses of variance were performed, first with sex and degree of intimacy as independent variables, and then with marital status and degree of intimacy as independent variables. In both cases, Life Satisfaction Index A scores were the dependent variable. Hartley's F max test of homogeneity of variance was calculated before analysis was begun.

Having described the sample used in this study, the instruments chosen and constructed, the procedure taken, the hypotheses, and finally the statistical techniques performed to test the hypotheses, the following chapter will present the findings of the statistical analyses and a discussion of these findings.

CHAPTER III

PRESENTATION AND DISCUSSION OF RESULTS

This chapter will consist of two sections, the first presenting the results of the statistical analyses carried out in the study, and the second, a discussion of these results and their implications.

1. Statistical Findings.

As stated in the previous chapter, subjects were divided in half before the administration of the instruments, so that the order of administration of the instruments could be varied and a test made for order effect on mean scores. Table III presents the results of comparisons of mean scores when each instrument was administered first in order and then when administered second in order. The t tests performed indicated no significant differences between means, so that it was concluded that order effect was not a significant variable, and the scores of all subjects could be pooled for further analysis. The means and standard deviations of the original instruments and their revisions may be seen in Table IV.

Analysis of variance with a one-way, fixed effects model was used as the statistical means of testing the first three hypotheses of the study. Before proceeding to the

Table III.-
 Comparison of Mean Scores on Research Questionnaire and
Life Satisfaction Index A when Order of Administration
 Was Varied to Test for Order Effect.

Instrument	N	Mean Score 1st admin.	SD	N	Mean Score 2nd admin.	SD	<u>t</u>	Sign.
Research Questionnaire (after Item Analysis and weighting) ^a	25	14.208	4.128	25	13.269	6.174	0.622	ns
<u>Life Satisfaction Index A</u> (after Item Analysis) ^b	25	6.615	3.43	25	7.625	2.516	-1.168	ns

a The possible range of scores on this instrument was 0 to 22.

b The possible range of scores on this instrument was 0 to 12.

Table IV.-

Means and Standard Deviations of the Scores of the Original Instruments and the Instruments with their Revisions.

Instrument	N	Mean	Standard Deviation
Original Research Questionnaire	50	15.04	5.0516
Original <u>Life Satisfaction Index A</u>	50	11.50	3.662
Research Questionnaire (after Item Analysis)	50	9.84	3.6737
<u>Life Satisfaction Index A</u> (after Item Analysis)	50	7.10	3.012
Research Questionnaire (after Item Analysis and weighting for degree of openness and mutuality)	50	13.72	5.209

analyses, a test for homogeneity of variance was performed in each case, using Hartley's F maximum test. For the first analysis of difference of mean scores on the Life Satisfaction Index A when the scores were divided according to high, medium, and low degrees of intimacy, the table value of F max at the 0.05 level was 2.94 which was greater than the observed value of 1.8781. These results indicated that the assumption of homogeneity of variance for these data was not rejected.

Table V presents the results of the analysis of Life Satisfaction Index A scores when they were divided according to high, medium, and low degree of intimacy. There were no significant differences found between mean scores. The possibility of a trend towards linearity was also investigated but, as seen in the table, there was no significant indication of a trend, nor was the departure from linearity found to be significant. As a result, the first hypothesis was not rejected.

To check for a possible relationship between the variables of degree of intimacy and Life Satisfaction, Research Questionnaire scores were correlated with Life Satisfaction Index A scores, but the correlation of 0.1268 (n=50, df=48) was not significant at the .01 or .05 levels.

Table V.-

A One-Factor, Fixed Effects Analysis of Variance and Trend Analysis of Life Satisfaction Index A Scores Divided According to High, Medium, and Low Degrees of Intimacy as Based on the Research Questionnaire.

Source	SS	df	MS	F	Sign.
Degree of Intimacy	24.92	2	12.46	1.37	ns
Linear	12.055	1	12.055	1.3262	ns
Departure from linearity	12.865	1	12.865	1.4153	ns
Error	427.57	47	9.09		
Total	452.50	49			

The hypothesis of a relationship between degree of openness to intimacy and Life Satisfaction was tested through an analysis of variance. The table value of F_{max} at the 0.05 level of 2.95 was greater than the observed value of 1.3348, so that the assumption of homogeneity of variance was not rejected. Table VI shows that there were no significant differences found between mean Life Satisfaction scores. Again, there was no significant trend toward linearity or a significant departure from linearity. Therefore, there was a failure to reject this second hypothesis.

A similar analysis was performed to test the relationship of mutuality to Life Satisfaction. Table VII shows that there were no significant differences between mean scores. Nor was there a significant trend toward linearity or significant departure from linearity. So, again, this, the third hypothesis, was not rejected.

It was stated in the previous chapter that a parametric statistical method was not suitable in testing the hypotheses concerning the relation of sex and degree of intimacy to Life Satisfaction, and that of marital status and degree of intimacy to Life Satisfaction, due to highly unequal numbers in treatment cells. Using the non-parametric Mann-Whitney U, males, females, married and single subjects were taken as separate groups and the ranks of their Life Satisfaction Index A scores, when divided according to high

Table VI.-

A One-Factor, Fixed Effects Analysis of Variance and Trend Analysis of Life Satisfaction Index A Scores Divided According to Degree of Openness on the Research Questionnaire.

Source	SS	df	MS	F	Sign.
Degree of Openness	1.399	2	0.6995	0.07	ns
Linear	0.2462	1	.2462	.0247	ns
Departure from linearity	1.1528	1	1.1528	.1154	ns
Error	439.4095	44	9.9866		
Total	440.8085	46			

Table VII.-

A One-Factor, Fixed Effects Analysis of Variance and Trend Analysis of Life Satisfaction Index A Scores Divided According to Degree of Mutuality on the Research Questionnaire.

Source	SS	df	MS	F	Sign.
Degree of Mutuality	3.4065	2	1.7033	0.1691	ns
Linear	.4037	1	.4037	.0401	ns
Departure from linearity	3.0028	1	3.0028	.2982	ns
Error	433.05	43	10.0709		
Total	436.4565	45	9.699		

and low degree of intimacy, were compared for significant differences. The results of these tests may be seen in Tables VIII and IX. There were no significant U values for males or females, nor for single subjects. However, significant differences in ranks were found for married subjects. Thus hypothesis five was not rejected, but the significant differences did result in the rejection of hypothesis six.

Due to the possibility of interaction between sex and degree of intimacy, and marital status and degree of intimacy in variances of Life Satisfaction Index A scores analyses of variance were performed and results regarded with caution. Hartley F max test for the analysis of Life Satisfaction mean scores with independent variables Degree of Intimacy X Sex showed a table value of F max which was very close to the observed value of 2.7982. This was again the case for the Degree of Intimacy X Marital Status analysis where the observed F max was 2.7434. No significant differences were found except for a significant difference for sex in mean scores of Life Satisfaction. The results may be seen in Tables X and XI.

As stated in the previous chapter, it was decided not to perform an analysis for the fourth hypothesis concerning the relation of number of intimate relationships to Life Satisfaction as only five subjects reported such a relationship with only one person.

Table VIII.-

Mann-Whitney U Test of Differences in Ranks in Life Satisfaction Index A Scores for Males and Females
 When Divided According to High and Low Degree
 of Intimacy as Based on Research Questionnaire
 Scores.

	Males			Females		
	High Degree	Low Degree	Sign.	High Degree	Low Degree	Sign.
No. of Subjects	6	6		21	17	
T_1 (Sum of Ranks for High Degree)	35			459		
U	14		ns	149		
E(U)	18			178.5		
σ_U	6.123			34.69		
z		-.6533			-.0856	ns

Table IX.-

Mann-Whitney U Test for Differences in Ranks in Life Satisfaction Index A Scores for Married and Single Marital Status When Divided According to High and Low Degree of Intimacy as Based on Research Questionnaire Scores.

	Married			Single		
	High Degree	Low Degree	Sign.	High Degree	Low Degree	Sign.
No. of Subjects	7	8		20	15	
T_1 (Sum of Ranks for High Degree)		80			377.5	
U		4	$<.004$		132.5	
E(U)		28			150.0	
σU		8.165			29.74	
z		-2.9412			-.5884	ns

Table X.-

A Two-Factor, Fixed Effects Analysis of Variance of Life Satisfaction Index A Scores When Divided According to the Variables of Sex, and High and Low Degree of Intimacy as Based on Research Questionnaire Scores.

Source	SS	df	MS	F	Sign.
Degree of Intimacy	22.881	1	22.881	2.7373	ns
Sex	40.421	1	40.421	4.8357	$\angle 0.05$
Degree of Intimacy X Sex	4.691	1	4.691	0.5612	ns
Error	384.507	46	5.358		

Table XI.-

A Two-Factor, Fixed Effects Analysis of Variance of Life Satisfaction Index A Scores When Divided According to the Variables of Married and Single Marital Status and High and Low Degree of Intimacy as Based on Research Questionnaire Scores.

Source	SS	df	MS	F	Sign.
Degree of Intimacy	22.881	1	22.881	2.7206	ns
Marital Status	25.9286	1	25.9286	3.083	ns
Degree of Intimacy X Marital Status	16.8188	1	16.8188	1.999	ns
Error	386.8717	46	8.4103		

Some further tests were then performed to seek additional relevant information. There was a return to the use of the nonparametric Mann-Whitney U in looking at differences for sex and marital status on scores of each of the two instruments. Tables XII and XIII present the results for Life Satisfaction Index A. It can be seen that there were significant differences in Life Satisfaction score ranks for marital status. The mean score for married persons was 8.2, while that for single persons was 6.6286, so that married persons would probably obtain higher ranks in Life Satisfaction.

When similar tests were made for differences for sex or marital status in ranks of Research Questionnaire scores, no significant differences were found. The results appear in Tables XIV and XV.

Finally, differences in rank for married and single marital status were sought in the degree of openness to intimacy and degree of mutuality as reported on the Research Questionnaire. Tables XVII and XVIII show that no significant differences were found. These tests were carried out due to the significant findings in ranks of married subjects on Life Satisfaction Index A scores when they were divided according to high and low degree of intimacy.

The following section will look at these results and discuss their implications.

Table XII.-

Mann-Whitney U Test of Differences in Ranks in Life Satisfaction Index A Scores When Divided According to Sex.

	Male	Female	Sign.
No. of Subjects	12	38	
T_1 (Sum of Ranks for Males)	227		
U	149		
E(U)	228		
σ_U	43.6885		
z	-1.8083		ns

Table XIII.-

Mann-Whitney U Test of Differences in Ranks in Life Satisfaction Index A Scores When Divided According to Married and Single Marital Status.

	Married	Single	Sign.
No. of Subjects	15	35	
T_1 (Sum of Ranks for Married Status)	484		
U	161		
E(U)	262.5		
σ_U	46.8775		
z	-2.1652		<.03

Table XIV.-

Mann-Whitney U Test of Differences in Ranks in Research
Questionnaire Scores When Divided According to
Married and Single Marital Status.

	Married	Single	Sign.
No. of Subjects	15	35	
T_1 (Sum of Ranks for Married Status)	367		
U	247		
E(U)	262.5		
σ_U	46.9597		
z	-.3301		ns

Table XV.-

Mann-Whitney U Test of Differences in Ranks in Research
Questionnaire Scores When Divided According to
Sex.

	Males	Females	Sign.
No. of Subjects	12	38	
T_1 (Sum of Ranks for Males)	296		
U	218		
E(U)	228		
U	43.7652		
z	-.2285		ns

Table XVI.-

Mann-Whitney U Test of Differences in Ranks in Scores of Degree of Openness to Intimacy as Seen in the Research Questionnaire When Divided According to Married and Single Marital Status.

	Married	Single	Sign.
No. of Subjects	15	35	
T_1 (Sum of Ranks for Married Status)	331		
U	211		
E(U)	262.5		
σU	44.444		
z	-1.1588		ns

Table XVII.-

Mann-Whitney U Test of Differences in Ranks in Scores
of Degree of Mutuality as Seen in the Research
Questionnaire When Divided According to
Married and Single Marital Status.

	Married	Single	Sign.
No. of Subjects	15	35	
T_1 (Sum of Ranks for Married Status)	428		
U	217		
E(U)	262.5		
σU	44.8139		
z	-1.0153		ns

2. Discussion of Results.

(a) Presence of Confidants.- Previous studies have often dealt with the relationship between the presence of a possible confidant and Life Satisfaction. The present study went beyond this, but had it remained at the level of the presence or absence of a confidant, an analysis would not have been meaningful. It was found that only one person gave no indication of a person with whom he felt he could share some feeling. Five persons mentioned one person with whom they could share some feelings and the remaining forty-four subjects in the sample mentioned more than one person. It would then seem that, for this sample, there was no absence of persons with whom sharing could take place. This finding is different from that of previous studies where comparisons could be made between subjects with and without confidants. The nature of the sample in this study could account for this difference. There was, first, a predominance of females, and it was found by several authors reviewed in the literature that females will always have more contacts and more confidants than males. Although there was also a predominance of single persons, these were primarily widowed with families in the same city so that frequent contact with family members was possible. The apartment dwelling also encouraged interaction amongst the tenants, although the degree of interaction varied according to the choice of the tenant.

(b) Main Hypothesis as Seen Through the Instruments.-

The main purpose of this study was actually to look at the relationship between the degree of intimacy experienced by the older person and his Life Satisfaction, a purpose which went a step beyond the absence or presence of a possible confidant. The hypothesis that such a relationship existed was not statistically supported. This finding could be discussed from several points of view. The instruments could first be examined. Figures 1 and 2 show that neither instrument produced a normal distribution, so that from this a strong relationship could not be expected. Subjects, on the whole, tended to obtain high Life Satisfaction scores indicating that items failed in their ability to differentiate in this sample. The item analysis made this clear, in eliminating six items. With such a restricted variance in scores, a high correlation could not be expected. The Research Questionnaire gave a greater spread of scores but with a highly irregular pattern. This finding would suggest that the instrument needs alterations in order to assure more clarity of meaning and thus greater differentiation. One alteration could be the lengthening of the instrument with a more developed sampling of sharing behavior. There could also be a greater breakdown of responses, as the response "Sometimes" used in this study could have a wide variety of meaning from "very rarely" to "quite often."

These alterations would involve a change of scoring method and result in a higher total score. Such alterations could produce a stronger instrument.

(c) Attitude Towards Sharing.- Another point of view which seems to be relevant to the findings is the variable of attitude both towards sharing and towards health status found among the subjects. In looking at the number of subjects open to sharing from no feelings at all to three feelings, one finds three subjects not open at all to sharing the 3 feelings involved, ten open to sharing only 1 feeling, predominantly happiness, twenty-one open to sharing 2 feelings, and sixteen open to sharing 3 feelings. When only two feelings were shared, the feeling avoided was most often sadness. These findings seem to suggest an attitude which interviews indicated to be part of a life pattern. The expectations of this study were that a person who did not share all of his feelings with another would have a lower Life Satisfaction score than a person who did share all of his feelings. However, one could envisage a person who had, over a lifetime, adapted to a pattern of non-sharing, or had found emotional equilibrium in ways other than sharing. This person, on a self-report scale such as the Life Satisfaction Index A, could very well obtain a high Life Satisfaction score.

(d) Attitude Towards Health Status.- The aspect of health status was referred to in the study of Lowenthal and Haven, as well as those of Bultena and Oyler, and Palmore and Luikart. Whereas Lowenthal and Haven found that the presence of a confidant was of great benefit to morale for the widowed and retired, this presence seemed to have no relationship to morale for the physically ill person. Bultena and Oyler used the Life Satisfaction Index A to look at the possibility of health status as a critical variable in the relationship between disengagement and life satisfaction. Findings indicated that, with increasing age, there was a waning health status and an accompanying decrease in life satisfaction. Palmore and Luikart, who found a small but significant relationship between the presence of a confidant and life satisfaction, found that the variable of self-rated health had the highest correlation with life satisfaction of the several variables they correlated with life satisfaction. The variable of health and how the older person regards his health status could very well have greater weight in his morale than other factors in his life, such as intimate sharing with another, or at least could overshadow this other relationship.

(e) Attitude Towards Mutuality.- The same variable of attitude makes clearer the finding of no significant relationship between degree of mutuality and Life Satisfaction.

Many of the older persons interviewed expressed the attitude that worries and especially sadness were private feelings which each person must deal with on his own. If others chose to confide in them they would listen, but would not encourage this confiding. This again was an attitude which had developed over a lifetime and could be said to be a part of a philosophy of life. As with the attitude toward sharing feelings, it has been adjusted to and differences in degree of mutuality need not relate to reported Life Satisfaction.

The data showed four persons who reported no experience of mutuality, twelve persons who shared 1 feeling mutually, twenty who shared 2 feelings mutually, and fourteen who shared 3 feelings. This pattern resembles closely that for openness to sharing. Although the literature suggested that the need for reciprocation in a relationship and the need for neededness, as described by Angyal, continued into old age, it did also indicate that this was expressed often in terms of services, rather than in terms of sharing of feelings. Townsend found that reciprocation of services was what held together the families in his sample. However, Kastenbaum and Cameron described the older persons in their samples as "givers" of emotional support. It is possible that the measurement of actual behavior could differ from that of attitude. The Research Questionnaire of the present study could be seen to tap the attitude of the older person

rather than his actual behavior, in asking "Do you like to see that person share his (her) happiness (worries; sadness) with you?" Future research would have to decide whether the element of attitude deserves attention as well as that of actual behavior.

(f) Relationship of Sex, Degree of Intimacy and Marital Status, Degree of Intimacy to Life Satisfaction.- The final two hypotheses regarding the relationship of sex and degree of intimacy to Life Satisfaction and that of marital status and degree of intimacy to Life Satisfaction were actually referring to significant interaction. Since the numbers of males and females and single and married subjects differed so greatly, there were highly unequal numbers for the cells of an analysis of variance, decreasing the possibility of maintaining the assumption of homogeneity of variance. Although an analysis of variance was attempted, homogeneity of variance barely was present. In any case, significant interaction was not found. In future research, a sample should be used which randomly selects close to equal numbers of males and females, as well as married and single subjects.

When the nonparametric Mann-Whitney U was used, separate calculations were made for males, females, married and single subjects. Life Satisfaction score ranks for each group were divided according to high and low degrees

of intimacy and compared for significant differences. Significant differences were found only for married subjects. The studies of Lowenthal and Haven, and Smith and Lipman found that the presence or absence of a confidant was significant for those suffering the strain of widowhood, while married persons were more likely to have a confidant, reducing the significance for them. One would then expect in this study to find significantly different ranks in Life Satisfaction for high and low degrees of intimacy amongst single subjects. The findings can perhaps be understood by looking at the sample of this study. It was only amongst the married group that there was an equal number of males and females. The literature states over and over again that females are found to have more social interaction than males and Lowenthal and Haven found that females were much more likely than males to have a confidant. These findings, however, were not then related to morale or Life Satisfaction, as they were in the present study. One might suspect that, for married women, degree of intimacy with their husbands would be important in their degree of Life Satisfaction, but if it is not sufficient, intimate contacts would be sought elsewhere. Amongst the married men, the degree of intimacy they experience with their wives would be very strongly related to their Life Satisfaction, as they are far less likely to have confidants outside of their marriage.

The nature of the married sample in this study permitted this differentiation to appear, whereas the single sample was composed primarily of females who did not have a great enough range of degree of intimacy for a differentiation to appear.

(g) Differences for Sex, Marital Status on Each Instrument.- Other calculations made in this study, more specifically the Mann-Whitney U test measuring significant differences in ranks between males and females on the Life Satisfaction Index A and on the Research Questionnaire, showed no significant differences, whereas the same test for significant differences in ranks between married and single persons on the two instruments showed significant differences on the Life Satisfaction Index A. For this sample, then, there was no differentiation for males and females nor for married and single subjects on the instrument used to measure degree of intimacy. However, married subjects did express a higher degree of Life Satisfaction than single subjects. Such a comparison could not be found in the literature describing the construction and past uses of the Life Satisfaction Index A. However, the Life Satisfaction Rating Scale, on which the Life Satisfaction Index A was based, did show significantly lower scores for single persons than for married persons, which is in accordance with the findings of this study. This follows

what one would expect, as married persons are able to carry on the pattern of life to which they have been accustomed, whereas single persons have either lost a marriage partner or are having to adjust alone to a life of retirement.

A discrepancy was found between the results of the Degree of Intimacy X Sex analysis of variance and the Mann-Whitney U test for differences in rank for sex in Life Satisfaction Index A scores. The analysis of variance showed a significant difference for sex in the Index scores, while the Mann-Whitney U showed no significant difference in rank. Here, the most valid statistical method for the data must be considered. Since, in the analysis of variance, the variance of the cells was barely homogeneous, the non-parametric measure should be given greater weight, and the differences seen as nonsignificant. Sex differences were not sought when the Index was first constructed, nor have they been in studies since. On the Life Satisfaction Rating Scale, however, sex differences were sought and they were not found to be significant.

(h) Differences for Sex, Marital Status in Degree of Openness and Mutuality.- Finally, no significant differences were found for sex or marital status in degree of openness to intimacy or degree of mutuality. This follows the findings for the total Research Questionnaire scores concerning degree of intimacy. However, as suggested in the

discussion of the finding of no significant relationship between degree of intimacy and Life Satisfaction, there might be different findings were there improvement of the Research Questionnaire and a sample used with a more equal distribution according to sex and marital status. Again, the restricted variance of Life Satisfaction Index A scores would have prevented the finding of significant results in this analysis.

(i) Role of the Family.- A last comment, based on items of the Questionnaire used simply to gain further information, substantiates the findings of all of the literature reviewed concerning the intimate contacts of the aged person. The subject who did not refer to a family member as a significant contact was rare, thus attesting once more to the significant role of the family in the life of the older person. Most often, the member of the family was a child, but frequently siblings were also mentioned. These contacts consisted of visits, but also, in many cases, daily telephone calls.

Before concluding the discussion of results, suggestions for further research which have already been mentioned will be gathered and developed.

(j) Suggestions for Future Research.- Several ways have been mentioned in which the Research Questionnaire could be improved. It was meant as a first attempt to

measure degree of intimacy in order to obtain information concerning the quality or depth of a relationship. At the same time, an effort was made to avoid the use of ambiguous terms such as "friend," "close," and "confidential matters." All previous studies had failed to do this. In future research, the instrument could be lengthened, thus giving it the possibility of greater reliability. Items could be added concerning other feelings, these possibly selected from an existing instrument. Since the elements of attitude towards sharing and mutuality were found to be important, further items could deal with this, while items referring to actual behavior could be retained and others developed. There was an imbalance in the instrument in that both attitude and behavior in sharing were tapped, whereas only attitude towards mutuality was tapped. Attitude towards physical health was also felt to be a significant variable in the relationship between degree of intimacy and Life Satisfaction. Items concerning this attitude could be used to develop the instrument and the information obtained also used in separate analyses to determine more clearly its significance.

The range of responses could also be greater, giving greater differentiation to responses to each item and to the total degree of intimacy. Rather than the four possible responses of the Questionnaire used in this study,

responses could become a choice of "always," "very often," "once in awhile," "very rarely," "never," and "I don't know." Although the latter response is rarely chosen, it leaves the older person with the feeling that he is not being pressured and in this way anxiety may be reduced.

Were these various approaches taken to strengthen the instrument, a test-retest method of measuring the reliability of the instrument would be most appropriate. This is due to the structure of the instrument, with each division making a separate contribution to the picture of intimacy as a whole. Stability could be expected only over a short period of time in view of the strong possibility of loss of confidants through death.

The Life Satisfaction Index A has always been considered a research instrument, and as a result the authors have left it open to improvements and further validation. This study performed an item analysis and although six items failed to discriminate sufficiently, the size of the sample was not great enough to call for the elimination of these items. However, in further research, with a sample of a larger size more equally representative of sex and marital status, and possibly more heterogeneous as to Life Satisfaction, an item analysis could again be performed and the results compared. Furthermore, a factor analysis could again be attempted,

as was done by Adams, to determine whether there are indeed five factors as proposed by Neugarten, Havighurst and Tobin, and whether a sufficient number of suitable items pertain to each of the factors.

It might be mentioned here that two items, numbers 10 and 18, frequently presented a difficulty. They read, respectively: "I feel old and somewhat tired," and "In spite of what people say, the lot of the average man is getting worse, not better." Number 10 offers two states of being, that of feeling old and that of feeling somewhat tired. The subjects had the choice of only one response, but often felt they could respond differently to each of the two feelings. The phrasing of number 18 would seem to be unclear, and the term "lot" unfamiliar to older persons, especially those of a lower educational level. Attempts could be made in the future to rewrite these items or a decision could be made to eliminate them.

There is the possibility that with a more suitable sample, the Life Satisfaction Index A would give a greater variability of results. However, its ability to differentiate under any circumstances may also be questioned. Therefore, an alternative instrument to the Life Satisfaction Index A could be considered. Palmore and Luikart reported having used several measures of life satisfaction, but found the Cantril Ladder to be the "most stable and

global assessment of life satisfaction in general."¹ The Life Satisfaction Index A makes certain judgments as to which responses represent satisfaction with life, whereas the Cantril Ladder leaves the judgment up to the subject. The latter approach corresponds more to the finding in the present study that the personal attitude or philosophy of life of the subject is an important variable which has often been overlooked. Leaving subjects more free to judge what a satisfactory life is for them personally, a greater variability of scores might also be obtained.

It must be noted, however, that the Questionnaire and both measures of life satisfaction are self-report instruments and bear the inherent weakness of dependency upon the honesty and truthfulness of the subject responding. Since comparison with an outside criterion often presents too great a difficulty for most research studies, as in the present one, the weakness may simply be recognized.

There are very few instruments designed specifically for an elderly population and it would seem a valuable contribution to strengthen those in existence and to construct others. The needs of the elderly are unique both

¹ E. Palmore and C. Luikart, "Health and Social Factors in Life Satisfaction," Journal of Health and Social Behavior, Vol. 13, 1972, p. 68-80.

in terms of theme and in terms of practicalities of administration. The format of a test for the elderly should be very simple with instructions either given verbally or slowly, or in written form clearly and briefly. The manner of response must also be totally free of ambiguity and as straightforward as possible. The length of the test is critical, older persons becoming tired and impatient if pushed beyond a certain limit. Their lack of experience in test-taking may present a problem in that they may not see the importance of answering all of the questions. It would seem necessary to impress upon them how essential is their cooperation in this way. There may be many other factors which should be considered, but they can only be known if future researchers report on them from their experiences, seeing them as equally important as their statistical findings.

Aside from the instruments, studies following up on this present research could perhaps deal in a more adequate way with the variables of sex and marital status. Again this would entail using a more appropriate sample to facilitate statistical analysis. It would seem that marital status, at least, has a significant relationship to Life Satisfaction and possibly when in interaction with degree of intimacy.

SUMMARY AND CONCLUSIONS

This study had for its purpose the extension of past research findings concerning the relationship of the presence of an intimate confidant to morale in older persons. It gave greater emphasis to the quality of the interpersonal relationship, more specifically, the degree of intimacy experienced by the older person, and its relation to Life Satisfaction.

The literature reviewed led, first, to the finding that a very basic need for intimacy, which appeared in the young child, actually continued throughout the life of a person. Evidence was also gathered concerning the therapeutic nature of intimate interpersonal relationships. Finally, the literature was presented concerning intimate contacts of older persons and the relationship of these contacts to morale. It was found that in all of the past research many ambiguous terms such as "friend" and "close" had led to confusion and misunderstanding in the gathering of information and later in interpretation. Furthermore, although the need was expressed for the clarification of the actual nature and quality of "close relationships" this had never been done satisfactorily. This present study had as its aim the taking of a first step towards gaining this information while avoiding as much ambiguity as possible. To do this, intimacy was looked at from the point of view

of a sharing of feelings, and a new instrument was constructed, designed specifically for an aged population. It was asked whether there was a significant relationship between degree of intimacy and Life Satisfaction, or between degree of openness to intimacy and degree of mutuality to Life Satisfaction. A further question was whether there was a significant difference between one and more than one intimate relationship in Life Satisfaction. Finally, this study asked whether the interacting variables of sex and degree of intimacy, and marital status and degree of intimacy were significantly related to Life Satisfaction.

To obtain the necessary data, fifty subjects of age sixty-five or older were randomly selected from the residents of a rent-to-income apartment building for senior citizens, and two instruments were administered to them. The Research Questionnaire was an instrument constructed by the author to measure degree of intimacy, with intimacy operationally defined as the sharing of feelings of happiness, worry, and sadness. The Life Satisfaction Index A of Neugarten, Havighurst and Tobin was chosen as the instrument to measure Life Satisfaction. The sample was actually divided in half and the order of administration reversed for each half to test for order effect.

After being assured statistically of no order effect, the scores of the fifty subjects were combined.

Apart from total scores based on the instruments as they were administered, scores were also obtained on revised versions of each instrument. Item analyses indicated that several items on each instrument failed to differentiate sufficiently between subjects. Rescoring after item analysis produced two more total scores. As a final means of strengthening the Research Questionnaire, the score after item analysis was supplemented by weights for degree of openness to intimacy and degree of mutuality, thus giving a third total score for this instrument. Means and standard deviations for the two instruments with each of their revisions were calculated.

To test the main hypothesis, an analysis of variance of Life Satisfaction Index A scores, divided according to high, medium, and low degrees of intimacy, was calculated, and a correlation between Life Satisfaction Index A and Research Questionnaire scores was also calculated. Following this, analyses of variance of Life Satisfaction Index A scores were again made, this time with scores first divided according to openness to sharing one, two, or three feelings, and secondly according to mutual sharing of one, two, or three feelings. The data did not show a sufficient number of subjects reporting only one intimate relationship as opposed to more than one, so that the testing of this hypothesis was not possible. Since the nature of the sample

no longer permitted parametric statistical analyses for the remaining hypotheses, the Mann-Whitney U, a nonparametric measure, was used to test for differences in ranks in Life Satisfaction Index A scores divided according to high and low degree of intimacy, for males, females, married, and single subjects. Two analyses of variance with factors of sex and degree of intimacy, and marital status and degree of intimacy, were also performed despite highly unequal numbers in the cells, as a means of testing for interaction between these variables.

Additional information was sought by using the Mann-Whitney U to find significant differences for sex and marital status in the ranks of scores on each of the instruments, as well as differences for sex and marital status in ranks for scores of degree of openness to intimacy and degree of mutuality.

With the above procedure and for the particular sample of this study, there were few significant findings. Most notable was the fact that no relationship was found between degree of intimacy and Life Satisfaction. Nor was there a significant relationship between degree of openness to intimacy or degree of mutuality and Life Satisfaction. However, the ranks of Life Satisfaction Index A scores for married persons, when divided according to high and low degree of intimacy, were found to be significant, whereas

this was not so for single persons. A difference for married and single subjects was also found on their Life Satisfaction Index A score ranks.

Incidental findings gave meaningful leads for future research. The element of philosophy of life or attitude towards sharing and mutuality was found to be important. Furthermore, the attitude towards health status seemed to be a variable which could possibly overshadow other variables in Life Satisfaction. Another finding which corroborated past research was the critical role of family members in the adjustment of older persons.

As a result of this research, it was felt that in the future further attention could be given to the instruments. The Research Questionnaire could be improved by increasing its length, tapping a greater spectrum of feelings, attending to the factor of attitude as well as actual behavior, and giving a greater range of response to each item. Since the Life Satisfaction Index A remains a research instrument, it could be submitted to a factor analysis, and several items could undergo rewording. Were a similar study to be undertaken, an alternate instrument which was more sensitive to the personal judgment of each subject could also be considered.

In terms of the purpose of this study, the findings of the importance of attitude towards health status, and the

suggestion that a relationship between the interaction of marital status and degree of intimacy, and Life Satisfaction is present could be followed up. However, data analysis would be facilitated if care were taken in obtaining a random sample consisting of equal numbers of each sex and marital status.

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APPENDIX 1

RESEARCH QUESTIONNAIRE

APPENDIX 1

RESEARCH QUESTIONNAIRE

1. Do you sometimes feel happy?
2. Do you (or would you) want to share this happiness with someone else?
3. Do you have someone now you could share this happiness with either in person, in writing or by phone?
4. Do you in fact share this happiness with this person?
5. If there is someone, is he (or she) a person you feel at ease turning to with your happiness?
6. Do you like to see that person share his (her) happiness with you?
7. Is there more than one such person?
8. Who is (are) this person (these persons)?
* * *
9. Do you sometimes feel worried?
10. Do you (or would you) want to share these worries with someone else?
11. Is there someone in your life now you could share them with either in person, in writing, or by phone?
12. Do you in fact share your worries with this person?
13. If there is someone, is he (or she) a person you feel at ease turning to with your worries?
14. Do you also like to see that person share his (her) worries with you?
15. Is there more than one such person?
16. Who is (are) this person (these persons)?
* * *

17. Do you also feel sad at times?
18. Do you (or would you) want to share this sadness with someone else?
19. Is there someone in your life now you could share your sadness with either in person, in writing, or by phone?
20. Do you in fact share your sadness with this person?
21. If there is someone, is he (or she) a person you feel at ease turning to with your sadness?
22. Do you like to see that person share his (her) sadness with you?
23. Is there more than one such person?
24. Who is (are) this person (these persons)?

ANSWER SHEET AND SCORING KEY

- | | | |
|--------------------|--------------------------------|--------------------|
| 1. Yes () | No () | I don't know () * |
| 2. Often (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 3. Yes () | No () * | |
| 4. Often (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 5. Always (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 6. Always (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 7. Yes () | No () * | |
| 8. Husband () | Wife () | Sister () |
| Brother () | Son () | Daughter () |
| Other relative () | Minister; priest;
rabbi () | () |
| Friend () | Other () * | |
-
- | | | |
|--------------------|--------------------------------|--------------------|
| 9. Yes () | No () | I don't know () * |
| 10. Often (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 11. Yes () | No () * | |
| 12. Often (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 13. Always (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 14. Always (2) | Sometimes (1) | Never (0) |
| | | I don't know (0) |
| 15. Yes () | No () * | |
| 16. Husband () | Wife () | Sister () |
| Brother () | Son () | Daughter () |
| Other relative () | Minister; priest;
rabbi () | |
| Friend () | Other () * | |
-

APPENDIX 2

LIFE SATISFACTION INDEX A

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1. As I grow older, things seem better than I thought they would be.
2. I have gotten more of the breaks in life than most of the people I know.
3. This is the dreariest time of my life.
4. I am just as happy as when I was younger.
5. My life could be happier than it is now.
6. These are the best years of my life.
7. Most of the things I do are boring or monotonous.
8. I expect some interesting and pleasant things to happen to me in the future.
9. The things I do are as interesting to me as they ever were.
10. I feel old and somewhat tired.
11. As I look back on my life, I am fairly well satisfied.
12. I would not change my past life even if I could.
13. Compared to other people my age, I make a good appearance.
14. I have made plans for things I'll be doing a month or a year from now.
15. When I think back over my life, I didn't get most of the important things I wanted.
16. Compared to other people, I get down in the dumps too often.
17. I've gotten pretty much what I expected out of life.
18. In spite of what people say, the lot of the average man is getting worse, not better.

ANSWER SHEET AND SCORING KEY

(Key: Score 1 point for each response marked X.)

	Agree	Disagree	?
1.	<u> X </u>	<u> </u>	<u> </u>
2.	<u> X </u>	<u> </u>	<u> </u>
3.	<u> </u>	<u> X </u>	<u> </u>
4.	<u> X </u>	<u> </u>	<u> </u>
5.	<u> </u>	<u> X </u>	<u> </u>
6.	<u> X </u>	<u> </u>	<u> </u>
7.	<u> </u>	<u> X </u>	<u> </u>
8.	<u> X </u>	<u> </u>	<u> </u>
9.	<u> X </u>	<u> </u>	<u> </u>
10.	<u> </u>	<u> X </u>	<u> </u>
11.	<u> X </u>	<u> </u>	<u> </u>
12.	<u> X </u>	<u> </u>	<u> </u>
13.	<u> X </u>	<u> </u>	<u> </u>
14.	<u> X </u>	<u> </u>	<u> </u>
15.	<u> </u>	<u> X </u>	<u> </u>
16.	<u> </u>	<u> X </u>	<u> </u>
17.	<u> X </u>	<u> </u>	<u> </u>
18.	<u> </u>	<u> X </u>	<u> </u>

APPENDIX 3

ABSTRACT OF

The Relationship of Degree of Intimacy to
Life Satisfaction in Persons 65 Years
of Age and Over

APPENDIX 3

ABSTRACT OF

The Relationship of Degree of Intimacy to Life Satisfaction in Persons 65 Years of Age and Over¹

This report had for its purpose a further investigation of the relationship between the presence of an intimate confiding interpersonal contact and the morale or Life Satisfaction of a person aged sixty-five or older. Based on the statement of many psychologists that there exists a critical human need for intimacy which is present in infancy and is then continuous throughout life, on the description of therapists as to the therapeutic nature of intimate contacts, and the findings of research of the aged population that intimate contacts are maintained and seem to bear a relationship to morale of many persons, this present study attempted to tap the quality of the intimate contacts of older persons and hypothesized that the degree of intimacy experienced was related to Life Satisfaction.

The instruments used in the investigation were, first, an instrument constructed by the author, referred to as the Research Questionnaire, designed to measure degree of intimacy

¹ Mary-Ellen Francoeur, doctoral thesis presented to the School of Graduate Studies of the University of Ottawa, Ontario, June 1975, xii-155 p.

by focusing on the sharing of feelings, and the Life Satisfaction Index A of Neugarten, Havighurst and Tobin to measure morale. Fifty subjects, aged sixty-five and over, were randomly chosen from an apartment house for senior citizens, and administered the two instruments in an interview setting. Order of administration of the instruments was varied. The subjects were twelve males, 38 females, 15 married persons, and 35 single persons. For the statistical analysis of the hypotheses, subjects were divided according to (1) high, medium, and low degree of intimacy; (2) their degree of openness to intimacy; (3) their degree of mutuality in intimate sharing; (4) the presence of one or more than one intimate relationship; (5) the variables of sex and degree of intimacy; and (6) the variables of marital status and degree of intimacy. In all cases Life Satisfaction Index A scores were compared.

Strengthening of the instruments was undertaken by an item analysis of both, and weighting of Research Questionnaire scores according to degree of openness and degree of mutuality.

With the finding of no significant order effect, analysis of the data was continued. There was found to be no significant relationship between the degree of intimacy and Life Satisfaction, nor between degree of openness or degree of mutuality and Life Satisfaction. Since a majority of subjects reported more than one intimate contact, a comparison between

the Life Satisfaction of those with one, and those with more than one, intimate contact was not carried out. When Life Satisfaction scores were analyzed according to the variables of sex and degree of intimacy, no significant differences were found. However, married persons, divided according to high and low intimacy, showed significant differences in Life Satisfaction score ranks, while this was not the case for single persons. When separate analyses were carried out for differences in score ranks on both instruments for sex and marital status, married persons were found to have higher ranks in Life Satisfaction than single persons. Supplementary findings which should definitely be considered in any further research were the part played by attitude towards openness and mutuality in degree of intimacy scores, as well as the influence of attitude towards health status. Finally, the important role of the family as intimate contacts coincided with past findings.

These findings, which did not meet expectations, could be an indication of no true relationship, or the failure to find a relationship could indicate a need for more refined instruments and a more adequate sample. Suggestions were made for lengthening the Questionnaire, giving attention to attitude and improving the system of response. It was also felt that the possible significance of marital status should be followed up with a more adequate research design.