

University of Windsor

Scholarship at UWindor

Electronic Theses and Dissertations

Theses, Dissertations, and Major Papers

1995

An exploratory study of community support for the elderly 85 years and older.

Margomary. Hawkes
University of Windsor

Follow this and additional works at: <https://scholar.uwindsor.ca/etd>

Recommended Citation

Hawkes, Margomary., "An exploratory study of community support for the elderly 85 years and older." (1995). *Electronic Theses and Dissertations*. 1069.
<https://scholar.uwindsor.ca/etd/1069>

This online database contains the full-text of PhD dissertations and Masters' theses of University of Windsor students from 1954 forward. These documents are made available for personal study and research purposes only, in accordance with the Canadian Copyright Act and the Creative Commons license—CC BY-NC-ND (Attribution, Non-Commercial, No Derivative Works). Under this license, works must always be attributed to the copyright holder (original author), cannot be used for any commercial purposes, and may not be altered. Any other use would require the permission of the copyright holder. Students may inquire about withdrawing their dissertation and/or thesis from this database. For additional inquiries, please contact the repository administrator via email (scholarship@uwindsor.ca) or by telephone at 519-253-3000ext. 3208.



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

Canada

AN EXPLORATORY STUDY
OF COMMUNITY SUPPORT FOR THE
ELDERLY 85 YEARS AND OLDER

by

Margomary Hawkes

A Thesis
Submitted to the
Faculty of Graduate Studies and Research
through the Department of
Sociology and Anthropology in Partial Fulfilment
of the requirements for the Degree
of Master of Arts at
the University of Windsor

Windsor, Ontario, Canada

1995



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file *Votre référence*

Our file *Notre référence*

THE AUTHOR HAS GRANTED AN
IRREVOCABLE NON-EXCLUSIVE
LICENCE ALLOWING THE NATIONAL
LIBRARY OF CANADA TO
REPRODUCE, LOAN, DISTRIBUTE OR
SELL COPIES OF HIS/HER THESIS BY
ANY MEANS AND IN ANY FORM OR
FORMAT, MAKING THIS THESIS
AVAILABLE TO INTERESTED
PERSONS.

L'AUTEUR A ACCORDE UNE LICENCE
IRREVOCABLE ET NON EXCLUSIVE
PERMETTANT A LA BIBLIOTHEQUE
NATIONALE DU CANADA DE
REPRODUIRE, PRETER, DISTRIBUER
OU VENDRE DES COPIES DE SA
THESE DE QUELQUE MANIERE ET
SOUS QUELQUE FORME QUE CE SOIT
POUR METTRE DES EXEMPLAIRES DE
CETTE THESE A LA DISPOSITION DES
PERSONNE INTERESSEES.

THE AUTHOR RETAINS OWNERSHIP
OF THE COPYRIGHT IN HIS/HER
THESIS. NEITHER THE THESIS NOR
SUBSTANTIAL EXTRACTS FROM IT
MAY BE PRINTED OR OTHERWISE
REPRODUCED WITHOUT HIS/HER
PERMISSION.

L'AUTEUR CONSERVE LA PROPRIETE
DU DROIT D'AUTEUR QUI PROTEGE
SA THESE. NI LA THESE NI DES
EXTRAITS SUBSTANTIELS DE CELLE-
CI NE DOIVENT ETRE IMPRIMES OU
AUTREMENT REPRODUITS SANS SON
AUTORISATION.

ISBN 0-612-01451-7

Canada

Name MARGOMARY HAWKES

Dissertation Abstracts International is arranged by broad, general subject categories. Please select the one subject which most nearly describes the content of your dissertation. Enter the corresponding four-digit code in the spaces provided.

Sociology of the MOST ELDERLY

SUBJECT TERM

0340

U-M-I

SUBJECT CODE

Subject Categories

THE HUMANITIES AND SOCIAL SCIENCES

COMMUNICATIONS AND THE ARTS

Architecture 0729
Art History 0377
Cinema 0900
Dance 0378
Fine Arts 0357
Information Science 0723
Journalism 0391
Library Science 0399
Mass Communications 0708
Music 0413
Speech Communication 0459
Theater 0465

EDUCATION

General 0515
Administration 0514
Adult and Continuing 0516
Agricultural 0517
Art 0273
Bilingual and Multicultural 0282
Business 0688
Community College 0275
Curriculum and Instruction 0727
Early Childhood 0518
Elementary 0524
Finance 0277
Guidance and Counseling 0519
Health 0680
Higher 0745
History of 0520
Home Economics 0278
Industrial 0521
Language and Literature 0279
Mathematics 0280
Music 0522
Philosophy of 0998
Physical 0523

Psychology 0525
Reading 0535
Religious 0527
Sciences 0714
Secondary 0533
Social Sciences 0534
Sociology of 0340
Special 0529
Teacher Training 0530
Technology 0710
Tests and Measurements 0288
Vocational 0747

LANGUAGE, LITERATURE AND LINGUISTICS

Language 0679
General 0289
Ancient 0290
Linguistics 0291
Modern 0401
Literature 0294
Classical 0295
Comparative 0297
Medieval 0298
Modern 0316
African 0591
American 0305
Asian 0352
Canadian (English) 0355
Canadian (French) 0593
English 0311
Germanic 0312
Latin American 0315
Middle Eastern 0313
Romance 0314
Slavic and East European

PHILOSOPHY, RELIGION AND THEOLOGY

Philosophy 0422
Religion 0318
General 0321
Biblical Studies 0319
Clergy 0320
History of 0322
Philosophy of 0469
Theology

SOCIAL SCIENCES

American Studies 0323
Anthropology 0324
Archaeology 0326
Cultural 0327
Physical 0310
Business Administration 0272
General 0770
Accounting 0454
Banking 0338
Management 0385
Canadian Studies 0501
Economics 0503
General 0505
Agricultural 0508
Commerce-Business 0509
Finance 0510
History 0511
Labor 0358
Theory 0366
Folklore 0351
Geography 0578
Gerontology 0578
History

Ancient 0579
Medieval 0581
Modern 0582
Black 0328
African 0331
Asia, Australia and Oceania 0332
Canadian 0334
European 0335
Latin American 0336
Middle Eastern 0337
United States 0585
History of Science 0398
Law 0615
Political Science 0616
General 0617
International Law and Relations 0814
Public Administration 0452
Recreation 0626
Social Work 0627
Criminology and Penology 0938
Demography 0631
Ethnic and Racial Studies 0628
Individual and Family Studies 0629
Industrial and Labor Relations 0630
Public and Social Welfare 0700
Social Structure and Development 0344
Theory and Methods 0709
Transportation 0999
Urban and Regional Planning 0453
Women's Studies

THE SCIENCES AND ENGINEERING

BIOLOGICAL SCIENCES

Agriculture 0473
General 0285
Agronomy 0475
Animal Culture and Nutrition 0476
Animal Pathology 0359
Food Science and Technology 0478
Forestry and Wildlife 0479
Plant Culture 0480
Plant Pathology 0817
Plant Physiology 0777
Range Management 0746
Wood Technology 0306
Biology 0287
General 0308
Anatomy 0309
Biostatistics 0379
Botany 0329
Cell 0353
Ecology 0367
Entomology 0793
Genetics 0410
Limnology 0307
Microbiology 0317
Molecular 0416
Neuroscience 0433
Oceanography 0821
Physiology 0778
Radiation 0472
Veterinary Science 0786
Zoology 0760
Biophysics 0425
General 0996
Medical

EARTH SCIENCES

Biogeochemistry 0425
Geochemistry 0996

Geodesy 0370
Geology 0372
Geophysics 0373
Hydrology 0388
Mineralogy 0411
Paleobotany 0345
Paleoecology 0426
Paleontology 0418
Paleozoology 0985
Palynology 0427
Physical Geography 0368
Physical Oceanography 0415

HEALTH AND ENVIRONMENTAL SCIENCES

Environmental Sciences 0768
Health Sciences 0566
General 0300
Audiology 0992
Chemotherapy 0567
Dentistry 0350
Education 0769
Hospital Management 0758
Human Development 0982
Immunology 0564
Medicine and Surgery 0347
Mental Health 0569
Nursing 0570
Nutrition 0380
Obstetrics and Gynecology 0354
Occupational Health and Therapy 0381
Ophthalmology 0571
Pathology 0419
Pharmacology 0572
Pharmacy 0382
Physical Therapy 0573
Public Health 0574
Radiology 0575
Recreation

Speech Pathology 0460
Toxicology 0383
Home Economics 0386

PHYSICAL SCIENCES

Pure Sciences 0485
Chemistry 0749
General 0486
Agricultural 0487
Analytical 0488
Biochemistry 0738
Inorganic 0490
Nuclear 0491
Organic 0494
Pharmaceutical 0495
Physical 0754
Polymer 0405
Radiation 0605
Mathematics 0986
Physics 0606
General 0608
Acoustics 0748
Astronomy and Astrophysics 0607
Atmospheric Science 0798
Atomic 0759
Electronics and Electricity 0609
Elementary Particles and High Energy 0610
Fluid and Plasma 0752
Molecular 0611
Nuclear 0463
Optics 0346
Radiation 0984
Solid State 0346
Statistics 0984
Applied Sciences 0346
Applied Mechanics 0984
Computer Science

Engineering 0537
General 0538
Aerospace 0539
Agricultural 0540
Automotive 0541
Biomedical 0542
Chemical 0543
Civil 0544
Electronics and Electrical 0348
Heat and Thermodynamics 0545
Hydraulic 0546
Industrial 0547
Marine 0794
Materials Science 0548
Mechanical 0743
Metallurgy 0551
Mining 0552
Nuclear 0549
Packaging 0765
Petroleum 0554
Sanitary and Municipal 0790
System Science 0428
Geotechnology 0796
Operations Research 0795
Plastics Technology 0994
Textile Technology

PSYCHOLOGY

General 0621
Behavioral 0384
Clinical 0622
Developmental 0620
Experimental 0623
Industrial 0624
Personality 0625
Physiological 0989
Psychology 0349
Psychometrics 0632
Social 0451



(c) Margomary Hawkes 1994
All Rights Reserved

ABSTRACT

AN EXPLORATORY STUDY OF COMMUNITY SUPPORT
FOR THE ELDERLY 85 YEARS AND OLDER

This study examines that segment of the population which is variously referred to as the 'old old' (Neugarten, Crotty and Tobin 1964; Neugarten and Miller 1964), and the 'frail elderly' (Baker 1988; Novak 1988) -- which this study will refer to as the 'most elderly'. These are people who are eighty-five years of age and older. Since Canadians are living longer and healthier lives, the questions arise: how is society preparing for a larger older population, and how are the present 'most elderly' dealing with the day-to-day exigencies of life ?

Since these 'most elderly' were born just before or just after the turn of the twentieth century, they lived through three major world events: the First World War and the Second World War, which were separated by a global depression. It is assumed that these milestones must have affected their lives and were instrumental in forming their current life view.

Answers to these questions were sought through a formal questionnaire and face-to-face interviews. Thirty-one people over the age of 85 and who maintained private residences in the Greater Windsor area comprised the sample. An in depth case study was conducted with one of the sample members who,

during the period that the data was being gathered, chose to move to a support facility. Consequently, it was decided to investigate the amenities and facilities offered by the retirement location chosen by the sample member and compare them with a further three establishments with similar accommodations.

The findings of this study indicate that: 1) the older population prefer to remain in their own homes. 2) They look to the community to make available those means of aid that will allow them to continue to be independent. 3) Governments and appropriate agencies are not moving quickly enough, nor with sufficient imagination to accommodate the impending swell in the elderly population. Furthermore it is determined that the elderly are not being consulted and involved in the needed transition.

Some policy changes and implementations, in accommodating the elderly, are recommended to government bodies at all levels. Finally, some specific concerns about the socially marginalized elderly are voiced, and further areas of research on this segment of the population are suggested.

DEDICATION

This work is dedicated to all the elderly,
especially Mabel Ledley, Minnie Merrow and Mary Harvey,
who have taught me more than books ever will.

"Everyone wants to live long,
but no one wants to get old."
Frederick Unger -- The Challenge of Age.

ACKNOWLEDGEMENTS

A sincere thank you is due Dr. J. D. Ferguson, my committee chair, for his guidance and confidence-instilling manner throughout my study. Also, my thanks to the other members of my committee, Professor D. R. Stewart, Dr. M. Shuraydi and Dr. M. J. Holosko, for their always helpful comments and support.

To Dr. Nancy Tyler, Mary McDougall and Marylon Merrow, who introduced me to the field of Gerontology, my gratitude.

A special citation is offered to the Senior Citizens Centre of Windsor and Dr. R. D. LaRocque for their inestimable help in providing subjects for my field work.

I wish to express my appreciation to Richard Price, Dean of Student Affairs, J. Brooke White, Assistant to the Dean of Student Affairs and all the members of the Academic Advisory Centre who made the mechanics of production so much smoother.

Among the many friends and colleagues who have given unstintingly of themselves, I wish to particularly thank Loretta Johns, Jane Sinclair and John Gray. Not only have they been present with moral and physical support, they made it possible for this vehicle-less person to complete the fieldwork for this paper.

A final recognition to Stefanie, James, Margo, and all my family, who each in a unique way contributed to this point in my life.

TABLE OF CONTENTS

ABSTRACT	iv
DEDICATION	vi
ACKNOWLEDGEMENTS	vii
LIST OF TABLES	xi
LIST OF APPENDICES	xii

CHAPTER		PAGE
One	INTRODUCTION	1
	I Statement of The Problem	1
	II A Shift In Demographics	2
Two	DISPELLING THE MYTH OF A HOMOGENEOUS ELDERLY COHORT	4
	I Personality Factors	7
	II Personality Types Evident In MEN	11
	III Personality Types Evident In WOMEN	13
	IV Summary	17
Three	THEORETICAL FRAMEWORK	18
	I Role Theory	19
	II Historical Context	21
	III Structure and Expectations of Role	28
	IV Summary	32
	V Hypotheses	33

TABLE OF CONTENTS

CHAPTER		PAGE
Four	METHODOLOGY	34
	I An Argument for Oral History	34
	II The Sample	37
	III Summary	52
Five	DISCUSSION	54
	I Financial Strata	55
	II Stability Of Members Of Sample	57
	III Personality Profiles Of The Sample	58
	MEN	58
	WOMEN	62
	IV Observations	67
	V Summary	71
Six	A CASE STUDY and A COMPARISON OF FOUR RESIDENCES FOR THE ELDERLY	73
	I A Case Study	74
	II A Comparison of Four Institutional Residences for the Elderly	78
	III Observations	88
	IV Conclusions	91

TABLE OF CONTENTS

CHAPTER		PAGE
Seven	ANALYSIS	93
	I Technical Innovations	94
	II Social Policies	95
	III Effect of Three Major Historical Events	96
	IV Areas of Concern	104
	V Recommendations for Government Programs	105
	VI Further Research	110
	VII Conclusion	114
	APPENDIX A	117
	APPENDIX B	118
	SELECTED BIBLIOGRAPHY	122
	VITA AUCTORIS	132

LIST OF TABLES

TABLE	PAGE
1 Comparing Definitions In Common Language And Role	25
2 Age Distribution Of The Sample (N=31)	39
3 Contact Frequency with Family Members By Sample (N=31)	46
4 Assistance Required by MALE Respondents (N=13) In Activities of Daily Living	47
5 Assistance Required by FEMALE Respondents (N=18) in Activities of Daily Living	48
6 Active Membership in Organizations (N=31)	49
7 Perceived Levels of Life Satisfaction for the Sample (N=31)	51
8 Thoughts on Death and Attitudes About Death for the Sample (N=31)	51
9 Predominant Clustering for the MALE Sample (N=13) of Personality Profiles	59
10 Predominant Clusters for the FEMALE Sample (N=18) of Personality Profiles	63
11 Selective Comparison of Four Residences Offering Varying Degrees of Care to the Elderly	89-90

LIST OF APPENDICES

APPENDIX		PAGE
A	Consent Form (Interview)	117
B	EXPLORATORY SURVEY TO DEVELOP A SOCIAL PROFILE OF PEOPLE 85 YEARS AND OLDER	118

CHAPTER ONE

INTRODUCTION

I STATEMENT OF THE PROBLEM

The focus of this paper is those Canadian elderly who are 85 years old and older (to be referred to herein as the 'most elderly'), about whom there is very little research. The central exploratory questions of this study are:

How have the shared history and universal experiences of the present 'most elderly' shaped their attitudes, coping mechanisms and contributed to their physical and financial condition (Haldemann and Wister 1944).

1. What impact have two World Wars and a global depression had on their lives?
2. As they become increasingly more frail, what formal and informal assistance does this group of elderly call upon?
3. Are the various government bodies and organization who are concerned with the welfare of the elderly addressing their needs in the most economical and appropriate manner possible?

From a sociological perspective, is there a uniqueness in the present 'most elderly' group that can be attributed to their historical placement (Dion 1985) in the Twentieth Century? Specifically, how do these men and women, born in

the last decade of the nineteenth and first decade of the twentieth centuries, who have experienced two world wars and endured the years of a world-wide depression, assess their present lives. As they become more frail, what do they look for from society to help them maintain as great an autonomous lifestyle as possible (Havighurst, Neugarten and Tobin 1968; Holosko and Holosko 1991).

II A SHIFT IN DEMOGRAPHICS

North Americans, in general, are living longer. Major factors in this greater longevity are, an improved standard of living through public attention to sanitation standards, as well as increased personal attention to nutritional and physical maintenance (Novak 1988). Moreover, Canadians have comparatively easy access to medical and pharmaceutical interventions to control the devastation of disease, and to eliminate many conditions that, in the past, contributed to considerably shorter life expectancy in North America (Gee and McDaniel 1994:219).

As a result, Canadians of retirement age belong to the fastest growing segment of the population (Baker 1988, 1990; Novak 1988). Furthermore, within the demographic group of citizens over the age of sixty-four, the subgroup that is eighty-five years of age and older is showing the greatest increase in numbers (Holosko and Feit 1991). The above statement is attested to by Statistics Canada (1991)

population growth figures for Ontario. In the five years between 1986 and 1991, data indicate that residents within the over sixty-five age group had increased by 16.1%. However, those individuals over eighty-five had increased in numbers by 18.5%. In fact, Ontario residents over the age of eighty-five accounted for 9% of the province's total population in 1991 (Statistics Canada 1991, Cat. 93-101).

CHAPTER TWO

DISPELLING THE MYTH OF A HOMOGENEOUS ELDERLY COHORT

Old age is at one end of the life cycle continuum, however, as observed by Unger (1986:iii) although we all wish to live a long time, very few of us look forward to old age. Certainly, for those members of society with no elderly members of their family living in close proximity, old age may be a foreign land.

It is often because the territory of old age is unexplored, that stereotypes and misconceived cliches of ageism are fostered (Holosko and Holosko 1991). As a result of these discriminating postures by the general public, the elderly of Western societies frequently resolve into a subgroup and maintain a commonality with all subgroups within a population. As Rose (1968:29) explains, subcultures form for two basic reasons; (1) the members seek each other out because of shared interests and circumstances, or (2) they are significantly excluded from interaction with other members of the population. Likewise, as with other subgroups, people outside the group ascribe to the elderly homogeneous attributes. For example, it is deemed that older members of society are more socially dependent, in various degrees of

physical and mental decay, and a financial drain on the public coffers (Riley, Foner and Schein 1968a).

Robert W. White, however, in his preface to The Study of Lives, provides a rebuttal to these negative stereotypical comments. He notes that H. A. Murray, one of the early luminaries of Jungian Psychoanalysis, concluded through his medical research, as well as in his later observations as a psychoanalyst, that all living organisms develop incremental differences right from the embryonic stage so that each emerges as a unique example of its species. Furthermore, Murray considered personality (the very essence of individualism) as organismic in that it is highly interdependent with past influences and experiences. Thus, he suggests that these influences on the 'functioning consciousness of the personality' (the 'ego' factor of Kroeber [1963] and Turner [1978] or the 'me' perception of Mead [1934]) are filtered through developing life experiences to become fixed or amended within the environment of daily existence (White 1963:xvi).

In a similar vein, Bernice Neugarten (1964:xvi) posits that although personalities do not become calcified with age, people's apperception of life and life situations are more or less stabilized by early adulthood. In other words, the unique personalities that define us as individuals rarely are lost in old age; rather they become distilled. How, in our formative and young adult years, we learn to meet the

challenges of establishing ourselves in our society, shapes how we individually will embrace or fear the process of aging and ultimate death.

There is, unfortunately, a paucity of research on the resiliency of the elderly. There is scant literature on their competence in coping with the many inevitable changes they must endure, and how their capacity to adjust may be hindered or abetted by the personalities they have accrued.

However, the question of how people develop coping abilities through personal problem-solving styles has been dealt with at some length by Theodore C. Kroeber, in his 1963 seminal article entitled "The Coping Functions of the Ego Mechanisms". The premise of this article has been subsequently adapted by Neugarten, Crotty and Tobin (1964) to investigate how personality traits in the elderly population provide them with (or deprive them of) the coping mechanisms to adjust to the many role losses they encounter. These investigators sought to provide insight into why some older people withdraw and disengage, while others of their cohort blossom in new roles.

Kroeber (1963:183) identified forty-five variables related to ego functions to derive "ten general ego mechanisms" which were considered innate "potentialities for behaviour", and which Neugarten and associates (1964:161) termed "personality factors" and "personality types". Of the ten personality factors, nine are equally descriptive of men

and women. The tenth factor or factors divide along gender lines.

The following are brief descriptions of Kroeber's (1963) personality factors as delineated by Neugarten and collaborators. These factors form the basis for the six predominant personality types in their research project aimed at determining "personality types among aged persons" (Neugarten, Crotty and Tobin 1964:158).

I PERSONALITY FACTORS

1. Integrity - "a mellow, nondefensive and reflexive capacity to adapt to stress of aging. [A] sense of continuity with the past" (Neugarten et al. 1964:164).
2. Ego Energy - "the capacity to analyze...the basis for decision-making and to invest energy in achievement and planning....For women ego energy includes nurturant activity" (Neugarten et al. 1964:165).
3. Cognitive Competence - "the purposeful use of thought processes...as they relate to personal goals" (Neugarten et al. 1964:165).

4. Differentiated Social Perceptions -

"involves capacities to perceive differences and make differentiated judgements about other people" (Neugarten et al. 1964:165). For men, this personality factor manifests in their acuity in commerce and their investment of effort in societal organization; for women, this quality of personality also disposes them toward investing in close relationships with both genders (Neugarten et al. 1964:166).

5. Aggressivity - encompasses different sets of variables for each gender. In males, it reflects tempered aggression and drive that is consciously guided into goal-oriented behaviour. In females, this personality factor manifests as manipulation of their immediate environment (Neugarten et al. 1964:166).

6. Passive Dependency -

a dimension of personality that integrates passive and dependent

tendencies. In males it is apparent in their more nurturant, empathetic natures, but in both genders there is a greater acceptance of the aging process (Neugarten et al. 1964:166).

7. Superego Control -

the internalized conscience manifests differently in the two genders. For males, there is a preoccupation with guilt and anxiety. For females, this type displays a strong leaning toward religious, ethical and institutionalized concepts (Neugarten et al. 1964:167).

8. Sex-role Identification -

For males, this type reflects acceptance of and identification with male parent values; if on the other hand there is a stronger identification with mothers, they overcompensate in their involvement in work or leisure. For women, it represents emulation of female parent attributes (Neugarten et al. 1964:167).

9. Intimacy - A relationship dimension, in men it appears as a equalitarian relationship with other males, intimacy with women and nurturance toward children; that is, those traits that are usually seen and attributed to women in general (Neugarten et al. 1964:167)

10m. Internalization of Institutional Values -

This personality factor that manifests only in the male is the core of a man's identity (i.e. a good worker, or reliable citizen) (Neugarten et al. 1964:167).

10f. Outer-world Involvement -

reflects women's investment in social roles and activities outside the home. It also manifests as an optimistic attitude and an openness to new experiences (Neugarten et al. 1964:168).

The personality factors defined above generate clusters of individuals who can then be further subgrouped as six personality types. Individuals within each cluster also illustrate similar patterns of adjustment to the overall aging

process. Although there are occasional similarities between genders, it is expected that some of these personality factors manifest differently in men and women. The resulting personality types, therefore, are listed by gender.

II PERSONALITY TYPES EVIDENT IN MEN

A. Integrated -

These men have a strong sense of who they are, and their continuing though changing roles in their environment. They make very good adjustment to the aging process with little or no anxiety about death (Neugarten et al. 1964:170).

B. Introspective -

These men have a strong, internalized conscience with tendencies to resolve conflict through fantasizing or sublimation. Usually nurturing with children but distant from adults - including their wives. As they age, they adjust reasonably well but they need to acquire new fields of accomplishment to replace roles vacated or withdrawn (Neugarten et al. 1964:170-71).

C. Defended -

These men are ambitious, achievement-oriented and highly dependent on their occupations for ego

identity. They do not readily commit to close personal relationships. Although they see retirement as undesirable, they appear to adjust reasonably well to aging, but continue to be mentally and physically energetic. They avoid the subject of death and prefer to highlight present strengths and successes. They "see themselves as unchanged and unchangeable" (Neugarten et al. 1964:172).

D. Passive Dependent -

Most of these men have no professional training beyond apprenticeship or trades school. Neither do they have much investment in their jobs, nor do they pursue other activities that extend or involve them mentally or physically. They become increasingly passive as they age. They tend to repress any feelings of hostility. Generally, they lead subdued lives, often marrying later than their peers and their wives become their emotional support and a replacement for their former close, dependent relationship with their mothers. They accept their aging as a time for rest and relaxation which they see as earned (Neugarten et al. 1964:172-73).

E. Constricted Men -

Like the 'Defended' personality type, these men have difficulty with interpersonal relationships. They also are preoccupied with work but, unlike the 'Defended', they seem incapable of the energy and drive to succeed. Their lack of success either reduces them to self-derogation or to bitter recrimination of outer (younger) forces. These preoccupations with missed opportunities are directly tied to fears of aging and pessimism of the future (Neugarten et al. 1964:173-74).

F. Unintegrated -

This personality type is usually seen in men who are not self-employed or trained professionals. They seem to be the least prepared for retirement, yet they appear to be the group most preoccupied with their failing health. The aging process and an acute awareness of impending death is a source of great anxiety and despair (Neugarten et al. 1964:175-76).

III PERSONALITY TYPES EVIDENT IN WOMEN

As alluded to earlier, there are some similarities of the male personality types in the Neugarten and associates (1964) clustering of personality types for women. However, the

differences are sufficient (as generated from the ten personality factors of Kroeber [1963]) to examine and, in some instances, to apply different descriptives for the following groupings.

A. Integrated -

These women are relaxed and untroubled about changes in their biology or their roles. They see themselves as empathetic, competent and goal-directed. In earlier years they maintained interests outside their growing households and in later life, if widowed, they are not overly dependent on their offspring. As with their aging bodies, these women give little attention to death. (Neugarten et al. 1964:176).

B. Passive Dependent -

The women in this group have a clear perspective of their identity and adjust well to aging. They are content with their life style which they see as serving them well. They remain uninterested in events outside their family and home, and concentrate on their roles as mothers and grandmothers (Neugarten et al. 1964:178-79).

C. Defended Constricted -

Uncomfortable with closeness and sexuality, these women build rigid, inflexible defenses to protect themselves. They insist their lives are self-chosen, and look to religious and social organizations for fulfilment. Their lives are totally regimented and compartmentalized. As they age, they find new crusades to keep themselves active (Neugarten et al. 1964:179-80).

D. Self-doubting -

From early adulthood, these women found a need to control their aggressive or hostile impulses to secure approval of significant others. In later life they suffer from varying degrees of identity crises upon realization that the returns for earlier, abandoned initiative and autonomy have disappeared or are too high a price for security. One of two directions develops for them. Either they become depressed and lose interest in life as their family's needs move out of their realm of influence, or they turn to activities that develop a more assertive self-image. The latter group, unlike their depressed sisters, search for new directions and life choices (Neugarten et al. 1964:180-81).

E. Competitive -

These are women who have filled many roles all their lives as mothers, wives, as well as positions outside their homes. Their lives and those of their families are 'run' in an efficient and subtly aggressive manner. Yet, like the 'self-doubt' group, their morale is low and they suffer from dissatisfaction. They invest heavily of themselves in their husbands' careers and their children's development. Thus they suffer the depression of lost involvement when their children leave home. However, their high intelligence and their capacity to interest themselves in new enterprises provide them with an easy transition into retirement and old age (Neugarten et al. 1964:181-83).

F. Unintegrated -

Unlike the 'Integrated' women who direct their aggressiveness toward competency and goals, this group appears to channel its aggression toward abrasive actions and competitiveness that shows no sensitivity for others. They also display traits of paranoia, suspiciousness and hostility. During most of their adulthood they have usually succeeded in controlling conditions which affected their lives. As a result, they are terrified of aging

since they can not find a satisfactory solution to this dilemma (Neugarten et al. 1964:183-84).

IV SUMMARY

In summary, from the disparate dispositions of the personality types just described above, and their additional variations when gender is added to the equation, it is apparent that there is no basis for the supposition of a homogeneous nature among the 'most elderly'. This homogeneity premise is further negated by conditions of financial position, historic and cultural influences, age group and state of health (Haldemann & Wister 1944). The aging process has similar physiological characteristics, but as noted by Baker (1988:6), it is a different experience under different social, political and economic conditions.

These criteria, then, the circumstance of history, culture and economic status, are the filters and conduits which help determine where the research sample of people 85 years and older naturally cluster into the six personality types formulated by Neugarten and associates (1964).

CHAPTER THREE

THEORETICAL FRAMEWORK

As noted by Novak (1988) and Baker (1990), during the past fifty years the development of highly sophisticated pharmaceutical products and the advances in intricate medical interventions have added greatly to the life expectancy of the Canadian population. As well, the group of Canadians born during the phenomenal increase in the birth rate in the fifteen years following the end of World War II, will reap the greatest benefits from these advances in health care. Thus, by the year 2020, it is anticipated that Canadians over the age of 65 will represent close to a quarter of the population (Novak 1988; Baker 1990).

These great strides in the fields of medicine and pharmacology, and their resultant impact on the shifting demographics of North America, have been of major concern and study in the field of gerontology (Holosko and Feit 1991). In Canada, there is a growing imperative to accommodate this burgeoning section of Canadian society that is over the age of sixty-five, and in particular, the rapidly increasing number of 'most elderly' people, those over the age of eighty-five. This research is couched within the framework of role theory since the questionnaire and the interviews examined the

various roles that were acquired, achieved and, eventually disengaged from over these long lives.

I ROLE THEORY

Two of the underlying concepts of role theory are status and role. McPherson (1990) suggests status connotes a socially defined position within a society. A position of status is either acquired, such as father, or achieved, as in the example of Prime Minister of Canada. Associated with status is a social role, that is, the behaviour, rights and obligations expected by and of the actor filling a particular status position (McPherson 1990:128). Sarbin (1959) concedes that the premise of role theory is not always discernibly different from theoretical statements of other related disciplines. However, the pragmatic applicability and the accessibility of its basic concepts to even the least sophisticated member of society supports the rationale for its use in this research.

Role theory provides one with the vocabulary for discussing human affairs which is used by people when they think of those matters (Biddle 1979:347). Although the definitions of terms in role theory are more precise than the meanings held by the public at large (Linton 1947a), there is little difficulty in grasping the concept of mother, child, lawyer, shoe-maker, etc., as societal roles (Sarbin 1959). Also, there is tacit understanding in the public sector that

roles are determined and governed by social norms, demands and rules (Linton 1947b; Thomas and Biddle 1966b). 'Role- Set', the collection or set of public behaviours (Thomas and Biddle 1966a; 1966b), are understandably limited to those areas of behaviour that are generally common to everyone, that is, the areas of occupation, family positions, voluntary associations and community offices (Bell 1976:153). It is important to note as well, that within a given role-set, there are varying and various relations with other roles (Merton 1966) relating to the social condition that encompasses each role. An example is the teaching profession. A public school teacher has, besides a distinctive role-set relating to pupils, a different and singular role-set with colleagues, the Board of Education or the Parent-Teachers Association and the like (Merton 1966:282).

Although role consists of activities in which an incumbent would engage solely in terms of normative demands of a position (Goffman 1961b:85), it is accepted that individual variations may occur to a limited degree within the framework of the role without altering the validity of the role (Sarbin 1959; Goffman 1961b; Thomas and Biddle 1966a). Furthermore, as a result of these easily conveyed and understood concepts, role theory also has the unique capacity of studying and analyzing complex behaviour in process (Thomas and Biddle 1966a:17).

II HISTORICAL CONTEXT

Historically, role theory was not formalized as a research perspective until the 1930s, however, social philosophers and behavioral science scholars in the nineteenth century wrote of the division of labour (Durkheim 1893); and James (1890) wrote about the theory of self which was also a prevailing theme in the writings of Cooley (1902) at the turn of the twentieth century. Early recognition is also given to Piaget's seminal research (1932) about rules and rule-complying behaviour as foundational material for the concepts of present role theory (Thomas and Biddle 1966a:5). During the 1930s, the concept of role evolved into a technical theory through the early writings of George Herbert Mead (1934), Jacob Moreno (1934; 1960) and Ralph Linton (1936; 1947) among others.

Specifically, Mead examined the concept of 'role-taking'. He saw this as a process whereby a person abstractly, through the use of imagination, empathically attempts to understand another's position or attitude. An additional pursuit of Mead was the exploration of the concept of 'the generalized other'. This idea, Mead described, variously as the organization, community, social group or society in general to which a person belongs. Further, it is a group in which each member has a designated position to fill; a position or role whose duties and parameters are prescribed by the generalized other. Mead submitted that only through the internalization

by the individual of the attitudes of the generalized other can there exist a system of common meaning and social discourse (Mead 1934:154-56).

Although Mead published very little of his research and theoretical findings, his influence among peers and students was extensive. Indeed, it was his associates and disciples who incorporated his ideas into the sociological study of symbolic interactionism, in which role is seen as a societal foundation and a means of astute social control (Thomas and Biddle 1966a:6). Another of Mead's preoccupations was with socially reflexive behaviour; that is, when the role of the other is used as a mirror to evaluate one's own role (Mead 1934:155). His concepts of 'role-taking', 'role-playing' and the related idea of 'the generalized other' still influence current research in the field of role, as well as being major tenets of symbolic interactionism.

During this same period in Germany, the pioneer of sociometry, Jacob Moreno (1933) was publishing his research on role playing in psycho and sociodrama. Sociometry, Moreno described, was the results obtained by the qualitative and quantitative analyses of the structure of groups and the relationships between members of small groups (Moreno 1933 :224). In the 1960 English translation of Moreno's The Sociometry Reader, he questions Mead's meaning of 'taking the role' of other. He contends this is 'role playing'. For Moreno, taking a role is assuming a perspective or manner

whose behaviour is already fixed (Moreno 1960:84). [Conversely, this is what Mead would have asserted is 'the general others' prescribed social role-playing (Mead 1934:155)].

Subsequently and similarly, Ralph Linton, an anthropologist was promoting the premise that there is a distinction between status (or position) and role. He stated that one's status is a collection of rights and duties, and the role is the implementation of those rights and duties. However, he contended that the two are symbiotic requisites of each other and of society. "[T]he participation of any given individual in a culture...is not a matter of chance. It is determined primarily, and almost completely as far as the overt culture is concerned" by the individual's place in society and by the training received in anticipation of the individual's occupation of this niche (Linton 1947a:367). Furthermore, Linton suggested that although many roles are assumed, they are not all engaged in an active status at all times. Some roles are said to be in a latent state, yet they are an integral part of our personality and cultural equipment (Linton 1947b). As Mead, Moreno and Linton were instrumental in establishing the concept and term 'role' in the lexicon of social science, so, eventually, they have been joined by other social scientists who added to the vocabulary and continue to buttress and caulk these early footings of the nascent field of role.

In his article entitled "Role Theory", Sarbin (1959) posited that role theory is an attempt to conceptualize complex human conduct. He saw the broader sense of the theory as encompassing not only 'role' but also, 'position' and 'self'. In this broader concept, he described role as a unit of culture; position as a unit of society (a system of role expectations); and self as the unit of personality (the psychological interaction of actor and role). Sarbin's work stands firmly on the foundation built by James (1890), Cooley (1902) and Mead (1934) when he proposed that the interaction of role and self is a unique social psychological aspect of role theory (Sarbin 1959).

Although the beginning concepts of a role perspective were shaped in the early 1930s, it was not until the mid 1940s that a lexicon for the study of role began to emerge. Thomas and Biddle (1966a) observed that although many role theory tenets overlap with other theories, the language of role theory is unique. In the years since its formulation, many social and behavioral scientists, educators and people in the field of human resources employ role terminology in their professions. As noted by Thomas and Biddle (1966a:6) "Role concepts are not the lingua franca of the behavioral sciences, but perhaps they presently come closer to this universal language than any other vocabulary of behavioral science." Table 1, is a sample of terms comparing their classification

in role theory and their definitions for both common use and role theory (Thomas and Biddle 1966a:10-12).

Table 1. Comparing Definitions in Common Language and Role

<u>Class of Terms</u>	<u>Common Language Meanings</u>	<u>Selective Meanings in Role Theory</u>
A. Terms for Partitioning persons.		
"Actor"	1. A Doer 2. A theatrical performer.	1. A person engaged in interactions with others. 2. A person who is an object of study.
B. Terms for Partitioning Behavior.		
"Expectation"	1. A state of affairs looked for in the future; an anticipation. 2. A tentative or theoretical description/model of existing events. 3. A hoped-for state of affairs. 4. An idea concerning what ought to occur.	1. A concept held about a behavior likely to be exhibited by a person. 2. A standard held for the behavior of a person. 3. an anticipation. 4. A norm. 5. An attitude.
C. Terms for Partitioning sets of persons and behaviors.		
"Role"	1. A part or character performed by an actor in a drama. 2. A part or function taken or assumed by any person or structure.	1. A behavioral repertoire characteristic of a person or a position. 2. A set of standards, descriptions, norms, or concepts held (by anyone) for the behaviors of a person or a position.

To reiterate, role theory's chosen domain is the study of the organization and learned behaviors (Linton 1947a) of a society (i.e. a composite of people with common goals), structured into positions (offices), with rights and duties as designated by a single word or phrase such as mother, teacher or university president (Linton 1947b; Sarbin 1959). Role analysts study the problems and processes of the social interdependence of individuals, institutions, social positions and organizations. Also, their attention is directed to the stratagems of sanctioning, conformity and the division of labour (Thomas and Biddle 1966a:17).

In sum, all societies are organized around positions whose occupants display patterns of attitudes and perform expected actions in social situations (Mead 1934; Linton 1947a; Sarbin 1959). However, Sarbin (1959) and Linton (1947b) stressed there is a need to recognize that although the person, acting within a role will imbue it with a singular personality, the position remains a cognitive organization of role expectations and is not the person who temporarily occupies that position. Social systems are comprised of a variety of roles or role expectations, each of which assures that some need of the social system will be met (Linton 1974a).

Mead along with James and others, perceived role enactment and 'taking-the-role-of-the-other' as a function of 'self'. They theorized that the self emanates from social

interaction. As Cooley (1902:152), in describing his now well known concept of the 'looking-glass' suggested, it is the imagination of one's appearance to the other person that generates self-feelings such as pride or shame. On the other hand, Sarbin (1959) offers a perspective of 'self-as-inferred-by-others'. This cognitive construct of self equates to the term 'ego', considered the most central and enduring psychological characteristic of the person.

If this last inference by Sarbin is followed, that the underlying dimensions of identities and behaviors are defined by shared cultural standards (Burke 1980:133), the elderly in North American society receive the message that they now have a social role of 'old'. In addition, since there is evidence to suggest that society often views the older, retired segment of the population as having few or vital functions to perform, the elderly face the prospect of playing a 'roleless role' in society (Burgess 1960). Furthermore, this 'old role' or 'roleless role' now negates any previous positions, attitudes, circumstances or status held by them. Stryker (1980:58) states that shared behavioral expectations defines roles. Then, what are the shared behaviors that define the old role? There are none. Old is not a behavior; it is the result of natural senescence (Neugarten 1968:139), the by-product of the physical aging process.

III STRUCTURE AND EXPECTATIONS OF ROLE

To build on Sarbin's (1959) work, it is a 'given' that roles have an implied expectation of reciprocity. Consequently, there can be no mother role without a child role; no teacher role without a student role, etc. In addition, there are two types of general expectations according to role theory: the expectation of rights and obligations (Stryker 1980:120). For example, there are the rights of a child to expect protection and nurturance from a mother; there are obligations (or duties) of a mother to provide protection and a nurturing environment for a child. Again, the role of teacher has the right to expect deference and respect from students, but the role also has the obligation to provide materials for learning in a manner that is understandable to the student.

These role expectations are learned through two broadly defined processes, often occurring conjointly, called 'intentional instruction' and 'incidental learning'. According to N. A. Cameron (1950), intentional instruction in a society is performed by communicators of social norms, whose methods implicitly incorporate some form of reinforcement theory, that is, reward for commission of the desired act or punishment for the commission of an undesired act. These techniques are visible in most societies in the socialization of male and female children for later performance of their general sex roles. The dual result of this training is that

a child not only learns the actions required of him/her, but also what responses to expect to that action. In incidental learning, a subject learns through adopting prevailing social patterns (Cameron and Margaret 1951; Biddle 1979). This may occur in the domain of child's play or through role playing of people at any age (Sarbin 1943). The incidental learning also teaches a person the ability to shift perspective and in the process develop the empathic qualities of participating in another's feelings. Mead (1934) was among the first to recognize that an imaginative intellect is central to acquiring empathy, role identification, and introjection (the incorporation into one's unconscious the attitudes and norms of others and society). Mead (1934) described this as the ability to engage in the 'as if' mechanism of placing oneself in the position of another in a given interaction or scenario.

Role expectations also include anticipated performances and qualities (Sarbin 1959). These, like rights and obligations have social norms attached to them, but their interpretation by society and the role-taker are more elastic (Stryker 1980). As a result, the farther apart the two interpretations, the greater is the tension (Merton 1966). Further, the more incompatible the perceptions of a role, the greater the role conflict (Biddle 1979:7). For example, society may see the role performance of the mother role as a principal occupation which includes homemaker, cook and child-carer. Society may also ascribe role qualities to the mother

role such as nurturance and organizational abilities. However, a woman, although she may agree that the role of mother is her principal role, it is probably one of many she has, including perhaps a full time paid position in the world of commerce. In addition, she may not equate motherhood with the role performances of homemaker, cook and child-carer. In other words, a woman's biological connection to her child may not, in her mind, call for the performance and qualities implicit in the culture's expectations of the "mother role". Again, from another aspect, when 'role-role' (public expectations) and 'self-role' (personal expectations) (Sarbin 1959) are not specifically and definitively clarified, there may be disharmony and discordance until new guidelines have been negotiated (Blumer 1969; Cicourel 1972).

Furthermore, when age becomes a factor in the equation of role expectations, the gap between 'role-role' and 'self-role' purportedly widens for many older members of Canadian society, since there remains a discordance between society's perception and older people's views of their roles (Stryker 1980). Role Theory, then, posits that roles are reflections of norms, attitudes, contextual demands, negotiations and "the evolving definition of the situation as understood by the actors" (Biddle 1986:71). These situations and conditions can be equated with Mead's (1934:155) position that a prerequisite for social equanimity in social interaction is the ability to integrate the 'generalized other' with the self-concept.

Throughout life, roles are acquired (i.e. child or parent), or specific roles achieved (eg. pharmacist, rotarian, etc.). Along the life continuum some of these roles (student, parent) may be de-emphasized; from some roles there may be abdication (wife/husband) or resignation (committee member), and some roles may be replaced by others (wife/widow). Some roles are removed, with or without one's consent, such as through the process of retirement requirements. Moreover, many people take early retirement either because they or their employer see no value in retraining people within ten years of retirement as more specialized equipment and abilities are brought into their workplace (Stauss, Aldrich and Lipman 1976). Indeed, there is strong evidence that increasing specialization and automation are accelerating the trend to earlier retirement (Riley and Foner 1968).

There is no doubt that the aging process impacts directly on the type and number of roles chosen, or for that matter, are made available (Riley and Foner 1968; Strauss, et al. 1976). Much also depends on one's self-image and financial resources (Merton 1966). As it is at all stages of development, an elderly person's financial resources may predicate their ability to maintain an optimal level of health. As it did in their younger days, their income greatly determines their lifestyle and their ability to even undertake new leisure roles (Bultena and Powers 1976). Also, although

it does not occur to everyone at the same time or to the same degree, the physical body's available energy diminishes as it ages (Neugarten and Miller 1964). Further, the premise of disengagement in role theory suggests that new priorities are set as we age (Shukin and Neugarten 1964). Thus, although there are many elderly who become demoralized as their access to roles of a participatory nature decrease, those who make the necessary life-style adjustments display higher levels of satisfaction (Turner 1966). Indeed, those who make satisfactory adjustments come to terms with changed social roles (Riley and Foner 1968). In response to changes such as spouse to widowhood, a dwindling peer group due to death, and probably a narrowing financial base, many elderly seek a new peer/reference group. When, for various reasons, a decision is made to relocate, such decision is mitigated by financial and social status (Holosko and Holosko 1991; Bultena and Powers 1976).

IV SUMMARY

To reiterate, role theory is the perspective through which this study of the 'most elderly' will be conducted. Furthermore, for the purpose of this thesis, Bruce J. Biddle's definition of role theory will be used. He defined role theory as being "concerned with the study of behaviors that are characteristic of persons within contexts and with various processes that presumably produce, explain, or are affected by

those behaviors" (Biddle 1979:4). It is also the perspective that preserves the humanity of people and allows one to examine the lives of the 'most elderly' in the so-called 'here and now', and to contemplate what historical factors have shaped their personalities.

V HYPOTHESES

Two hypotheses derived from the previous literature and theoretical framework are proposed to form the basis of the ensuing method of study.

1. The 'most elderly', although sharing some of the inevitable signs of the aging process, their profiles vary in many ways just as do those of people of all ages.
2. The 'most elderly' have fulfilled their early roles during a time in history that has greatly contributed to their present profiles.

CHAPTER FOUR

METHODOLOGY

I An Argument for Oral History

In her 1984 article, "The Story-Telling Animal", Kathryn Morton stated that narrative is an exclusive art of humans and one germane to all cultures. Indeed, much of what is known of the world has been learned through the eyes and ears, prejudices and perceptions of others. The priest and sociologist, Andrew Greeley has written numerous treatises on religion, philosophy and ethics, as well as many popular novels and short stories that are studies of or struggles with ethical problems. Greeley readily confesses that when producing his fictional works he follows the leads of Joyce and Proust, the two masters in the art of reworking personal and other people's life experiences (Greeley 1990). The American broadcaster and author, Studs Terkel, frequently sought out first person experiences when writing about the Great Depression (1970), the Second World War (1984) and the socioeconomic climate in the United States of America (1988). Similarly, Canadian, Barry Broadfoot has written about many historical events in the personal voices of Canadians. Among his many publications of oral histories, he has recorded memories of the depression years (1973), the humiliation of a

segment of Canadian society during the Second World War (1977) and the hopes and expectations of the wave of immigrants that swept into Canada from Europe after World War Two.

Oral history is the basis for the research instrument used in collecting field data for this paper. John Lofland (1971) observed that to form a true portrait of any group, it is not enough to know about them through stereotypes and typification, it is necessary to understand how individual members of the group think and feel. Even more important, there must be a willingness to 'take the roles' of these others (Mead 1934) to discern how their life experience influences their conception of their life condition. In what Lofland (1971:2) called "face-to-faceness", the immediacy of personal encounters and interviews, in situ, provide the greatest possibility of touching the mind, and defining the life of 'the other'.

To assure that such concerns are covered in these data-gathering field interviews, a semi-structured, probing type questionnaire was the primary instrument used. This questionnaire provided the researcher with a tool to discover if there were discernable patterns in the life experiences among the sample. Specifically, do these patterns allow for a categorization of members of the sample into recognizable social subgroups? Then, are these subgroups compatible with the six clusters of personalities developed by Neugarten, Crotty and Tobin (1964) based on Kroeber's (1963) work? Data

were analyzed according to responses to the leading or open-ended questions of the research instrument and summarized in frequency tables.

In constructing the interview questions for this research, the model most closely followed was one prepared for the Ontario Ministry Community and Social Services developed by Ferguson and van den Hoven (1992). The resulting twenty-three-questions comprises Appendix B. Appendix A is the Letter of Consent, a copy of which each subject signed before an interview was conducted.

This researcher was able to fulfil the four criteria Lofland (1971:3) suggested are required for meaningful and successful field research. In the first instance, having studied and lived with members of the targeted group over a two year period, the author experienced a perception of what was important in their daily lives. Therefore, the second criteria, to establish a rapport which fostered a social intimacy and confidentiality, presented minimal difficulty. Thus, the third measure was accomplished in that the interviewees were quite relaxed while they discussed their childhood, their middle years, as well as their present well-being and interests. Finally, there often developed sufficient trust during the interview that the last question about death, which was to be asked at the discretion of the interviewer, caused no visible discomfort when broached. The average length of time for the interviews was one and a half

hours. A few of the subjects offered no more than brief responses to the direct questions, some responses were terse in regard to the open-ended questions, but most welcomed the opportunity to talk about themselves and a wealth of information was provided.

II The Sample

The sample of 'most elderly' was generated from members of the Greater Windsor Senior Citizens' Centres Association and from the medical practice of R. D. LaRocque M.D. The researcher would like to comment at this juncture that the members of the sample group were cooperative and completely accepting because of their trust with these two sponsors. The thirty-one (N=31) people, with one exception, lived in non-institutional settings. The geographical area was a 29 kilometre strip along the southern banks of the Detroit River and Lake St. Clair, as far south-west as Amherstburg and to Belle River as the eastern perimeter, incorporating the city of Windsor, in Ontario's most southerly county of Essex.

1. Demographics

The sample consisted of eighteen women and thirteen men (Question 1, Appendix A). Their age distribution, by gender is broken down in Table 2.

Table 2 Age Distribution of the Sample (N=31)

Age Range and Frequency by Gender										
Age (yrs)	85	86	87	88	89	90	91	92	93	94
Men	2	3	2	1	2	-	1	1	1	-
Women	2	3	3	2	1	2	1	1	1	1

The ratio of men to women in this research sample is much closer than the latest statistics (American) for the 'most elderly' -- 85 years of age and over. The composition of 13 men and 18 women shows their percentage of the whole as 42% and 58%, respectively. The approximation of men to women in this age bracket for the United States is 39 men to 100 women (Barer 1994:32), or 28% and 72% of the whole population. Further, in this sample, 55% were born in Ontario, 3% were born in another province and 16% were born in the United States. Of the remaining 26%, 10% were born in what eventually became the Soviet Union, 13% claim Great Britain as their place of birth and 3% were born in other European countries.

Questions 3 through 7 (see Appendix A) asked respondents to determine the affect three major world events had on their lives. These events were the First World War (1914-1918), the Great Depression (1929-1939) and the Second World War (1939-1945).

2. First World War Years [1914 - 1918]

None of the sample were old enough to see active service during the First World War, as conscription was mandated in Canada in April of 1917 for men between the ages of twenty and twenty-two (Myers 1986:169). The oldest male in the sample was sixteen at that time. However, 45% had family members involved in WWI, many of whom died or were permanently disabled. One woman, at age fourteen, worked in a munitions factory in eastern Europe; another remembered, as a child of ten, being hidden by her mother for over a year, from marauding soldiers in her native Italy. One of the men recalled that food was very scarce in his eastern European homeland, as he remembered going each day to the market place where each family was allotted one slice of bread per family member. The soldiers who were billeted in their home were under strict orders not to share their rations - "but I was very little and frail and they sometimes took pity on me," he noted. Finally, in this regard, 20% of the Canadian-born members of the sample explained that their fathers and older brothers were exempted from military duty because they were farmers.

3. Great Depression Years [1929 - 1939]

During the Great Depression, 74% of the sample were living in Ontario, 10% lived in other provinces and 16% still resided off continent. Fifty-five percent were in some type

of farming, and 46% of the men indicated that although they may have moved from job to job, they were always employed. Eleven percent found work only intermittently and one of them, who was part of the 23% of Canadians who were on some form of public assistance (Myers 1986), will always remember the humiliation he and his family had to suffer when it was necessary to apply for welfare.

Sixty-five percent of the women did not work outside their homes, although many of them were a contributing part of the farming communities. More specifically, 28% did have full time jobs during this time, employed as nurses, teachers and secretaries. One woman held the position of buyer in the cosmetic department of a large Detroit department store, and another continued to operate a business after her husband died in 1934. An additional 17% of the women worked intermittently, often to supplement other family income.

Twenty-six percent of the sample were attending school during the decade of the depression. Two of the men received university degrees during this period; one a Master's in Education at Wayne University in Detroit, the other a B.A. in Philosophy from New York University. One of the men attained his accounting certification through apprenticeship and night classes, while another was in religious studies in Eastern Europe. One of the women became a nurse, and two of the women attended business college and another, the oldest participant,

became a teacher and taught in a number of rural Ontario schools.

4. Second World War Years [1939 - 1945]

By the beginning of the Second World War, 90% of the sample were living in Windsor. Although Canada declared war on Germany and her allies in late 1939, conscription for overseas service was not brought into effect until January of 1941, targeting men between the ages of 21 and 24. Even the youngest members of the sample were in their early thirties and, therefore, out of the "call-up age group" category. However, one of the men was in the Engineers, R.C.E., for most of the four years serving in Europe and in England. Another man volunteered for service in the Canadian Light Infantry and was wounded in a battle at Cannes, France. Likewise, a post-war arrival in Canada was one of the organizers of the Homeguard in England; those men and women who were so instrumental in minimizing the damage done by the German Blitzkrieg. Further, two of the male participants were survivors of concentration camps. Twenty-three percent of the sample had family members in uniform during this war and 19% lost family members on the battlefields or in prisoner-of-war camps. One of the concentration camp survivors did not know in which camp or camps his parents, five brothers and one sister perished. None of the women in the sample saw active duty, but some of them (6%) were part of that brigade of women

who worked in factories such as the Bendix Washing Machine factory which converted to producing shell casings and parts. Of course, many of the men (32%) were in essential war work. Most of them were employed in the automobile industry in Ontario, Quebec and Michigan, and remained in the plants when they were re-tooled to produce military vehicles. Others were "soldiers of the soil", as one of the former farmers so aptly put it.

Everyone was on rations [of course]. Coupon books were allotted to all Canadians for foods such as meat, sugar and its substitutes, coffee/tea, butter and its substitutes. Gasoline was also a rationed commodity. Those who lived on farms and could raise their own animals managed better than urban dwellers, and large families were definitely an asset. As one woman observed, "With three sons and three daughters, the eight of us accumulated enough food stamps to be able to provide all we needed - if it was in the stores."

5. Employment

In response to question 8a (about employment), 26% of the men indicated they worked in the automobile industry at various times and for varying lengths of time. That, however, was the only duplication of occupations for the male members of the sample. Even then, although their employers were in a similar business, these men filled diverse positions, as they were in management, bookkeeping, and/or building maintenance.

Only half of their number were on the assembly line. Some of the other jobs were salesman for a family-owned building supply firm, fireman/brakeman on the railway, stationary engineer, ferryboat engineer and electrical engineer. One of the men was a coal miner in Alberta before returning to Ontario to join the new Ford Foundry in 1935. Another man painted church interiors for forty-five years before emigrating to Ontario. The man who received an M.A. in Education was unable to obtain a permanent position in his field during the depression years and worked in one of the local breweries instead. He eventually became a high school teacher in Belle River and Windsor. The person with the most eclectic work-life began as a water boy on the rail line construction, then a lumberjack in Quebec from whence he returned to Ontario to join the Ford plant in the late 1930's. He subsequently transferred to Canadian Auto Trim, then to the manufacturers of "Jeep", while at the same time he was upgrading a small diner that eventually was developed into a sizeable restaurant. He, in fact, was one of the 23% of the men who at one time or another owned their own businesses.

In the answers to employment questions 8b and 8c, it was discovered that 2% of the women in the sample also were owners of, or partners in, business enterprises. Although 28% of the women made their homes their full time occupations, 27% had jobs until they were married. Only 11% of the women who continued to work after marriage said the wages they earned

after marriage were not required, but the balance confirmed that their wages were a necessary part of their family incomes. Another fact that came to light during these interviews was that many of the sample put off marriage so that they could continue to contribute to their families of origin. In fact, one man and two of the women remained at home in order to support their parents until they themselves were well into their middle years. One of the women eventually did marry.

The women worked as secretaries (4), teachers (3), nurses (2), and one acted as midwife for twenty years in the rural area where her family farmed. Other occupations noted were marine upholsterer, munitions and auto parts plant employees, buyer/cosmetician, housekeeper, waitress, bookkeeper and field cook for tobacco pickers. One of the women owned a restaurant. Two were in partnership with their husbands, one a grocery store the other a service garage. One still holds a current relator's license.

Most of the men and women in the sample turned their hands to many and diverse occupations in their early adult lives during the depression years. Eventually, the men, on the whole, found jobs they stayed with for longer periods of time. The shortest stint for the men was 10 years, but the majority of the jobs ran for over 20 years (23%), 30 years (23%), 40 years (31%), and 17% worked at the same firm for 50

years. One man still remains somewhat active in his chosen profession after 55 years of employment.

The women who worked outside their homes, in most cases, did so for shorter periods of time. Yet, 27% of the women who were solely wives and mothers after marriage, worked three to eight years before marrying. One of the women contributed to the upkeep of her parents for thirty years, then married and became partner/bookkeeper in her husband's business as well as mother to his six children. There were 39% of the women who contributed to their households' earnings from twenty to forty years during their married lives; 11% became the sole wage earners during the latter dependent years of their children.

6. Living Accommodations and Family Interaction

Answers to living accommodations and the involvement of other family members were sought through questions 9, 10, 13, and 14. The entire sample, with one exception, currently maintain independent living quarters. More women lived alone (67%) than men (38%). While 54% of the men lived with their spouses, only 5% of the women were married. Those remaining in their own homes represented 85% of the men and 39% of the women. Women represented 86% of the apartment dwellers in the sample. Only one of the men lived with an offspring, but in this case he took the daughter and her children into his home. Two of the women (11%) lived with a son. However, in one case it was a temporary arrangement while awaiting completion of a

new seniors' complex in the area. In the other case, a widowed son had lived with his parents for many years and was now the caregiver for his mother. Of the three women who lived with their daughters (17%), in two instances the arrangements were made to accommodate the daughters more so than the mothers.

Most members of the sample had vigorous social lives and maintained regular communication with their family members. Even the two single men, the one single woman and the childless couple had regular contact with siblings or children of siblings at least on special occasions. The frequency of contact is shown on Table 3.

Table 3 Contact Frequency with Family Members by Sample (N=31)

<u>Contact</u>	<u>Never</u>	<u>Special Occasions</u>	<u>Weekly</u>	<u>Daily</u>
Men		100%	75%	83%
Women		100%	94%	61%

Although the women made contact with family equally as often in person as by telephone, the men's contacts were more often personal visits on a ratio of four visits to three phone calls. This is consistent with the findings that the present 'most elderly' men are ill-prepared to look after themselves and their households, consequently sisters, daughters and

other women either volunteer or contract to see to their daily requirements (Barer 1994).

7. Quality of Life

As stated in the Introduction of this report, one of the focuses of this study is to determine the types and frequency of interventions, the 'most elderly' incorporate into their activities of daily living in order that they may remain relatively independent. This was addressed in questions 18, 19, and 20, and the answers are tabulated in Tables 4 and 5.

Table 4 Assistance Required by MALE Respondents (N=13)
in Activities of Daily Living

Activities	Frequency of Providers						
	Self	Spouse	Paid	VON/ Homecare	Daughter/ Son	Other	
Housekeeping	15%	38%	38%	31%	15%	8%	38%
Personal Care	92%	8%					
Food Prep.	15%	46%		8%	15%		15%
Outside Activities	38%	8%			8%		46%

"I am confident in my ability to get out to shop and attend medical appointments or any other out-of-home activities."
 Yes 69% No 30%

The high percentage of daily activities assumed by others than the men themselves (Table 4) is corroborated by studies

done by Barer (1994). She noted that the men who are now elderly were not socialized during their formative years to accept the responsibility of attending to their own physical needs, other than in their own personal grooming. Further, generally they are ill-equipped to handle domestic chores or the emotional stresses of living alone. Therefore, they require more personal attention from their wives, siblings and/or children. Often their only alternative is to pay for these services.

Table 5 Assistance Required by Female Respondents (N=18)
in Activities of Daily Living

Activities	Frequency of Providers					
	Self	Spouse	Paid	VON/ Homecare	Daughter/ Son	Other
Housekeeping	78%		39%	5%	17%	17%
Personal Care	89%	5%				5%
Food Prep.	78%		22%	5%	17%	17%
Out of Home Activities	28%		5%		17%	11% 50%
"I am confident in my ability to get out to shop and attend medical appointments or any other out-of-home activities." Yes <u>61%</u> No <u>39%</u>						

Among the entire sample, 92% of the men and 78% of the women maintained memberships in various community and

religious organizations (responses questions 15, 16, and 17) as shown in Table 6.

Table 6 Active Memberships in Organizations (N=31)

<u>Organization</u>	<u>Men</u>	<u>Women</u>
Church	46%	50%
Unions/Clubs	69%	78%
Community Services	54%	22%

In the light of the recent provincial government's mobilization of funds and a task force for the planning and development of long term care programs at the community level (Ontario Ministry of Health, Ministry of Community and Social Service, Ministry of Citizenship 1993), the group was asked (question 22) if they had any suggestions that might enhance their independence. The majority of the responses indicated that some thoughts had been formed on the subject prior to the interviewer's enquiry. The variety of answers often reflected their own 'wish lists'. Yet, at times, the suggestions were surprising since they did not reflect the circumstances at hand. Such a response came from a woman who was comfortably provided for economically. Her request was for better accommodations for those who were not financially secure. Two other suggestions came from men who were very involved in Windsor community life, and who are cosseted by their immediate social group. One asked that the isolated, the

lonely and the needy be sought out and provided with what they most require, whether it is a "financial, physical or spiritual" need. The other urged that more older men be encouraged to become involved directly with community activities.

A number of the sample (28% of the women and 15% of the men) voiced similar recommendations that fall under the loose heading such as 'occasional help.' Some of these suggestions were: people to do light house and yard work; barbers and hairdressers who make house calls; someone (perhaps a university student?) who would be willing to prepare and share a home-cooked meal; also, car-pools that would provide transportation when family is not available. Most of these people were aware that a few of these services are provided through the VON/Red Cross Homemakers Service. However, even these limited services are only available to those assessed to be eligible for them. The majority opinion was that they would be quite willing to pay a small fee for these amenities, but that the medical plan should be open to covering the greater portion of the costs. Six percent of the sample considered more attention (and probably more money) should be paid to the training of employees now in the Homemakers Service. Unfortunately, another 6% asked about where such funds will come from for these improvements to their lifestyle, or for that matter, to even maintain what is in place for their growing numbers? When asked about how

satisfied they were with their present life situation (question 21), it was decided to collapse the answers into four categories as indicated in Table 7.

Table 7 Perceived Levels of Life Satisfaction
for the Sample (N=31)

	<u>Men*</u>	<u>Women</u>
Extremely Satisfied	38%	33%
Quite Satisfied	38%	39%
Satisfied	8%	17%
Not Satisfied	8%	11%

Note.

* One of the men found none of the categories were descriptive of him and insisted that he be described as 'comfortable'.

The final question (question 23) asked the men and women in the sample about their personal thoughts, attitudes and concerns about death. Table 8, reports these responses collated and collapsed under three broad categories.

Table 8 Perceived Thoughts and Attitudes about Death
for the Sample (N=31)

Thoughts/Attitudes	Percentages	
	Men	Women
Serene Reconciliation	31%	33%
Anxiety Over a Painful Death	23%	33%
Ambivalence or Denial	30%	23%
Question not asked	15%	11%

'Serene Reconciliation' described those who have arrived at a level of acceptance of their past and present circumstances (Shneidman 1963) and, whatever their spiritual proclivity, have no perceived anxiety over their eventual death. Another portion of the sample submitted that they are more afraid of the thought of dying in (great) pain, than of the thought of dying itself. Then, there were those who, in their various responses, indicated that they push thoughts of death from their consciousness. A fourth category indicates the percentage of interviewees who (at the interviewer's discretion) were not asked the question. The small percentage that were not asked the final question resulted from the rare occasion when the level of comfort displayed by the sample member became tenuous if the questions were perceived to be too probing or personal in nature.

II SUMMARY

The members of the sample of 'most elderly' of the Greater Windsor area interviewed for this research paper saw themselves continuing in many roles. Although their "role sets" (the public definition of behaviors characteristic of individuals as they go from context to context [Biddle and Thomas 1966]), differed slightly from person to person, they did actively pursue many common roles (Bell 1976). They interacted as siblings, parents, grandparents and great grandparents. Beyond their family, many of them continued to

be active participants in their immediate communities. Although that community may have become somewhat reduced as to the numbers of people and the area it encompassed, it was also apparent that those who were leaders in their secular and religious groups still maintained regular contact with these groups; only the degree of involvement had changed. Contrary to this being interpreted by some as role disengagement, as discussed by Baker (1988), Bell (1976), and Havighurst, Neugarten and Tobin (1968), the sample indicated that their involvement was reduced or curtailed only by their limited physical mobility, and not from a lack of interest. Biddle succinctly described the sample characteristics resembling this group. He posited that, from the perspective of cognitive role theory, people [in this case the 'most elderly', eighty-five years and older] perceived what behavioral expectations society has of them and, either exhibit these behaviors or provide an internal psychosocial rationale for not doing so (Biddle 1986:74). In other words the elderly, as indeed all members of society, need not accept the roles or role expectations of society.

CHAPTER FIVE

DISCUSSION

One of the central aspects of life satisfaction in the 'most elderly' is whether they are able to maintain their emotional and physical well being after the loss of many of the roles they fulfilled in their early lives. Often, retirement from paid employment results in a sizeable drop in income (Gordon 1972) and, therefore, a curtailment of lifestyle (Riley and Foner 1968; Bell 1976; Strauss et al 1976). A number of those members of the sample who were among the lower income percentile compensated somewhat for this drop in income. These developed conditions for self-employment or, where there was no mandatory retirement age, continued to work into their seventies.

Financial gain is not the only benefit accrued from employment. There are members of society who equate who they are with what they do. Therefore, while they continue to fill a role in society that is worthy of payment, their identity and sense of self-worth continues. Some men in particular derive great satisfaction and gratification from the recognition of their role in some facet of an industry and may never become totally disengaged from the field (Rowe 1976: 211). Bell (1976) suggested this might explain, to some

extent, why those who are self-employed, such as professionals and entrepreneurs, choose to continue in their professions and businesses long after there is any need for them to do so.

I FINANCIAL STATUS

Financial security, however, is a major factor in how retirement and the years thereafter are perceived. The homes and general living conditions of the sample reflected a broad range of incomes, from considerable wealth, through the upper and lower middle financial strata, to those barely meeting their basic needs. It is possible that 10% of the sample could be perceived to be wealthy. For instance, they dwelt in beautiful homes with spacious grounds, or alternately, they owned or rented comfortably appointed suites in well-staffed luxury apartments or condominiums. Many of these buildings are geared particularly for older residents. They may offer special services by way of individual care such as personal grooming, and most provide meals for the residents as an alternative to cooking for themselves in their suites. This researcher noted that all the units of this calibre that were visited had very active social committees made up of the residents. These committees planned social activities -- in-house as well as trips about town by chartered carriers.

Thirty-five percent of the sample could perceivably be placed in the upper-middle class category. Indeed, a good portion of the 85% of the men who remained in their own homes

fell into this category. Their homes were in the south of Windsor, in Amherstburg and in Belle River. A small portion of the 86% of the women who were in apartments were of this financial stratum and occupied suites in well cared for apartment blocks overlooking Queen Elizabeth Park or the Detroit River.

The greater portion of the women who lived in apartments are in the 42% of the sample who would qualify as lower-middle class. They were widows whose incomes were reduced considerably on the death of their husbands. In addition, this group is rounded out by a small number of the men who were not part of the high-wage union labour force that came into being after World War Two. Finally, 13% of the total sample subsisted on the funds they received monthly from the Canadian Pension Plan, and either lived in their debt-free homes which were showing visible signs of financial neglect, or they have small apartments in government subsidized units.

Thus, in regard to financial status, this sample continued in social roles already established (Rose 1968), and mirrored the observations of Neugarten (1961), and Riley and Foner (1968b) that the elderly continued their earlier inclinations to seek and associate with similar financial peers.

II STABILITY OF MEMBERS OF SAMPLE

In reflecting on the responses to the questionnaire, the prevalent themes were of flexibility, constancy and stability. Specifically in their early adult years, most were willing to work at any job that provided wages. However, when they found positions that they valued and/or filled their needs, they remained steadfast in those positions. The average number of years worked at one job by the sample of men was about thirty-eight. Further, the 58% of the sample who presently lived in their single dwelling homes had done so for the past forty years or more. Another statistic that will probably be difficult to replicate in the future is that of the 94% of the total sample who had been married, they were married only once. Also, the relationships, still extant and observed while interviews were being conducted, appeared to be genuinely warm. Indeed, even if both did not qualify as interviewees, they often finished each other's sentences during the interviews. Quite often the interviewee consulted the non-participant on some detail or another. Frequently, questions of the past triggered shared memories. Sometimes the interviewer was included in the reminiscence, but always these common remembrances generated a few moments of affection between the couple.

III PERSONALITY PROFILES OF THE SAMPLE

The general tenor of the responses to questions 8 through 23 were focused in an attempt to align the personalities of the sample with the profiles drawn by Neugarten, Crotty and Tobin (1964). Many of the sample subjects fell squarely within the sociological portraits of "personality types among aged persons" (Neugarten et al 1964: 158). However, as had been anticipated, there were a number of the interviewees who had characteristics of more than one profile category. Therefore, as a clustering of the sample was attempted, these variations on the themes have been noted.

Since the original portraits were done by gender, this research will continue that division for this portion of the discussion. Tables 9 and 10 indicate the clustering by percentage of the gender groups. Also indicated, in the order of their predominance, are those of the ten general ego mechanisms (Kroeber 1963) that appeared to manifest within the profiles. These ego mechanisms are described in Chapter Two (pp.7-10). Here they will be listed only, and analyzed with the findings of the study.

Men

The male members of the sample clustered around four of the six personality types, with reference to one or more of the other categories in some instances. Forty-six percent of

the men fell into the personality type entitled "Integrated" (A) (Neugarten et al 1964: 170). That is, they had a strong

Table 9 Predominant Clustering for the MALE Sample (N=13) of Personality Profiles

Personality Profiles	*Influencing Ego Mechanisms	% of MEN
A Integrated	1, 3, 4, 10m, 6, 9, 8.	46
B Introspective	5, 6, 10m.	0**
C Defended	5, 10m, 3, 2, 4.	8
D Passive Dependent	6, 1, 10m, 9.	38
E Constricted	7, 10m, 8, 5.	8
F Unintegrated	10m, 8, 7, 5.	0***

Note.

* Influencing Ego Mechanisms (Kroeber 1963):

- | | |
|------------------------|--|
| 1.Integrity | 2.Ego Energy |
| 3.Cognitive Competence | 4.Differentiated Social Perception |
| 5.Aggressivity | 6.Passive Dependency |
| 7.Superego Control | 8.Sex-role Identification |
| 9.Intimacy | 10m.Internalization of Institutional Values. |

** Search for replacement roles observed in some men in cluster A.

*** Preoccupation with personal health seen in one member of cluster E.

sense of who they were and were adjusting well to their shifting roles within their changing environment. They appeared not to be unduly distressed at their aging and seemed to carry little anxiety toward death. Yet, even among these

accepting personalities, there were some who still searched for new areas of interest to replace roles left behind with retirement (a trait of the "Introspective" (B) personality [Neugarten et al 1964: 170-71]). One of the men had a 'hobby farm' with an apple orchard and a garden patch that produces a cornucopia of comestibles from cantaloupes to zucchini. He markets his wares to an established clientele, and from his yard which fronts on a busy highway. Another man continues to help people in many parts of the world. As he might phrase it, he has only moved from the front lines to the back room of diplomacy.

Eight percent of the men fell directly within the precincts of the personality type Neugarten et al., called "Defended" (C). These people were described as ambitious and achievement-oriented. Their self-esteem and the image perceived as their status in society was a reflection of their occupational roles. Consequently in general these men grudgingly adjusted to their retirement. Further, they avoided the subject of death and drew attention rather to their present physical and social strengths and successes (Neugarten et al. 1964: 172).

The second largest cluster was classified as "Passive Dependent" (D). These 38% of the men generally, with the exception of one, had no professional training or post secondary-education. Although one of them worked in the auto industry while developing a private enterprise (during his

early years as a father and husband), he and others in this group never invested greatly of themselves in their jobs; neither had they deeply involved themselves mentally or physically in any other activities. During retirement they had become even more passive and placid. Their wives and children seemed to be their chief companions and they regarded death as an extension of this time of rest (Neugarten et al 1964: 172-73). The majority of this subgroup had developed a limiting physical ailments, and one was still in deep mourning over the death of his wife a number of years ago. However, it would appear that their temperaments and physical or emotional traumas were not products of each other.

The remaining 8% were deemed "Constricted" (E). This set's focus in life were primarily their jobs. Yet, they never advanced or succeeded to higher levels of management or responsible positions. They saw the reasons for this stagnation as outwardly determined and register some resentment. During retirement, they had fears of aging and were generally pessimistic about the future (Neugarten et al 1964: 173-74). One of the men in this classification was totally preoccupied with his failing health, which was one of the strong traits of the "Unintegrated" (F) personality type.

Finally, there were no men in the sample who fell totally within two of the Neugarten, Crotty and Tobin personality profiles. Other than the one man who was absorbed in his health condition, a feature of the "Unintegrated" (F), the

other predominant characteristics of this type, such as unacceptance of retirement, and a constant awareness and preoccupation with their impending death (Neugarten et al. 1964: 175-76), were not in evidence in the men's conversations with the researcher. Likewise, the qualities attributed to the personality type "Introspective" (B) were not evident during these interviews. Indeed, although some of the men found new or modified interests to fill their retirement years, they did not seem driven to fill every waking moment of the day as does the introspective male typically. Described by Neugarten et al (1964:170-71) as inward looking, the men who fall within this group resolve conflict and disharmony through escape into fantasy, and relate better to children than adults of either gender.

Overall, the observation of the researcher was that this group of men were well-integrated socially. Table 9 provides a synopsis of which ego mechanisms appear to be of predominant influence in each personality profile and the percentage of the men in the sample that cluster into each profile.

Women

Table 10 lists the Neugarten et al. (1964) personality profiles for women, an outline of Kroeber's (1963) ego mechanisms which appear to have weighted or influenced the profiles, and the percentage of women in the sample who cluster within the profiles. The women of the sample cluster

in greater or lesser numbers around five of the six personality types generated by Neugarten, Crotty and Tobin (1964), with one woman incorporating some of the elements described in the sixth category.

Table 10 Predominant Clustering for the FEMALE Sample (N=18) of Personality Profiles

Personality Profile	*Influencing Ego Mechanisms	% of Women
A Integrated	1, 6, 10f, 3, 2, 4, 8.	11
B Passive Dependent	6, 2, 8, 9, 4.	28
C Defended Constricted	7, 3, 2.	11
D Self-Doubting	5, 8, 3(a), 2(b), 10f(b).	11
E Competitive	3, 10f, 8, 2, 4, 5.	39
F Unintegrated	5, 7.	0**

Note.

* Influencing Ego Mechanisms (Kroeber 1963):

- | | |
|------------------------|------------------------------------|
| 1.Integrity | 2.Ego Energy |
| 3.Cognitive Competence | 4.Differentiated Social Perception |
| 5.Aggressivity | 6.Passive Dependency |
| 7.Superego Control | 8.Sex-role Identification |
| 9.Intimacy | 10f.Outerworld Involvement |

** Aging anxiety displayed by one member of cluster D.

The "Integrated" (A) female personality type describes 11% of the women, as they willingly accepted their biological aging and changing roles. They considered themselves

empathetic but self-sufficient. Even though one among this group was blind, she, like her peers, did not rely on her children for aid or companionship (Neugarten et al. 1964: 176). As a reflection of their innate efficiency, these women had made arrangements for their death [they are all widows] and have moved on with their lives, although the one found her lack of sight somewhat daunting.

Twenty-eight percent of the woman in the sample fell within the personality type labelled by Neugarten et al as "Passive Dependent" (B). This group was shown to be 'well adjusted to their aging condition'. They continued to have a clear perspective of who they are, and, although one of this group had diminished hearing, she and the others in this cohort were content with their present condition in life. Generally, these women had never been interested in world affairs or events that did not impinge on their families or on them directly. At this time in their lives, they continued to concentrate on family members and remain actively involved as mothers and grandmothers (Neugarten et al. 1964: 178-79). Indeed, this researcher found it necessary to bring them back to discussion of their own history, as often times they were so intent on extolling the accomplishments of their husbands, children and/or grandchildren.

"Defended Constricted" (C) described another 11% of the women in the sample. These women had developed rigid, routinized lifestyles. Further, they typically belonged to

religious and/or community organizations that provided them with their socialization. As well, they were ill at ease with intimacy and sexuality issues, and appeared to be fulfilled looking for new crusades to launch, or old windmills to tilt (Neugarten et al 1964: 179-80).

The personality type that Neugarten et al. called "Self-doubting" (D) described a further 11% of the women in the sample. For most of their adult lives this group had sublimated their personal preferences and ambitions to assure acceptance from people they deemed significant in their lives. However, in their latter years, they have come to the awareness that they are suffering varying degrees of identity crises. To this dilemma, they react in one of two ways. They experience (a) depression or anger when those in whom they invested so much of their lives have withdrawn (children) or died (husbands). The other reaction (b) is the realization that they had no one to placate any longer, nor are they responsible for anyone's well being, so the cocoon encasing their personality is shed and they move in directions previously only thought about (Neugarten et al. 1964:180-81). One of the women represented the first reaction noted. She also contended with the additional trauma of aging in an atmosphere of numerous unresolved family quarrels ("Unintegrated" (F), Neugarten et al 1964: 183-84). Her anger revolved around her perception that not only had her family withdrawn from her sphere of influence, but they resented her

continued existence which blocked their access to an admittedly large estate. Her opposite number in this group was a woman who had spent her life caring for children and then orphaned grandchildren. Now that the very youngest of her charges was capable of making his own way, she withdrew to a social climate where, although she remains available to her family, she chooses to look to her own needs and interests.

The largest number of the women in the sample clustered around the personality type Neugarten et al. referred to as "Competitive" (E). This 39% had generally filled numerous roles in tandem with those of wives and mothers. Because of these 'out-of-home' enterprises, either in volunteer or paid positions, their lives and families were organized in relatively efficient and directive fashion. Further, they invested heavily in the advancement of their husbands and children and, somewhat like the "Self-doubt" group, experienced mild depression with the loss of the intense involvement with their lives as in the past. However, their innate global curiosity turned their attention to new vistas and provided them with enterprises that would carry them comfortably through the transitions of retirement, widowhood and old age (Neugarten et al. 1964: 181-83). Among this set there were musicians who still perform publicly, an active relator, an overseer of a family business, participants in

seniors' organizations and involved members of church and social groups.

None of the women of the research sample fell totally within the personality type labelled by Neugarten et al. as "Unintegrated" (F). Except for the one noted member of the "Self-doubting" (D) profile category who suffered anxiety over the aging process, none displayed aggressive or abrasive behaviour that was manifested by this cluster. Neither were there overt signs of suspiciousness or hostility. Further, none of the women attempted to manipulate or change the direction of the interview for their own purpose as would have members of this personality type (Neugarten et al. 1964: 183-84). Without exception, the interviewer was received with gracious hospitality by all the women in the research group.

IV OBSERVATIONS

Most of the members of the sample group lived lives of contentment, with their self-esteem apparently intact. They continued to make all the important decisions in their lives and to be in control of their futures. Granted, failing sight and diminished hearing for some, and waning physical strength for all, have curtailed their activities. Even the dwindling of the senses, though, if not accepted with equanimity, at least have been accommodated as much as possible. Those who were losing their sight have installed aids to enhance their remaining vision. For instance, one woman had a magnifying

screen, much like a computer monitor, that enables her to read an enlargement of a printed page. Another had a similar attachment that magnified the television screen. Of course, large-print playing cards and calendars were noted in many of the homes visited by the researcher.

In every case, there had been some retrenchment in lifestyle, as predicted by researchers such as Riley and Foner (1968), Bell (1976), and Strauss, Aldrich and Lipman (1976). Nevertheless, as had been anticipated by and confirmed through the personal observations of the author, this sample selected for their independent life-styles were, with few exceptions, a well-adjusted group of "most elderly".

There is, however, one condition that threads through all of their lives, to a greater or lesser degree. They are all lonely. This may have been expected to be heard only in conversations with those who had been widowed, but it also echoed in the voices of those still in marriages. They are lonely because they are not more actively included by friends and family; lonely for the many friends and family members who have died. They experience loneliness through the lack of opportunity to participate in groups and communities that provided their identities within society. Even when adjustment to role-loss appeared to be managed with sanguinity, the collateral effect of loneliness colours, to a greater or lesser degree, the present for these older people. Sheehy (1976), among others, had studied people in mid-life

crisis, but there appeared to be few programs looking at the effect of the numerous losses -- of people, roles and varying degrees of independence -- that the elderly must endure. It is the opinion of those who work closely with the aged population that their resilience and capacity for change is vastly underrated (Marino 1991).

Notwithstanding their feelings of loss, most of this sample of the "most elderly" was outgoing, interested in life and the world around them, even if that world only contained their family. It was of no great surprise that almost half of the men in the sample fell into the most rounded of the personality profiles. Generally, they endured the losses of roles and companions while their open personalities and their innate empathy allowed them to comprehend that they were not alone in these experiences nor were their situations unique. They also continued to add new companions, new interests, and in some cases, new roles to their lives.

A percentage of the remaining men of the sample (38%) continued to be content with their lives because the roles in which they had invested greatly had not been taken from them. Their roles in the world of industry appeared to have been only a means of providing for their greater interest, their families and social lives. They may regret that retirement resulted in a reduction of income, but they revel in the limitless time available for their roles as husbands and parents/grandparents.

There was 15% percentage of the men in the sample who totally identified with their occupational roles. When these lines of personal validation were severed, they actively sought replacements roles. When this was accomplished their lives were again full, and they looked forward to each day. Finally, there remained a small percentage (5%) of the men who appeared to have found little pleasure in their retirement. Their demeanour leaves the observer with the impression that although they may not have lived lives of gloom and foreboding, neither did they look ahead in happy anticipation to their life of retirement.

In the personal view of the researcher, over half the women in the sample fall into two categories. One section of this subgroup always was and still remained totally involved with family and family matters. Although they may have relinquished their post in the 'front lines', they remained entrenched in the positions of patron and counsellor. The other section of this portion of the sample of women were those who had found new interests to fill their expanded leisure time; in some instances they may have picked up former projects set aside years ago to attend to families. Whatever the circumstance, it was a pleasure for the interviewer to engage their keen minds and observe their zest for life.

The balance of the women in the sample sifted evenly into three of the profiles. There was the subset who were serene

and comfortable about who they were. Although they remained involved with society and family, these were not the measures required to reflect who they are. There was another subgroup who, unfortunately, had not adjusted well to the aging process, or to their changed roles in the family. Finally, there was the subgroup who had completely immersed themselves in organizations in an attempt to fulfil their need for activity and involvement or fill the holes left by lost family and friends.

The general perception of the author was that the greater portion of the women in the sample (over 80%) had purpose and direction in their lives. They continued to see themselves as useful and necessary to their families and society. As for the small number who rail against life, it may be that very fire that sustains them.

V SUMMARY

In the final analysis, adjustment to present conditions is greatly influenced by state of health and financial security (Baker 1988). That was a valid observation of this sample of the "most elderly" in the greater Windsor area. Attitude, ethnicity and cultural background were only secondary influences at best. Most of these men and women can look back on productive lives. Some of them leave permanent evidence of their involvement in the development of the city of Windsor and surrounding communities. Indeed, the

University of Windsor itself has benefited directly because of three members in this research sample group. One of the men was on the first Board of Trustees when the university came into being in 1967. The daughter of another of the male members is a tenured professor in the Nursing Faculty. Finally, in 1983, the university was the recipient of a collection of eighty-five dolls dressed in authentic costumes of many nations, painstakingly prepared by one of the women of this study.

CHAPTER SIX

A CASE STUDY AND A COMPARISON OF FOUR
INSTITUTIONAL RESIDENCES FOR THE ELDERLY

The main thrust of this thesis is the examination of the lives and lifestyles of the "most elderly" in the Windsor area who continue to live independently in private homes or apartments. However, during the period when data were being compiled on the sample group, one of the women chose to move from her son's home into an institutional residence for the elderly. Rather than drop her from the sample, it was decided to solicit her involvement in this research in a broader context. During the initial interview, the subject was asked her reasons for this decision. Furthermore, at the author's request, the subject agreed to a second interview at a future date to discuss her reaction to this different style of living after an extended period of time. This provides a small window upon people who have lived alone and have chosen to move to an organized residence. She also furnished, at the later date, a more comprehensive personal history than was asked for in the research questionnaire. The subject's perceptions of both her former and present life were sought to give this study a more complete picture of the options available at present to the elderly of this area of Canada. The comparison of four of the numerous 'organized living'

alternatives available gave this study a broader aspect of the choices the sample may make in place of their present living conditions.

I A CASE STUDY

In November of 1994, this subject celebrated her ninety-third birthday. She was born in the county of Maidstone, and has lived all her life within the precincts of Tecumseh, Maidstone and Windsor. The fifth of eight children, she grew up on her father's farm in Maidstone, but confessed that she never developed a liking for 'farm life'.

After completing eight years of schooling in the Maidstone district, she attended Windsor Business College. Her courses, including typing and shorthand, were completed in six months. However, the school authorities asked her to remain as a teacher for the next six month term. It took her a couple of months to find her next job. At the age of seventeen, she went to work in the offices of a life insurance company in Detroit, Michigan. She remained with this firm for four years and left to be married. Our subject reminded the writer that in the early 1920's married women were not encouraged to work outside their households.

In September 1922, she married someone she had known all her life. They were born the same year, they grew up together, and they attended the same school and church. Fortunately, they shared the same lack of interest in farming.

So, with a truck and a few furnishings they moved to Windsor. Her husband picked up odd jobs with his truck, and she stayed at home stretching an uncertain and meagre income to cover the necessities for themselves and eventually four children. When referring to their children, the subject made mention that the first two were born in the hospital and the second two were born at home. When the interviewer queried why she had decide to have the latter two children at home, the subject said the decision was not hers. This was during the Depression and they could not afford the hospital fee, so the doctor came to their home to assist in the delivery of the babies.

A few years later, her husband became a driver for Greyhound Bus Lines. They bought a house in a modest residential area in central Windsor and their life seemed to stabilize. Unfortunately, in his early forties, her husband died suddenly. Although he died on the job, there was no financial compensation from his employer, and a small life insurance policy only covered the immediate funeral expenses. Thus, in 1944, the subject found herself back in the workforce on a full time basis when her youngest child was fourteen years of age. For the next twenty-five years, she worked for an engineering firm that provided small parts for both Chrysler and Ford automobile manufacturers, and at the age of sixty-eight she retired.

By this time, she had sold her home and was sharing an apartment with her younger sister. Sometime later, she took

on the household chores of caregiver for her older sister's widowed husband.

In May 1978, she was travelling by car with her eldest son, his wife and their youngest child to visit the home of her eldest grandson. It was determined, later, that her son, the driver of the car had a stroke. The subject woke in the hospital to discover that her son and daughter-in-law were dead, she had a shattered left leg, and the young grandson sustained a shallow cut on his forehead.

For five months the medical team at the hospital fought to save her leg. Finally, when it became gangrenous, she was transferred to another hospital where the leg was amputated below the knee and an artificial limb was prepared. After three more months of therapy, the subject was allowed to go home two days before Christmas.

Her physical resilience and strength of character are evident in the fact that she continued to care for her brother-in-law's house while making herself available for her six orphaned grandchildren. She continued to drive her car ("After all I just needed my right leg for that.") until her eighty-ninth year.

In the early 1980s, the subject went to live with her second son, who subsequently died of emphysema. She remained there with her daughter-in-law. During this time, she had an opportunity to stay at a seniors' residence while her daughter-in-law was travelling for an extended period. The

residence she chose, appeared to be designed for people who had difficulty walking. The subject drew to this interviewer's attention at this initial meeting, that she could participate in any activity without having to contend with stairs; if she preferred to leave her left leg behind, there were no solicitous family members to worry over her; and her wishes as well as her needs were ably met by an efficient staff. Six months after returning to her daughter-in-law's home, she informed her family she was returning to the seniors' residence; that the administration had accepted her application for permanent residency. This occurred during the time the research data for this paper were being gathered.

Six months later, the author spent an afternoon with this unique member of the sample. We visited in her bright, well-appointed private quarters, which include a three piece bathroom. She was still satisfied with her residence decision, and although she had an open invitation to live with her remaining children and grandchildren, she believed that their schedules and hers would conflict. In her opinion, she would not be comfortable in knowing others had to adjust to her physical requirements and time table. Neither did she think she would be able to manage on her own, even for short periods of time.

This woman was still capable of seeing to her own activities of daily living (ADL's), and at the time of that

second interview, she retained control over her medication. Further, she was comfortable in her room, surrounded by her cherished belongings. The only assistance she required was help in and out of the bath tub. As she pointed out, "It's hard to manoeuvre on one wet slippery foot." Her one overriding concern was that she will outlive her financial resources. Although there are cheaper communal accommodations, she would not care to disturb others when she experiences devastating periods of pain in the area where her left leg was amputated. Unfortunately, these bouts are becoming more and more frequent. Indeed, for three days earlier in the week of the interviewer's planned visit, she had been unable to get out of bed. In fact, the centre's receptionist remarked how pleased the staff was that the subject had recovered sufficiently to keep the appointment.

II A COMPARISON OF FOUR INSTITUTIONAL RESIDENCES FOR THE ELDERLY

In the light of the decision of this member of the sample, it was decided to compare her choice of residence with three other 'organized residences' for the elderly in the Windsor area. Permission was given by the management of these four facilities to use their names, but it has been decided that to protect the subject's identity, each location would be given the anonymity of a 'letter'. If, however, anyone wishes the names of the establishments, they may be obtained by

contacting the author directly. Although three of the four locations were randomly chosen, it transpired that two are enterprises for profit, and two are non-profit facilities.

The first (A) for profit location truly is capable of providing continuous care. The enterprise consists of two free-standing buildings. North Building (1) is a luxury apartment complex equal to any of the apartment buildings in which this researcher interviewed those members of the sample perceived as affluent. A Registered Nurse is the assistant administrator of the overall operation. A second R.N. is coordinator of care, as well as being responsible for the residents in South Building (2).

There is a council of residents elected for each building. Monthly calendars for each building list the many social in-house and away activities planned. The majority of these activities are scheduled between Mondays and Fridays which would reflect the working week of the greater number of the staff. In-house religious services are listed in the calendar as being provided twice a month by the United Church. Each building has its own monthly news letter/paper. In these, there may be comments on famous people commemorated during the particular month (eg. St. Patrick in March). A column welcomes new residents, and birthdays within the month are noted. The off-premises special events for the month are also given special attention. Some poetry and inspirational commentary rounds out the news.

Both buildings offer "Independent Living" and are designed for private or semi-private ensuite occupancy. The elderly in Building 2 (South) pay less for their accommodations, which is reflected in the decor and location. Building 1 (North) has a slightly more opulent ambience and its location affords residents an excellent view. There are residents in either building who are offered daily personal attention to accomplish their activities of daily living (ADL's). This level of care is referred to by the establishment as "Assisted Living". Most of the residents in both buildings remain patients of their personal physicians. However, in Building 1 a nurse is available and the medical director is on call. Building 2 has nursing staff twenty-four hours and the house doctor makes weekly rounds. The South building is equipped to offer three more levels of care. "Personal Care" is provided to residents in need of an intensive level of care and service. These would be the people who may be losing their sight, are unsteady on their feet, etc. This organization assesses their "Long Term Care" as that provided for residents who require levels of attention just short of feeding or medication through intravenous. They are not prepared for that next level of service.

A new service at this third level has been provided since March 1995. There are accommodations for just under thirty, Phase I and Phase II Alzheimer residents. One floor in Building 2 has been restructured for this purpose. Access to

stairs and elevators of this floor are electronically secured so that the residents of that unit cannot inadvertently leave the area. Apparently, much care and study has gone into preparing for this most recent level of care. Specially trained nurses and support staff work exclusively in this setting, and much thought has been given to provide familiarity, pleasant surroundings and some degree of mobility for these special residents. Easily remembered, distinct colours for door frames have replaced room numbers. Indoor and secured outdoor walking/exercise areas are also provided. Admission to these three levels of care in Building 2 is open to the general population. However, the management of this enterprise maintain and expand their facilities of intervention mainly to offer their permanent residents what they refer to as a multi-level rest home. Meals are scheduled in the communal dining rooms of each building. The exception to this is the Alzheimer residents who have a dining area within their own wing. Also, with sufficient notice, small dining rooms are available should residents wish to entertain. The facility is on a quiet side street, a two block walk to the nearest bus line, but many of the well elderly, and particularly in Building 1, still maintain cars for which there is adequate parking.

The second (B) for profit location examined is much smaller than the first. It is licensed as a retirement home

offering long term care. There is a nurse on duty here twenty-fours. The medical director keeps office hours on Wednesdays and is otherwise on call. Many of the residents continue to see their former physicians, as well. Unlike the other three locations, this one has been designed to accommodate everything at ground level. The rural setting is conducive to a quiet atmosphere but it is also a source of isolation for those mobile enough to get about on their own but do not have access to a car. There is no bus service.

The fees for residency are approximately in the mid-range of those charged at the first location. Accommodations can be arranged for ward, which is three occupants, semi-private or private. Each unit has a three piece bath. All rooms are fully furnished. However, should a resident so desire, all but the bed may be replaced with personal belongings including television sets and small refrigerators. There is a council of resident peers. No newsletter is generated by or for the residents and a copy of the monthly calendar was not available, but the inquirer was assured there were activities to interest any and all that cared to be involved. Religious services are held on weekends on a weekly basis.

The three meals are scheduled in two settings to adjust for the size of the dining room, and to afford the staff the space and time to help those in need of assistance. Where food is concerned, the caregivers of this facility understand that most elderly people are more comfortable with small

portions more often. So, apart from the scheduled meal times each resident may request occasional or regular snacks delivered to their rooms. The staff is also prepared to serve meals in bed. With adequate notice guests can also be accommodated in the dining room as well as arrangements made for overnight stays. The centre is prepared to install oxygen or intravenous equipment. Should the resident so wish, the administration will work with the local hospice to provide maintenance or palliative care. Short periods of respite care are offered if space is available. The management will entertain requests by a resident to keep a small pet, with the understanding that its care and conduct are the sole responsibility of the resident.

The opulence of the first location's Building 1 is not apparent in this location. However, there is a warm relaxed atmosphere that is generated by the design and decor. The staff, also, attempt to anticipate and fulfil the needs of the residents. The residents are encouraged to become part of their new community, and most doors are left open unless the occupant(s) is out or resting. Residents move about the building with total freedom that is only restrained by common courtesy. There are numerous exits to the yards and roadway, and the staff only ask that a register be signed if the residents leave the building so that there is an accurate count of those on premises in case of an emergency. This freedom of movement, of course, precludes any one who suffers

from short term memory loss or Alzheimer syndrome from being accepted for residency.

The first non-profit location in this comparison (C) is comparable in size to location II. The setting is one of scenic beauty and comparative quiet since it is situated on one of Windsor's peripheral thoroughfares. They are licensed as a long term care home for the aged. The centre is part of an organization of three care-giving institutions; the other two members being acute care facilities. There are a few four-bed wards, but most of the accommodations are semi-private and private. The rates are the lowest of the four locations, and are negotiable. The policy of this facility is that no one will be refused admission because of lack of money. There is an arrangement with Ontario Ministry of Health for government participation on an individual-needs basis. There is, also, a very active auxiliary group who, among other programs, make fund raising a central focus of their activities. Therefore, besides being able to cover additional amenities for those who can not meet the cost of residency, this home for the aged will arrange appropriate funeral and burial services in accordance with the religious practices of the person, should the person or next of kin be unable to meet this expense.

There is a Residents Council and calendar of events published monthly; there is no newsletter/paper provided at

this time. The events are many and varied, mostly arranged between Mondays and Fridays. There are religious services on the weekends and because the majority of the residents are of the Catholic faith, mass is offered each morning.

The nursing staff is on twenty-four hour duty; the house doctor is on call and on location twice a week. As with the other non-profit facility, all applicants for this centre are screened through the Victorian Order of Nurses' Placement Co-ordination Service. This establishment will arrange for palliative care for any residents who do not wish to be hospitalized should they develop a non-treatable physical condition. They do not, at present, have the capacity to care for Alzheimer residents. One of the features that makes this location attractive is also a detraction. The remoteness provides quiet but prevents easy access to public transportation and independent mobility.

The other of the two non-profit locations (D) is operated jointly by the city of Windsor and the provincial Ministry of Health. The fees charged the residents equal about one-third of the cost of their maintenance. The balance is provided by the two levels of government. It is a fairly large undertaking. The main location offers accommodations in four-bed wards, semi-private and private rooms. Adjacent private homes have been added with capacity for five or six people each. Space in these units is offered, when possible, to

couples. The residents in these satellite homes have the option of preparing their own food or being part of the scheduled meal plan in the main building. There is also an outreach program to two seniors apartment blocks operated by the city of Windsor, enabling some of the elderly to be maintained in their home setting for an extended period of time.

The elected residents council is not only a representative body but is involved in-house activities and fund raising for tours and trips. This facility also relies heavily on the contribution of time and money from volunteers and an auxiliary group. Some of the amenities offered, such as the Tuck Shop and the all-day tea room, are projects initiated and maintained by such unpaid people. In addition, their availability for shopping and dinner trips makes it possible for residents who need assistance in physical negotiations to participate in these outings.

A very comprehensive monthly newsletter/paper contains contributions from residents, staff and clergy. There are word games, names of new arrivals, birthday greetings and memoria for residents who have died. A serialized version of Canadian history is also part of this house publication. The Recreation Calendar lists the many activities and events that mostly crowd into Mondays through Fridays. Listings for Saturdays and Sundays are less hectic and include information on church services provided by a number of denominations.

A doctor is in the main location four half days a week for consultation and on call otherwise. There is nursing staff on twenty-four hour duty. The staff is capable of installing oxygen and intravenous equipment, and work with the local hospice service to provide residents with palliative or maintenance care. A small number of beds are kept available for respite care. This is offered for periods of seven to fourteen days to applicants over sixty years of age. All locations under the aegis of this license are close to bus services, offering those residents with the capacity and inclination as much mobility as they desire. The only restrictions, other than personal physical ability, are placed on those residents diagnosed as suffering Alzheimer syndrome or others that must be closely monitored. These people are housed in the main location and fitted with small bracelets that activate an alarm if they attempt to leave the building. All applicants for residency in the main location or satellite houses are screened through the Placement Coordinators Services (PCS), a department of the Victorian Order of Nurses. This is also the procedure for applicants to the respite program. Among the requirements for acceptance, the applicant must have in place prepaid funeral arrangements. The administration explained that often the residents have no family or next of kin; or if there are relatives, they may not be sufficiently secure financially to insure their ability to assume this expense at some future date.

It is apparent that this facility operates close to sustenance level. It is to their credit that they have generated auxiliary money and means because the lifestyle provided for by the combined resources contributed by the residents and two levels of government would be meagre indeed.

III OBSERVATIONS

All four of the establishments examined provided thoughtful programming for their elderly clients. A comparison across seven categories of varying degrees of care for, and involvement of the elderly are outlined in Table 11. These categories take into consideration the description of care mandated by their license as issued by the Ontario Ministry of Health, the size of the facility, their fiscal format and costs to residents. Furthermore, the availability of medical care, residents involvement and input with the activities of the residences, and any additional services offered by each location are noted.

Table 11

Selective Comparison of Four Residences Offering
Varying Degrees of Care to the Elderly

Degrees of Care	Residences	
	A	B
Description of Care	Multi-level Rest Home	Retirement Home
Capacity	Approx. 300 Residents between 2 Buildings	115 Residents all on Ground Level
Fiscal Format	For Profit	For Profit
Medical Staff	Nurses on call (Bldg.1) 24 hr. duty (2) Doctors on call (1) Weekly rounds (2)	24 hour nursing Regular doctor's hours once a week or on call.
Resident Involvement	Monthly Calendar (1&2) News Letter (1&2) Residents' Council (1&2)	Monthly Events Calendar Residents' Council
Basic Rates Per Month	Bldg. 1.: between 2,100. and 3,300. Bldg. 2.: between 1,000. and 2,350.	Ward (3 bed) 1,200. Semi. 1,700. Private 2,300.
Other Amenities	In-house shopping, two beauty salons/ barber, fashion shows, a la carte dining, intercom each bed, family dining rooms. Bldg. 2 only: Pharmacy Alzheimer wing, VON office.	Pets considered, guests accommodated for nominal fee, Hairdresser/barber twice weekly, library, open bar, tuck shop.

Table 11 (continued)

Selective Comparison of Four Residences Offering
Varying Degrees of Care to the Elderly

Degrees of Care	Residences	
	C	D
Description of Care	Home for the Aged (Long Term Care)	Home for the Aged (Long Term Care)
Capacity	120 residents in a two storey bldg.	256 residents in main bldg. and 4 satellite houses.
Fiscal Format	Non-profit	Non-profit
Medical Staff	Nurses on 24 hour duty, House Doctor's office hours twice a week - 24 hrs on call.	Nurses on 24 hour duty House Doctor's office hours 4 half days a week - 24 hrs on call.
Resident Involvement	Residents' Council, Library, Tuck Shop, in-house activities, open bar, dinner & shopping trips, Beauty Parlour 4 days a week, Barber once a month.	In-house activities, Month Events Calendar, News Paper, cocktail lounge, bus trips & tours, craft & wood- working rooms. Residents' Council.
Basic Rates	Short stays - \$26.94 per day. Long term - 4 bed ward, 1,198.53, semi-private, 1,441.72, private, 1,745.88 per month. **	Approx. \$40. a day *
Other Amenities	Guests accommodated for meals & over- night with adequate notice, at a nominal fee.	Respite care 7 to 14 days for applicants 60 years +, occasional in-house shopping, Provisions for people with Alzheimer and similar conditions.

** Rates represent 55 to 80 percent of cost and open to
adjustment with balance covered by various gov't bodies.

* All rates tailored to residents' incomes with complement
compensation from various gov't groups.

The four facilities are staffed with people who appear to choose to work with the older segment of society. It is quite likely that these facilities are representative of other locations in the area with the same licenses and mandates. They express the intention to provide a wide continuum of care while promoting as much independence as the residents can manage at whatever level of care they may be.

It is apparent that camaraderie and social exchange are fostered in as relaxed and cheerful an atmosphere as could be attained. This must be a difficult task since in most cases these residents have chosen their present location because other, preferred alternatives were no longer viable.

IV CONCLUSIONS

Although it is a given, that most people who have reached the age of 85 or more have learned to accommodate and compromise still, in the final analysis, the greatest adjustment for these 'most elderly' is not the regulated meal times, the small living quarters, the fewer personal belongings. The most difficult change to bear is the loneliness of living with strangers. For future generations of elderly, those used to moving with a job, those raised in cities full of strangers, taking up residence in an establishment occupied by aged strangers may not be too traumatic. However, to the sample of 'most elderly' interviewed for this thesis, and who represent their

generations, this is a disturbing alternative. Those who still live in their own homes have remained at this same location for decades. The ones who have moved to apartments have chosen locations where friends and/or family are close by. Their patterns of work and residency indicate that CHANGE has not been a large part of their way of life. In light of their social history then, it is admirable the way in which most of these 'most elderly' make the transition to institutional life -- But it is rarely by choice.

CHAPTER SEVEN

ANALYSIS

In maintaining the notion that heterogeneity remains within the population of the 'most elderly', it is also safe to say there is strong evidence that world conditions during their years of development has accorded them some characteristics that resonate within the cohort. Whatever their financial status at present, they are generally conservative in acquisitions, cautious in investment and care greatly about their possessions. Most can remember when they were only able to accomplish the first level of Maslow's pyramid of self-actualization, providing for their basic needs of food, shelter and rest (Maslow 1970).

The sample of the 'most elderly' gathered for this research are men and women, born between 1900 and 1905, They survived the then prevalent hazards of early infancy and the threats of childhood diseases, particularly since immunization was not available to protect them from measles and mumps and diphtheria, among other communicable infections that took the lives of many of their cohort.

I TECHNICAL INNOVATIONS

In this day it is difficult to imagine the early lives of the elderly when many mechanical and electronic conveniences were not available. It is equally hard to envision a time when no social benefits had been in place. Although some of the inventions that would make their lives more comfortable did come into being, late in the nineteenth or early twentieth centuries, they did not reach commercial viability nor accessibility for the general public for many years thereafter. For instance, electricity was a proven source of energy in 1877, but the logistics of getting it into private use so it could light our homes or provide us with entertainment took another thirty to forty years (McGraw 1973a). Similarly, the first Canadian radio station went on the air in 1913 -- for those who could afford a receiver. In 1911, the Canadian Northern Railway made it possible to travel from Montreal to Vancouver (Bercuson and Granatstein 1988). The gasoline powered car was proven to be a possibility in 1896. Seven years later, in 1903, Henry Ford lead a number of other engineering interests in producing a passenger car driven by a combustion engine. However, not until he had instigated the first assembly line concept in 1914, was his company able to manufacture a car that was at least in the price range of the middle and upper financial classes (McGraw 1973b). This would include less than fifty percent of the families of this study sample. Gas and electrical appliances

became available in the late 1920s - early 1930s but their prices were still prohibitive for most households. A trans-Canada telephone system was operative in 1932 (Bercuson and Granatstein 1988), but the infrastructure to make telephones available to many urban locations and almost all rural areas was not in place until after the mid 1940s. The Trans Canada Airlines (later Air Canada) provided the first national service in 1937 (Bercuson and Granatstein 1988). The first grainy images were transmitted by CBC Television on September 6, 1952 (Bercuson and Granatstein 1988). Finally, indoor plumbing and all the resulting improved sanitation standards progressed through the first decades of the twentieth century as materials and water sources became accessible (Bercuson and Granatstein 1988).

II SOCIAL POLICIES

As for the social policies that are presently universally available to Canadian citizens, the first to be set in place was Unemployment Insurance in 1941 (Myers 1986; Baker 1990). Although welfare payments had been instigated in the mid 1930's by most provincial governments, only the destitute turned to that source and bore the humiliation of constant surveillance and the demeaning requirement of providing the authorities with proof of need (Broadfoot 1973). In 1945, mothers began to receive federal funds called The Family Allowance. The amount was determined by the number of

children in the household and their ages. In 1959, all acute care hospital costs were covered for Canadians under the Canadian Hospital Insurance Plan. Old Age Security benefits became available to Canadian residents aged sixty-five in 1966. Universal Medicare was passed by the federal government in 1968, providing Canadians with medical coverage anywhere in Canada as well as comparable care in other select nations (Myers 1986; Baker 1988; Bercuson and Granatstein 1988). Thus, as one looks at the evolution of material products and financial provisions, it becomes evident that today's 'most elderly' worked much harder, with fewer conveniences and almost no recourse to financial subsidies during those years when they were young family members, as well as in the early years of the families of which they were parents.

III EFFECTS OF THREE MAJOR HISTORICAL EVENTS

Earlier in this study, three major historical events were referred to as occurring during the first fifty years of the lives of these 'most elderly' which may have impacted significantly on their lives. These milestones are World War One, the Great Depression and World War Two.

1. World War One

For those few members of the sample who lived in various parts of Europe during the First World War, the experience ranged from uncomfortable to traumatic. Their counterparts who were born and raised in Canada however, were relatively

unscathed. None lost members of their immediate families in this conflict, and they themselves were too young to be involved.

2. The Great Depression

On the other hand, the Great Depression was a significant impetus in their lives. This world event dictated, to a greater or lesser degree, when they assumed or relinquished certain roles. It influenced their attitudes about financial stability and formulated their belief in their need to be self-reliant, responsible for their own well-being and welfare (Dion 1985). The beginning of this general economic downturn is usually given as late in the year of 1929 and continuing into the first year of the Second World War in 1939. At the entrance year the sample group ranged in age between twenty-four and twenty-nine. However, many who lived those years (Broadfoot 1973), concur with the observations of the sample that shortages of money and down right poverty were everyday realities long before the stock market crash of 1929 (Terkel 1970). During the interviews, comments such as having to leave school after grade six to help support their families were heard from both men and women. Basic mathematics is sufficient to indicate that these were thirteen and fourteen year olds, and the chronological period would have been 1914 to 1919, the years of the First World War. The post WWI years were worse. Although many Canadians saw action during this conflict, Canada was not sufficiently industrialized to

provide any of the weaponry or other accoutrements of war and therefore, the economy of the country had not improved due to its involvement in the war (Myers 1986). In addition, the nation's resources were strained further with the return of the servicemen (few women were involved). They became part of an already large jobless population (Bercuson and Granatstein 1988), in a country where the few privately-owned cars were moved by real horsepower and the main means of transcontinental travel was an empty boxcar (Broadfoot 1973). It appeared from the data that those who were on farms were marginally better off than urbanites since they were able to grow some of their foodstuffs, but there were few avenues for them to sell their produce in order to obtain their additional requirements and maintenance. Both men and women of the sample agreed that living in Windsor was advantageous at this time. The economy of Michigan, and more particularly Detroit, seemed to be healthier than that of the adjoining Canadian region. Also, at that time, there were no employment restrictions. Working visas were not required, nor even heard of by the many members of the sample who worked in factories, offices and retail outlets in the Greater Detroit area.

Another major negative result of the period of the Depression years in Canada's history, is that a high percentage of the present 'most elderly' population had minimal education. The education levels of the sample of 'most elderly' men and women in Windsor appears to display a

greater disparity than that of the country as a whole. The sample group represent a 68/32 % split in the amount of education received. That is, 68% had less than a grade nine education, whereas 32% attained post-elementary school training in high school, vocational/trade schools, through apprenticeships or a university degree. Comparatively, on a national basis, a survey done in 1981 found that 63% of those who are today's 'most elderly' had less than a grade nine education. The remaining 37% of the population had attained certificates, diplomas or degrees indicating higher levels of education. By contrast, the survey conducted fourteen years ago indicated that 80% of the adults then between twenty-five and sixty-four years of age had education levels of high school or better (Baker 1988:61).

The Depression years were a time of great uncertainty. Except for those who were part of a family industry that managed to survive, most of the members in the sample, at best, found temporary work. Seasonal labour offered the most frequent opportunities for these young adults. This shifting about with no stable financial footing from month to month was a contributing factor in the development of their attitudes, expectations and patterns of behaviour (Dion 1935; Novak 1988). They saved any money that was excess to their needs. Money was invested in property, a tangible insurance against possible future economic problems (McPherson 1990). Their expectations, as one of the men in the research sample stated,

"went as far as the end of my arm." With no social safety nets; no unemployment insurance, social welfare, family allowance or pension plan, working adults were responsible for the young and the old, and those in between who were not working members of the family (Myers 1986; Myles 1988).

Another outcome of these years of insecurity was that most of the cohort of the sample group of eighty-five years and older married later than their parents' generation or their children's peers (Dion 1985; Baker 1990). Specifically, both men and women stayed within their family unit into their late 20s and early 30s in order to contribute to the general household upkeep. Nine percent of the research group physically and financially maintained their parents until the death of the parents. Some married after these obligations were over. Some remained single, having long passed the usual 'window of opportunity' to find a helpmate of their age. The pervading lack of opportunity to earn a stable income that would support a family was another governing factor in delaying marriage plans. In these earlier times, today's 'most elderly' did not have reliable birth control methods (Baker 1988), and more importantly, nor would they have had the moral approval of society to consider such measures to curtail the financial responsibility of children (Baker 1990). It is noteworthy that only those members of the sample who came from secure financial backgrounds married before the age of twenty-five.

3. World War Two

The third historical event that was deemed influential in the lives of the 'most elderly' was the Second World War years of 1939 to 1945. As indicated earlier, the men in this age span were beyond conscription age and most of their male children were under the qualifying age at the beginning of the conflict. Many of the men and women did volunteer for service, but these are represented by only one member of the research sample. By this time, the established automobile factories and other industries geared to tooling metal in both Canada and the United States were mobilized for military weaponry. The men who were already part of the industry, became the senior supervisors over a huge influx of untrained staff. Women worked alongside men on the line, either as additional hands or in replacement of men who were called to active military service. Long hours were demanded of these workers and the compensation was commensurate. Wages rose, and there was more discretionary money to spread about.

In addition, time-saving appliances were no longer considered luxuries by women who were working ten to twelve hours a day at an assembly plant. Those appliances that were available in a much diminished domestic manufacturing field were quickly added to these now more affluent households. Men and women who had never invested their excess earnings in anything as intangible as stocks and shares now were urged to by government bonds to fuel the war effort (Terkel 1984; Myers

1986). Money was plentiful but domestic goods were not available or were strictly rationed. Investing in bonds and other enterprises brought these new middle-classes to a financial level of sophistication previously unthought of (Baker 1990). Within five years of the war's end, many of this cohort, now between the ages of forty-five and fifty, had bought homes, or better homes, invested in a seasonal retreat, had modest investment portfolios and were in a position to give their children the educational opportunities that had not been available to them (Myers 1986; Baker 1988).

4. Working Conditions

Many of the men who worked for the auto industry were there before unionization. One of the men told this interviewer that when he began working for the Chrysler organization in 1929, his starting wage was thirty-five cents an hour. Another man went into the then, 'Ford Foundry' in 1935 in the position of electrician to maintain the building equipment. His salary was sixty-five cents an hour, but he was soon moved to a higher wage. Since he was an electrical engineer, he was put in charge of the power plant and his hourly income was raised by ten cents. These two, and others in the sample were inaugural members of the United Auto Workers (UAW) that began the struggle for better wages and conditions, with Walter Reuther at the helm, in 1936 (Cormier and Eaton 1970). The Canadian Auto Workers (CAW) formed their own bargaining unit some years later. One of the men in the

research group began an in-house credit union at one of the factories, and twenty years after retiring is still on the board of trustees. History attests that unions and their bargaining power improved the work conditions and wages considerably, as well as eventually negotiating contracts that provide fringe benefits that make these agreements among the best anywhere.

5. Adjusting to Retirement Years

As we have learned, the men of the sample group remained with an employer for many years, so when they retired from these plants, their retirement packages continue to provide the comfortable lifestyle that their final years of work had made possible (Cormier and Eaton 1970). There were also those members in the sample who had eventually moved into positions of control in family businesses, or had acquired a position of management level with their employers, and were able to maintain their upper or upper-middle class status in retirement. Unfortunately, not all of the members of the sample retired with the same financial security. Of those who immigrated to this area after the Second World War, only two of the men had professions that they continued to pursue. The balance, made up mostly of women, arrived with little or no financial resources. They, like others of the group were not connected to strong unions or had no readily marketable skills, worked in service-type jobs for low wages. These are the elderly who manage on government pensions. They live in

government subsidized housing, or manage to pay the utilities and taxes on their small homes, although these dwellings begin to show the signs of financial neglect of maintenance.

IV OTHER AREAS OF CONCERN

These last, the 'most elderly' who live at, or just over the edge of poverty require the attention of some level of government, be it community, provincial or federal. These are the elderly who first begin to show signs of health-related frailty (Baker 1990; Hall 1990). As was demonstrated in various profiles of elderly people, the majority of the sample group, who appear representative of their peers in general, cluster in the areas describing self-assured, well adjusted people interested in the society around them and who wish to remain as involved as possible. One of the sponsors of this paper, Windsor Centres for Seniors, listed more than 300 members over the age of eighty-five. Yet, among those with whom this writer made contact, only two were sufficiently mobile and vigorous to spend time at either of the two locations on a regular basis. The centres, in addition to providing entertainment, craft resources and a daily meal at noon, arrange for a nurse and a podiatrist to be on premises on a regular basis. Unfortunately, those members who are too frail or too poor for the trip to one of the centres are unable to avail themselves of any of these provisions. Admittedly, the centres do not have the funds for a

comprehensive outreach program. Yet, some level of health care, taking a holistic approach to long-term care, may see this organization as the ideal avenue for administering, on an in-home basis, to an elderly population who wish to remain in their own homes, and do not require the more intense attention provided in homes for the aged or a chronic care facility. Possibly one reason this type of financial solution is not being entertained is because most government policy makers in Canada and the United States, by the very nature of the electoral system, are people in a financial bracket that can readily provide them or their relatives with the type of comprehensive personal care offered at 'for profit' senior residences, or alternately a live-in companion. Thus, removed from the reality of living which many elderly experience, the funding agencies continue to funnel money for elder care into non-profit institutions that must operate in a manner that Goffman (1961a) described as providing supervision for the greatest number of charges (clients, patients) with the fewest possible caregivers. Admittedly, institutional life for the elderly frail is not as restrictive and dehumanizing as it was thirty-five years ago when Goffman did his studies on institutional living, but neither is it a home away from home.

V RECOMMENDATIONS FOR GOVERNMENT PROGRAMS

Equally important as the type of care offered in an institutional setting is the great cost of this type of housing. If the cost were reflected in the quality of care provided, and the satisfaction derived thereof by the residents, then it might be justified. Sadly, neither result is evident. Aronson (1993) explored the purpose and accomplishments of the various open forums held in the province of Ontario to solicit consumer involvement in policy decisions on long-term care for the province's elderly population. Since her observations and perspective on the subject closely parallel those of this author, the following comprehensive summary of her article is offered.

Aronson insists in this 1993 article, "Giving Consumers a Say in Policy Development", that it is necessary to solicit user involvement in determining the requirements of residents of institutional settings. As well, government funds could be better allocated for community services if those seeking the assistance are consulted. It should be a 'given' that the consumer, whether resident or client, will have a different perspective and experience of their situation and of getting their needs met than those planning and providing the funding and services. Consumer input should be a primary contribution to the decision making, to attune policies and programs more closely to their needs and priorities. Unfortunately, federal and provincial public consulting processes have been highly

publicized but have produced very little change or accommodation at the consumer level. There seems to be a problem of translation. Representatives of government bodies at these hearings look for a greater sophistication from the elderly contributors than is often present. When there is participation by the older population it is usually in the nature of a question, an anecdote or a worry. Sadly, these anxieties are often dismissed if they are not accompanied with solutions or remedies. It is deplorable to ignore the elderly's concerns about ageism and marginalization because they have no suggestions to repair the root problem.

Even when it appears that some note has been made of the concerns of the elderly, their participation ends there. Further consultation to set priorities and allot funding does not include participation by the older consumer. In addition, any recommendations made by the facilitators of such conferences are filtered through a battery of policy makers. Does it surprise anyone then, that even our long-suffering elderly lose patience? Aronson noted that after the publication of the findings from a 1991 symposium for 'Redirection of Long-Term Care and Support Services in Ontario', one of the participants spoke for many when he observed, "The government is saying to us: 'You talk, and I'll do what I want to do'" (Aronson 1993:373).

Beyond listening and acting upon the changes and additions that the present 'most elderly' see as necessary in

current long-term care programs, the mandated government bodies need to search out new ways of maximizing placement of the ever-diminishing funds. Ladd and Hannum (1992) wrote about an alternative living condition that is being undertaken by a number of American states. The Adult Foster Care program in Oregon which they describe mirrors the experience of this author in Michigan. The Oregon program was instigated in 1970 as an option to long-term care in state or private nursing facilities. The goal of the program is to promote the greatest possible degree of independence and quality of life in a home-like setting, while providing the elderly with basic services such as meal preparation, housekeeping, transportation, as well as assistance with activities of daily living (ADL's) and medication. Entrance for an elderly person to such a system is either by direct contact, or arranged through the Department of Social Work or a local visiting nurses service.

All Adult Foster Care homes (AFC's) must be licensed under state law. In Oregon, these homes, licensed by and under the administration of the Department of Human Resources, are authorized for no more than five residents. This writer's experience in Michigan was in a home with a license and capacity for six clients. Furthermore, during the two year gerontology program, houses that accommodated up to eighteen residents were visited. The breadth and scope of the license is dependent on the environment of the house and the training

of the attendant caregivers. The narrowest licenses may permit only basic services such as meal preparation, ADL's, non-invasive (hypodermic) medication administration and transportation. Some homes may be modified for wheelchair and walker access. If the accommodations meet the department standards, then the license reflects this additional capacity. When the care providers have advanced training, the AFC's are permitted to provide more complex care. Often in these circumstances one of the owners is a nurse, or arrangements have been made for a nurse to make regular visits to provide assistance to residents who are more dependent. At times, these visiting nurses are permitted under department supervision to instruct the non-professional caregivers in some of these advanced procedures (Ladd and Hannum 1992).

Usually, residency in Adult Foster Care is for long-term care for the frailty of advanced aged or a progressive debilitating condition. Those AFC's with limited licenses eventually must transport their clients who are close to death to acute care or nursing facilities. However, with some ingenuity, and the cooperation of the various agencies involved, more and more often hospice services are utilized to allow residents to die in this -- their last -- home setting (Ladd and Hannum 1992).

Licensing of these homes stipulates that there must be a competent caregiver present twenty-four hours a day. All managers and caregivers in Oregon are required by Oregon law

to initially attend 18 hours of training, with an additional ten hours of upgrading each year. Topics covered are care practices, fire safety, communication skills and problem solving, among others (Ladd and Hannum 1992). There is a similar program in Michigan for those offering care to the elderly and who have not received gerontological training at the college level. In light of expanding need for diminishing funds available for medical and nursing care in Canada, the Adult Foster Care program should be seriously investigated and considered. It has been proven, through years of application in the states of Oregon (Ladd and Hannum 1992) and Michigan, to be a viable, cost-effective long-term care option.

VI FURTHER RESEARCH

There are two subjects that need to be addressed but are beyond the scope of this thesis. They both concern the psychological health of the 'most elderly'. One topic is loneliness. As noted earlier, this was a pervasive condition among the research sample of these Windsor elderly. The emptiness left by death or distance of friends and family cuts across all social and financial strata. This condition is ignored at the peril of community, family and the elderly. Particularly at risk are the older population who, for a variety of reasons, live in isolation from the community. They may be a married couple, siblings, or, as is the usual case, seniors living in their own homes or in an apartment

that is not part of a retirement complex. Organized visiting is within the scope of most community and service organizations. What Leutz, Capitman, MacAdam and Abrahams (1992) define as Care Management (CM) begins with a comprehensive list of the number of elderly population in a given area and analyses of their needs. The organization of visitors, dispatching and accountability could easily be subsumed under the outreach programs of community hospitals, visiting nurses services and community clubs and organizations, particularly those who have a number of elders as members, or target the older population for their membership. Centres, such as Windsor Centre for Seniors, who have locations where daily activities are available (Martico-Greenfield 1990), are the ideal starting grounds for the type of far-reaching care management Leutz et al. (1992) envisioned. Too many elderly are forgotten and left on their own, particularly when they are no longer actively involved in the daily flow of society. These forgotten elderly are the new targets of petty crooks playing 'protection' games, but they are rank amateurs compared to the smooth well-oiled systems of extraction that have been perfected by cults. Catherine Collins and Douglas Frantz report in AARP magazine, Modern Maturity, June 1994, that cults have come to the realization that they can fill their coffers to overflowing with a little friendly attention toward the countless neglected elderly. These people are caring, careful and

thoroughly dangerous. They mark those elders in a community who appear to be comfortable, but they do not neglect those who have little more than government pension cheques (Collins and Frantz 1994). They make it their business to know who has been recently widowed or suffered some other bereavement. The cult recruiters develop just the right empathic demeanour to insinuate themselves into the painful vacancy. Since most of the present 'most elderly' have some religious affiliation, this is emphasized as being a mutual interest. The couple or single target is cosseted, needs or wishes are anticipated and fulfilled and loneliness is wiped away. Someone loves them, wants to look after them, even their financial concerns will be taken care of. All that is required is that they sign everything over to this loving, caring group and they will be cherished for the rest of their lives. Collins and Frantz (1994) interviewed lawyers who had represented families attempting to recover funds given to cults. They talked to psychologists who had treated thousands of former cult members. They had spoken to family members who, too late, learned that parents or other elder relatives had sold their homes and turned everything over to groups such as David Koresh's Branch Davidians. The report that there were a number of elderly followers among the seventy-five that perished in the fire at Waco, Texas prompted this investigation that appeared in 1994. This is an American story about elder Americans, but to believe it could never

happen in Canada would be remiss, and a case of criminal neglect of our 'most elderly' population.

The second subject that is suggested as a topic to be addressed in further research is what avenues of public and private education are being pursued and utilized to lessen the levels of stereotypical ageism that still inhibits the elderly from being interested in or expressing the emotions that younger members of society claim as their right. In an earlier chapter the author commented on the warm physical relations between couples during the interviews. However, the misconceived stereotyping of the elderly (Riley, et al 1968a) by society in general and the younger generations in particular continues to deprive the elderly of a relaxed, accepting atmosphere where they may express their emotions. The two 'for profit' retirement complexes accommodate married couples and encouraged mixed activities when men and women can seek each other's company. One of the 'non-profit' facilities attempts to keep married couples together.

Kupetz (1994) decried the ageistic fables that equate aging with a time of misery, social isolation, asexuality, ill health, irritability and an unyielding perspective. Such misconceptions need to be combatted through teaching the younger generations that aging is the constant thread in the continuum of life. Shattering the stereotypical image can be accomplished by providing accurate knowledge about the elderly

and developing a positive attitude toward our own aging (Holosko and Holosko 1991).

The socialization of the present day 'most elderly' was such that they seek the approval of society to maintain their comfort zone of living (Neugarten 1968; Stryker 1980). They know too well the stereotype they are expected to portray, and so they remain alone and lonely. The widowed men rarely look to replace a lost companion, and the women in this age bracket have even less opportunity to find a helpmate for their last years.

VII CONCLUSIONS

Due to the limitation of the pool of subjects available to the author, it was not possible for this research to include members of ethnic backgrounds and cultures other than European. Further, access to those at the lowest financial stratum in Windsor was not possible. However, that being said, the lives of the members of this sample are perceived to closely parallel much of the research done on the 'most elderly'. Generally, they live lives of contentment, and their self-esteem appears to be intact. In most ways, they have made important decisions in their lives. Granted, failing sight and hearing for some, and diminished physical strength for all has curtailed their activities. Yet, even these symptoms of the passing of time seem to have been accepted with equanimity. In some instances, there has been

a necessary retrenchment of lifestyle (Rose 1968; Bell 1976; Staus, Aldrich and Lipman 1976). However, from the personal observation of this researcher, with few exceptions, this is a well-adjusted group.

As hypothesized earlier, this research has shown that the 'most elderly', as represented by the sample group, vary in personality and coping profiles as do people of all ages. Second, the present population of 'most elderly' have lived through a unique period of history which has honed their personalities and characters. Although they share the marks of senescence in varying degrees, most of them have wisdom and understanding that can only be gained through a long life. Society would do well to tap these resources rather than shelving them as has been done in the past.

Bernice Neugarten, one of North America's most knowledgeable students of aging and the elderly, reminds us that age designations remain fluid and will continue to be an arbitrary bench mark as medicine and science finds new ways to provide us with healthier, longer lives. When the 'baby boom' bulge matures, there will be more seniors than infants, children and adolescents combined (Neugarten 1968). It is imperative that the needs, resources and continued involvement of the 'most elderly' be studied in the broadest sense possible (Holosko and Holosko 1991). It is paramount that government bodies at the community, provincial and federal levels, as well as those service agencies which target the

older population as their clientele, find ways and means to involve and consult these consumers to meet the expectations of the older segment of Canadians, and develop methods of doing so through more economical and imaginative ways than are now in place.

APPENDIX A

Consent Form (Interview)

This study is conducted by a graduate student from the department of Sociology and Anthropology, University of Windsor, To fulfil her thesis requirement. The purpose of the study is to determine what arrangements are in place or being developed for the long-term care of the 'most elderly' (those 85 years plus) in the city of Windsor.

In an effort to assess the impact of historical developments, some questions regarding your life experiences will be included. All interviews will be kept in strict confidence. All information will be used exclusively for the purpose of this study. All participants in the interviews will remain anonymous and, upon request, will be provided with a copy of the survey results.

Participation in the research project is voluntary. The interviewee has the right to refuse to answer any question(s). The interviewee may terminate the session at any time.

If there are any questions regarding this study, please contact:
Margomary Hawkes at (519) 253-4232, ext. 2191 or (519) 253-7856, or contact the Department of Sociology and Anthropology Ethics Committee at (519) 253-4232, ext. 2190.

There are two copies of this consent form. Please sign both, and keep one for your records.

I, _____, understand the information given above, and voluntarily consent to participate in this research. I further understand that I may, at my discretion, terminate the interview at any time and/or refuse to answer any question(s).

(signature)

(date)

APPENDIX B
UNIVERSITY OF WINDSOR
EXPLORATORY SURVEY TO DEVELOP A SOCIAL PROFILE OF
PEOPLE 85 YEARS AND OLDER

1. Sex _____
1___MALE 2___FEMALE
2. What is your age group? 1___85-89 2___90-94 3___95+
3. Was your family in Canada at the outbreak of the First World War? 1___Yes
2 No, we lived in_____
4. How did the First World War affect your family and you in particular?

5. Were you and your family affected by the Great Depression of the late 1920's -- early 1930's?

6. How did the Second World War Affect you and your family?

7. Where did you live during these years?

WW I_____

Depression_____

WW II_____

8a. (MEN) What type of work have you done over the years?

8b. (WOMEN) What type of work did you do outside your home?

c. (Women) Was this wage required to support your family?

1___Yes 2___No

9. Do you have family in the area? 1___No

Yes 2 Brothers___ 3 Sisters___ 4 Sons___

5 Daughters___ 6 Grandsons___ 7 Granddaughters___

8 Other_____

10. How often are you in contact family members?

(Code:1 never 2 Special Occasions 3 Weekly 4 daily)

1 Brothers (1 2 3 4) 2 Sisters (1 2 3 4)

3 Daughter(s) (1 2 3 4) 4 Son(s) (1 2 3 4)

5 Grandchildren (1 2 3 4) 6 Other (1 2 3 4)_____

11. Do you have a group of friends in the area? 1___No

Yes 2___Male 3___Female

12. Where do you see your friends?

1___Your Home 2___Their Home 3 Other_____

13. What is your usual means of contact with family and

friends? 1___Visiting 2___telephone

14. What are your living arrangements?

1__Alone 2__With Spouse 3__With Child (Son/Daughter)

4 Other_____

15. How often do you attend the Senior's Centre?

1__Daily 2__Once A Week

3 Other_____

16. What other community services are you aware of?

1__None 2 other_____

17. What other organizations do you actively attend?

1__None 2 Other_____

18. (If the interviewee lives alone)

a) Do you require help with maintaining your home?

1__Yes 2__No

b) Do you require help with your daily activities?

1__Yes 2__No

c) Do you require help with meal preparations?

1__Yes 2__No

19. (If the response to a, b or c is Yes)

Who provides this help?

1__Family 2__Friends 3 Other_____

20. Do you feel confident in your ability to get out to shop and attend medical appointments or other out-of-home activities? 1__Yes 2__No 3 Other_____

21. On the whole, how satisfied would you say you are with your way of life today?

1__Extremely Satisfied 2__Quite Satisfied

3__Satisfied 4__Not Satisfied

22. What community programs would you like to see developed that might help you maintain a relatively independent and secure lifestyle?

23. What are your reflections on your own death?

BIBLIOGRAPHY

- Aronson, Jane.
1993 Giving Consumers A Say In Policy Development:
Influencing Policy Or Just being Heard? Canadian
Public Policy 19(4):367-78.
- Baker, Maureen.
1988 Aging In Canadian Society: a survey. Toronto:
McGraw-Hill Ryerson Limited.
- Baker, Maureen.
1990 Families: Changing Trends in Canada. Toronto:
McGraw-Hill Ryerson Limited.
- Barer, Barbara M.
1994 Men and Women Aging Differently. International
Journal of Aging and Human Development 38(1):29-40.
- Bell, Bill D.
1976 Role Set Orientation and Life Satisfaction.
In J. F. Gubrium (Ed.). Time, Roles, and Self In
Old Age (pp.148-64). N.Y.: Human Sciences Press.
- Bercuson, David J., and Granatstein, J. L.
1988 Canadian Facts and Dates. Don Mills, Ontario:
Collins Publishers.
- Biddle, Bruce J. and Thomas, Edwin J.
1966 The Nature And History Of Role Theory. In B. J.
Biddle and E. J. Thomas (Eds.). Role Theory:
Concepts and Research (pp.3-17). N.Y.: John Wiley &
Sons, Inc.
- Biddle, Bruce J.
1979 Role Theory: Expectations, Identities, and
Behaviors. N.Y.: Academic Press.
- Biddle, B. J.
1986 Recent Developments In Role Theory. In R. H.
Turner and J. S. Short Jr. (Eds.). Annual Review of
Sociology Vol. 12 (pp.67-92). Palo Alto, Ca: Annual
Reviews Inc.
- Broadfoot, Barry.
1973 Ten Lost Years, 1929-1939: Memories of Canadians
Who Survived the Depression. Toronto: McClelland
and Stewart.

- Broadfoot, Barry.
1977 Years of Sorrow, Years of Shame: The Story of the Japanese Canadians in World War II. Toronto: Doubleday Canada.
- Broadfoot, Barry.
1986 The Immigrant Years: From Europe to Canada 1945-1967. Vancouver: Douglas & McIntyre.
- Bultena, Gordon and Powers, Edward.
1976 Effects of Age-Grade Comparisons on Adjustment in Later Life. In J. F. Gubrium (Ed.). Time, Roles and Self In Old Age (pp.165-78). N.Y.: Human Sciences Press.
- Burgess, Ernest Watson.
1960 Aging in Western Culture. In E. W. Burgess (Ed.). Aging in Western Societies (Pp.3-28). Chicago: University of Chicago Press.
- Cameron, Norman Alexander.
1950 Role Concepts in Behavior Pathology. American Journal of Sociology 55:464-67.
- Cameron, Norman Alexander and Ann Margaret.
1951 Behavior Pathology. Boston: Houghton-Mifflin. Prentice Hall.
- Carp, Frances M.
1989 Maximizing Data Quality in Community Studies of Older People. In M. P. Lawton and A. R. Herzog (Eds.). Special Research Methods for Gerontology (pp. 93-122). Amityville, N.Y.: Baywood Publishing Company, Inc.
- Cicourel, Aaron Victor.
1972 Cognitive Sociology. N.Y.: Free Press.
- Collins, Catherine and Frantz, Douglas.
1994 Let Us Prey: Cults. They're Insidious, They're Dangerous, and They Want You. Modern Maturity 37(3):23-32.
- Cooley, Charles Horton.
[1902] 1964 Human Nature and the Social Order. N.Y.: Schocken Books.
- Cormier, Frank and Eaton, William J.
1970 Reuther. Englewood Cliffs, N.J.: Prentice-Hall, Inc.

- Dion, Karen K.
1985 Socialization in Adulthood. In G. Lindzey and E. Aronson (Eds.). Handbook of Social Psychology Vol.1 (pp. 123-44). N.U.: Random House.
- Doty, Pamela.
1993 International Long-Term Care Reform: A Demographic, Economic and Policy Overview. Journal of Cross-Cultural Gerontology 8(4):447-61.
- Durkheim, Emil.
[1893] 1984 [De La Division du Travail Social]
The Division of Labor in Society. London: Macmillan.
- Feifel, Herman.
1959 The Meaning of Death. N.Y.: McGraw-Hill.
- Feit, Marvin D. and Cuevas-Feit, N. M.
1991 An Overview of Social Work Practice with the Elderly. In M. J. Holosko and M. D. Feit (Eds.). Social Work Practice with the Elderly (pp. 1-16).
- Ferguson, Jack, & van den Hoven, Adrian
1992 "Perception of Needs For Francophone Social Services." Ontario Ministry Community and Social Services, Windsor, Ont. Unpublished research report.
- Forbes, William F., Jackson, Jennifer A., and Kraus, Arthur S.
1987 Institutionalization of the Elderly in Canada. Toronto: Butterworth Group.
- Gee, Ellen M. and McDaniel, Susan A.
1994 Social Policy for an Aging Society. In V. Marshall & B. McPherson (Eds.). Aging: Canadian Perspective (pp. 219-31). Peterborough, Ont.: Broadview Press.
- Goffman, Erving.
1961a Asylum. Chicago: Aldine Publishing Company.
- Goffman, Erving.
1961b Encounters. Indianapolis: Bobbs-Merrill Company, Inc.
- Goffman, Erving.
1966 Presentation Biases. In B. J. Biddle and E. J. Thomas (Eds.). Role Theory: Concepts and Research (pp. 201-06). N. Y.: John Wiley & Sons, Inc.

- Gordon, Chad.
 1972 Role and Value Development Across the Life Cycle.
 In J. A. Jackson (Ed.). Role (pp. 65-105).
 Cambridge: Cambridge University Press.
- Greeley, Andrew M.
 1990 All About Women. N.Y.: Tom Doherty Associates,
 Inc.
- Hall, Ralph E.
 1990 Day Care and the Continuum of Care. In E. H. P.
 Killeffer and R. Bennett (Eds.). Successful Models
 of Community Long Term Care Services for the
 Elderly (pp. 25-30). N.Y.: The Hawthorn Press.
- Haldemann, Verena, and Wister, Andrew.
 1944 Environment and Aging. In V. D. Marshall & B. D.
 McPherson (Eds.). Aging: Canadian Perspectives (pp.
 36-50). Peterborough, Ont.: Broadview Press
- Havighurst, Robert J., Neugarten, Bernice L., and Tobin,
 Sheldon S.
 1968 Disengagement and Patterns of Aging. In B. L.
 Neugarten (Ed.). Middle Age and Aging (pp. 161-72).
 Chicago: University of Chicago Press.
- Holosko, Michael J, and Holosko, D. Ann.
 1991 What's Unique About Social Work Practice with the
 Elderly? In M. J. Holosko and M. D. Feit (Eds.).
 Social Work Practice with the Elderly (pp. 17-29).
 Toronto, Ont.: Canadian Scholars' Press.
- James, William.
 [1890] 1950 The Principles of Psychology. N.Y.: Dover
 Publications.
- Kroeber, Theodore C.
 1963 The Coping Functions of the Ego Mechanisms. In R.
 W. White (Ed.). The Study of Lives: Essays on
 Personality in Honor of Henry A. Murray (PP. 178-
 98). N.Y.: Atherton Press.
- Kuhn, Manford H., and McPartland, Thomas.
 1954 An Empirical Investigation of Self Attitude.
 American Sociological Review 84, 1-23.
- Ladd, Richard C., and Hannus, Cindy.
 1992 Oregon's Adult Foster Care Program: A Model for
 Community-Based Long-Term Care for Elderly and
 Disabled. Community Alterations 4(2):171-84.

- Leutz, Walter N., Capitan, John A., MacAdam Margaret, and
Abrahams, Ruby
1992 Care For Frail Elders: Developing Community
Solutions. Westport, Ct.: Auburn House.
- Linton, Ralph.
1936 The Study of Man. N.Y.: Appleton-Century.
- Linton, Ralph.
[1947a] 1958 Concepts of Role and Status. In T. M. Newcomb
and E. L. Hartley (Eds.). Readings in Social
Psychology. N.Y.: Holt (Pp. 367-70).
- Linton, Ralph.
[1947b] 1981 The Cultural Background of Personality.
London: Kegan Paul, Trench, Trubner.
- Lofland, John.
1971 Analyzing Social Settings. Belmont, Ca.: Wadsworth
Publishing Company, Inc.
- Martico-Greenfield, Theresa.
1990 Nursing Home-Based Community Care. In E. H. P
Killeffer and R. Bennett (Eds.). Successful Models
of Community Long Term Care Services for the
Elderly. Binghamton, N.Y.: The Hawthorn Press, Inc.
- Maslow, Abraham H.
1970 Motivation and Personality (Revised Ed.). N.Y.:
Harper & Row.
- Mead, George Herbert.
[1934] 1962 Mind , Self and Society. Chicago: University
of Chicago Press.
- McGraw, Harold W. Jr. (Gen. Ed.).
1973a McGraw-Hill Encyclopedia of World Biography
Vol.3. N.Y.: McGraw-Hill, Inc.
- McGraw, Harold W. Jr. (Gen. Ed.).
1973b McGraw-Hill Encyclopedia of World Biography
Vol.4. N.Y.: McGraw-Hill, Inc.
- McPherson, Barry D.
1990 Aging as a Social Process. Markham, Ontario:
Butterworths Canada Ltd.
- Merton, Robert K.
1966 Instability and Articulation in the Role-Set. In B.
J. Biddle and E. J. Thomas (Eds.). Role Theory:
Concepts and Research (pp. 282-87). N.Y.: John
Wiley & Sons, Inc.

- Moore, Eric G., and Rosenberg, Mark W.
 1994 Residential Mobility and Migration Among Canada's Elderly. In V. W. Marshall & B. D. McPherson (Eds.). Aging: Canadian Perspectives (pp. 51-69). Peterborough, Ont.: Broadview Press.
- Moreno, Jacob L.
 1933 Psychological and Social Organization of Groups in the Community. In G. B. Smith (Ed.). Proceedings and Addresses of the Fifty-seventh Annual Sessions of the American Association on Mental Deficiency Vol.38 (pp. 224-48). N.Y.: Johnson Reprint Corporation.
- Moreno, Jacob L.
 [1934] 1960 Role In J. L. Moreno (Ed.). The Sociometry Reader (pp. 80-86). Glenco, Ill.: Free Press.
- Marino, Susan.
 1991 Selected Problems in Counselling the Elderly. In M. J. Holosko and M. D. Feit (Eds.). Social Work Practices with the Elderly (pp. 47-75).
- Morton, Kathryn.
 1984 The Story-Telling Animal. The New York Times Book Review 23 December 1984 (sec. 7, pp.1-2).
- Myers, Jay.
 1986 Canadian Facts & Dates. Markham, Ontario: Fitzhenry & Whiteside.
- Myles, John
 1988 Social Policy in Canada. In E. Rathbone-McCuan and B. Havens (Eds.). North American Elders: United States and Canadian Perspectives (pp. 37-69). N. Y.: Greenwood Press.
- Neugarten, Bernice L., Havighurst, Robert J. and Tobin, Sheldon S.
 1961 The Measurement of Life Satisfaction. Journal of Gerontology 16:134-43.
- Neugarten, Bernice L., Crotty, William J. & Tobin, Sheldon S.
 1964 Personality Types in an Aged Population. In B. L. Neugarten (Ed.). Personality In Middle And Late Life: Empirical Studies (pp. 158-87). N.Y.: Atherton Press.

- Neugarten, Bernice L. and Miller, David L.
 1964 Ego In the Middle and Later Years: A Further Exploration. In B. L. Neugarten (Ed.). Personality In Middle And Late Life: Empirical Studies (pp.105-13). N.Y.: Atherton Press.
- Neugarten, Bernice L.
 1968 Adult Personality: Toward A Psychology Of The Life Cycle. In B. L. Neugarten (Ed.). Middle Age and Aging (pp.137-47). Chicago: University of Chicago Press.
- Novak, Mark W.
 1988 Aging and Society: A Canadian Perspective. Scarborough, Ont.: Nelson Canada.
- Ontario Ministry of Health, Ministry of Community and Social Service, Ministry of Citizenship.
 1993 (May) Building Partnerships in Long-Term Care: A New Way to Plan, Manage and Deliver Services and Community Support. Toronto: Queen's Printer for Ontario.
- Parsons, Talcott and Shils, Edward A.
 1966 The Content of Roles. In B. J. Biddle and E. J. Thomas (Eds.). Role Theory: Concepts and Research (pp. 239-42). N. Y.: John Wiley and Sons, Inc.
- Registered Nurses Association of Nova Scotia.
 1985 Model For Home Care in Nova Scotia. Halifax, N.S.: Registered Nurses Association of Nova Scotia.
- Riley, Matilda White, Foner, Anne and Schein, Virginia E.
 1968a The Self. In M. W. Riley and A. Foner (Eds.). Aging and Society Volume one: An Inventory of Research Findings (pp.289-313). New York: Russell Sage Foundation.
- Riley, Matilda White and Foner, Anne.
 1968b Structure of Roles. In M. W. Riley and A. Foner (Eds.). Aging and Society Volume one: An Inventory of Research Findings (pp.409-20). New York: Russell Sage Foundation.
- Riley, Matilda White, Johnson, Marilyn and Foner, Anne.
 1972 Role Exit. In M. W. Riley, M. Johnson and A. Foner (Eds.). In Aging and Society Volume 3: A Sociology of Age Stratification (pp. 537-62). N.Y.: Russell Sage Foundation.

- Rose, Arnold M.
 1968 The Substructure Of The Aging: A Topic For Sociological Research. In B. L. Neugarten (Ed.). Middle Age And Aging: A Reader In Social Psychology (pp.29-34). Chicago: University of Chicago Press.
- Rowe, Alan R.
 1976 The Retired Scientist: The Myth of the Aging Individual. In J. F. Gubrium (Ed.). Times, Roles, and Self In Old Age (pp.209-19). N.Y.: Human Sciences Press.
- Sager, Alan Peter.
 1983 Planning Home Care With The Elderly. Cambridge, Mass.: Ballinger Publishing Company.
- Sarbin, Theodore R.
 1943 The Concept of Role-taking. Sociometry 6:273-85.
- Sarbin, Theodore R.
 1959 Role Theory. In G. Lindzey (Ed.). Handbook of Social Psychology Vol. I (pp.223-58) Reading, Mass.: Addison-Wesley Publishing Company, Inc.
- Sheehy, Gail.
 1976 Passages: Predictable Crises of Adult Life. N.Y.: E.P. Dutton & Company, Inc.
- Shneidman, Edwin S.
 1963 Orientations Toward Death. In R. W. White (Ed.). The Study of Lives (pp. 200-227). N.Y.: Prentice-Hall, Inc.
- Shukin, Alexey and Neugarten, Bernice L.
 1964 Personality and Social Interaction. In B. L. Neugarten (Ed.). Personality In Middle And Late Life :Empirical Studies (pp.149-57). N.Y.: Atherton Press.
- Statistics Canada
 1992 (September) Population and Dwelling Characteristics: Age, Sex and Marital Status 1991 Cat. 93-101. Ottawa: Ministry of Supply and Services.
- Steib, Gordon F. and Schneider, Clement J., S.J.
 1971 Retirement in American Society: Impact and Process. Ithica: Cornell University Press.

- Strauss, Harold, Aldrich, Bruce W., and Lipman, Aaron.
1978 Retirement and Perceived Status Loss: An Inquiry into Some Objectives and Subjective Problems Produced by Aging. In J. F. Gubrium (Ed.). Times, Roles and Self in Old Age (pp. 220-34). N.Y.: Human Sciences Press.
- Stryker, Sheldon.
1980 Symbolic Interactionism: A Social Structural Version. Menlo Park, Ca.: The Benjamin/Cummings Publishing Co.
- Terkel, Studs.
1970 Hard Time: An Oral History of the Great Depression. N.Y.: Pantheon Books.
- Terkel, Studs.
1984 The Good War: An Oral History of World War Two. N.Y.: Pantheon Books.
- Terkel, Studs.
1988 The Great Divide: Second Thoughts on the American Dream. N.Y.: Pantheon Books.
- Thomas, Edwin J. and Biddle, Bruce J.
1966a The Nature and History Of Role Theory. In B. J. Biddle and E. J. Thomas (Eds.). Role Theory: Concepts and Research (pp. 3-19). N.Y.: John Wiley & Sons, Inc.
- Thomas, Edwin J. and Biddle, Bruce J.
1966b Basic Concepts for Classifying the Phenomena of Role. In B. J. Biddle and E. J. Thomas (Eds.). Role Theory: Concepts and Research (pp. 23-45). N.Y.: John Wiley and Sons, Inc.
- Turner, Ralph.
1966 Role-Taking, Role Standpoint, and Reference-Group Behavior. In B. J. Biddle and E. J. Thomas (Eds.). Role Theory: Concepts and Research (pp. 151-59). N.Y.: John Wiley and Sons, Inc.
- Turner, Ralph H.
1978 The Role and the Person. American Journal of Sociology 84, 1-23.
- Unger, Frederick
1986 Introduction. In Fritz E. Schmerl. The Challenge of Age (pp. iii-v). N.Y.: The Continuum Publishing Company.

- Victor, Christina R.
1987 Old Age in Modern Society: A Textbook of Social Gerontology. London: Croom Helm Ltd.
- Weinstein, Eugene A., and Tanur Judith M.
1976 Meanings, Purposes, and Structural Resources in Social Interaction. The Cornell Journal of Social Relations 11, 105-10.
- White, Robert W.
1963 Preface. In R. W. White (Ed.) The Study of Lives: Essays on Personality in Honor of Henry A. Murray (pp. xiii-xvii). N.Y.: Atherton Press.
- Wyatt, Frederick,
1963 The Reconstruction of the Individual and of the Collective Past. In R. W. White (Ed.). The Study of Lives (pp.304-320). N. Y.: Prentice-Hall, Inc.

VITA AUCTORIS

Margomary Hawkes was born in Regina, Saskatchewan where she attended elementary school and a private high school on scholarship. Marriage took her to British Columbia. After her three children were well launched into their adult careers, Margomary decided to continue her education. She completed two years of concentrated gerontological studies, which was partially financed by the Arnold Scholarship, at Mott Community College, Flint, Michigan. Margomary was accepted at the University of Windsor September 1990 and, with full credit for the Gerontology courses, was able to enter the third year of the undergraduate program in Sociology. She received her honours Bachelor of Arts degree in 1992. Currently, Margomary is a candidate for Master of Arts in Sociology. She will work with the elderly in southern California.