Seven variables influencing life satisfaction of the aged

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Abstract
This paper deals with the topic of life satisfaction of the aged, a rapidly growing segment of the population of the United States. The aged are persons found in many groups which constitute our society—racial, economic, education, geographic, political, and sexual. Persons who are considered aged are those who are sixty-five years of age or older. The age of sixty-five can be considered an arbitrary point, since a person does not suddenly become aged. Some persons of sixty-five years are retired, others are not; some may be healthy and active, while others are sickly and inactive; some may be involved, motivated citizens, while others are completely disengaged and only waiting for death. As in any designated age group of the population, individuals of this age group show differences from individual to individual; although there are common transitions that the aged must confront.
SEVEN VARIABLES INFLUENCING LIFE SATISFACTION OF THE AGED

A Research Paper
Presented to
the Department of Educational Administration and Counseling
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
Master of Arts in Agency Counseling

by
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November 1983
This Research Paper by: Pamela A. Galbraith
Entitled: Seven Variables Influencing Life Satisfaction of the Aged

has been approved as meeting the research paper requirement for the Degree of Master of Arts.

11/14/83
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11/14/83
Date Received

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11/16/83
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Chapter 1
Introduction

Demographics

This paper deals with the topic of life satisfaction of the aged, a rapidly growing segment of the population of the United States. The aged are persons found in many groups which constitute our society—racial, economic, education, geographic, political, and sexual. Persons who are considered aged are those who are sixty-five years of age or older. The age of sixty-five can be considered an arbitrary point, since a person does not suddenly become aged. Some persons of sixty-five years are retired, others are not; some may be healthy and active, while others are sickly and inactive; some may be involved, motivated citizens, while others are completely disengaged and only waiting for death. As in any designated age group of the population, individuals of this age group show differences from individual to individual; although there are common transitions that the aged must confront.

In the past eighty-three years, the United States has experienced a dramatic shift in the population of people who are sixty-five years or older. In 1900, 4.1% of the total population of the U.S. (3.1 million) was sixty-five or older. By 1970, that percentage had doubled to 9.9%. The older population has steadily increased through the first three quarters of this
century and is expected to continue that growth in the future. In 1970, the percentage of older people in the United States was predicted to reach 10.9% by the year 2000. However, in 1975, the sixty-five and plus group comprised 10.5% of the U.S. population (22.4 million individuals), and is growing by approximately 460,000 persons per year. At present death rates, the older population is expected to increase by 40% (32 million) by the year 2000. If the present low birth rates continue, the 32 million aged will constitute 12.2% of the projected total American population of about 260 million (Kleff, 1981).

Another factor affecting the elderly population is the increase in life expectancy. The life expectancy at birth has increased throughout history. With recent advances in health and medicine, life expectancy is expected to continue to increase. On the average, persons who are sixty years old can expect in this day and age to reach 79 years of age. The average age of persons is increasing. In 1940, the median age of the older population was 71.4 years; by 1970, 72.8 years was the median age; and by the year 2000, the median age is expected to reach 73.9 years (Blake & Peterson, 1979). With these demographic considerations in mind, understanding the factors which promote contentment in the lives of so many persons becomes a very significant concern. Considering increased life expectancy, working with the aged population will involve dealing with a
portion of people's lives that constitutes one-fourth of their life span. It seems very important to understand how variables contribute to an individual being contented with this portion of his or her life—the portion of life that involves retirement which can mean freedom from responsibilities and time for leisure living.

What Comprises Life Satisfaction

One term used to describe the contentment one hopefully finds in their later years is life satisfaction. Satisfaction with one's life is a major component of successful aging. Successful aging is the ability to adapt to changes in one's life that occur as one gets older. Learning to cope with physical, psychological, emotional, and social changes enables one to lead a satisfying life. Satisfaction with one's life is an important determinant of mental health. Thus, life satisfaction of the aged has long been of concern to gerontologists.

There seems to be no universally accepted operational definition of life satisfaction. It is a multi-dimensional concept which measures general affective experience on a positive-negative continuum. Often synonymous with morale and well-being, life satisfaction is often used by social gerontologists as an outcome in studies of adult life. The literature concerning gerontology abounds with writings about the general domain of life quality, life satisfaction, well-being, and morale. Life
satisfaction is perhaps the oldest and most researched subject in social gerontology.

Being satisfied with one's life is associated with how able an aged person is to adjust to changes and losses. Ordinarily, the transition to older age is a period of status and role losses. An example of status loss would be the transition from married status to the status of being widowed. A common example of role loss is the loss of the role as "breadwinner" and provider which results when one retires. The ability to adjust or cope with these losses has been central to the theoretical and empirical development of social gerontology since the beginning of the modern era. The operational definition of adjustment usually has been expressed in terms of morale, happiness, psychological well-being, and life satisfaction.

B. L. Neugarten and her associates (1968) were concerned with developing a multi-dimensional measure that would represent the complexity of psychological well-being. This research identified five components of life satisfaction: (1) zest versus apathy--the degree of involvement in activities, with other persons, or with ideas, (2) resolution and fortitude--the extent persons take responsibility for their own lives, (3) congruence--the extent to which life goals were achieved, (4) self-concept--the person's concept of self, physically, psychologically, and socially, and (5) mood tone--whether the individual holds optimistic attitudes and happy feelings.
Variables of Life Satisfaction

Life satisfaction needs to be viewed in the context of aging, which is part of a life-long developmental process which includes various life stages. Older age is a stage in one's life when many changes occur in physiological, behavioral, and social status. Among several variables subject to change include needs, values, interests, attitudes, emotions, goals, expectations, reference groups, roles, dependence/independence, locus of control, living location, and living arrangements. Single variables often interact with other variables, causing multiple effects. For example, a recently widowed woman may sell her home and move into a retirement center because her family worries about her living alone. The widow gives in to pacify her children. As a result, she experiences various losses--her role as wife in adjustment to widowhood, and shortly later, the loss of her home in the process of changing her living arrangements. She must adjust to a new reference group in her new living conditions and leave her old neighbors, with whom she may have developed some strong friendships. Whether a change is induced sociogenically, psychogenically, or simply physically, it can potentially cause discomfort, anxiety, and/or stress. The widow mentioned above would probably experience a great deal of discomfort and anxiety, since her environment and lifestyle had been greatly altered. Her sense of security (her spouse, her
home, her peer group) most likely would be diminished. Stresses frequently multiply and interact in such a way that an overload results. This overload is overwhelming and eliminates the individual's ability to function in society and everyday living.

The most common variables which potentially cause the most stress in the aged occur as a result of a change, loss, or gain. These variables are: (1) income, (2) living arrangements and location, (3) health status, (4) marital status, (5) relationships with family, (6) relationships with peers, and (7) one's self-concept and attitude towards aging. These are the variables associated with life satisfaction that will be dealt with in this paper.

Income

The first factor or variable influencing life satisfaction to be discussed is income, defined as the amount of money or its equivalent received during a period of time. Inflation is an aspect of the economy which affects the lives of the aged in relation to their income. Inflation is a threat to the elderly's standard of living because many older persons must live entirely or in part on fixed incomes. Many private pensions are not periodically adjusted for inflation and specify that the recipient is entitled to a fixed monthly benefit for life without any provision for the reduction in purchasing power that will occur over the years. A pension which may have provided an
income adequate to meet needs of housing, food, heat, and recreation at the time of retirement may fall far short of enough income to meet these needs fifteen or twenty years later. The erosion of purchasing power due to inflation becomes an increasingly severe problem as an increasing proportion of workers are retiring earlier and living longer. The reduction in purchasing power involves change and adjustment, for an individual on a fixed income may have to restrict needs. This may create stress and eventually affect life satisfaction (Williamson, 1979).

Living Arrangements

Another major category of variables influencing life satisfaction of the aged is living arrangements. This category includes the location of one's residence, the living conditions, and the number of persons in the household. These conditions influence one's life satisfaction in regards to whether one is living where, how, and with whom he or she wishes. Where and how older people live can be the single most important factor in their lives after retirement. The physical and social environments have a major impact on the attitudes and sense of well-being of men and women. Physical and social environments include physical structures, availability of transportation, shopping, medical services, and opportunities for social relationships. One's housing conditions ideally encourage individual development and the realization of a fuller life (Riker, 1979).
Health Status

Health, defined as the state of an individual's physiological functioning at any given time, is the third significant influencer of life satisfaction in the aged. Generally, older age is characterized as a period of physiological, psychological, and social changes that are multiple, profound, and varying in intensity. Biological changes that occur in the older adult's reduced physical ability to adapt to the many changes are: decreased physical energy, reduced effectiveness of control mechanisms that maintain homeostasis in the human body, and the need for an increasing amount of time to recover from physical and mental stress (Macione, 1976). During the later years, normal biological changes that occur may make an individual vulnerable to both acute and chronic illness. Some examples of these changes are as follows: (1) atrophy of sweat glands and subcutaneous tissue leads to decreased ability to perspire and to regulate body temperature, (2) at the age of sixty-five, the ability to adapt to cardiac or vascular stress is reduced by as much as forty percent and continues to decrease as one grows older, (3) in the digestive system, changes take place that interfere with food intake and utilization, (4) the teeth often become worn, (5) taste buds degenerate and as much as eighty percent of the function of taste may be lost, (6) as adults age, their senses decline (fifteen to eighteen percent of the aged
have poor vision and twenty-nine percent of people over age sixty-five have some difficulty with hearing), (7) less efficient digestion and absorption of foods and essential minerals may occur due to the qualitative and quantitative decrease of digestive enzymes, (8) bowel function may become sluggish due to digestive tract muscles weakening and shrinking (Macione, 1976). These examples of possible changes during later life provide potential reasons for the changes in blood pressure, decreased appetite, impaired communication, as well as digestion and bowel function that comprise many of the health complaints of the aged. Also, brain cell degeneration and loss, along with blood vessel changes, present the cause for possible behavioral changes, diminished emotional responses, and lessened adaptability to the environment (Macione, 1976).

Marital Status, Family Relationships, and Peer Relationships

Other major variables are associated with determining life satisfaction and comprise the category of relationships with others. The transition from middle to old age is marked by a change in one's social and family relationships. Significant role changes occur in the family and with friends and neighbors. Widowhood and the residential mobility of adult children may greatly diminish the content of the family role, while the death of peers may restrict involvement with friends and neighbors.
Old age is often accompanied by the prospect of increasing social isolation. Marital status, family relationships, and relationships with peers are all significant influencers of life satisfaction. Becoming widowed is the life event which constitutes the greatest change in the family status of aged people. Widowhood may have deleterious consequences, because of the loss of a central role partner in addition to the lack of cultural expectations regarding the proper role of the widow or widower. The widowed individual may have to realign his or her relationship with other family members and with peers in the absence of his or her spouse. The entire nature of one's family role changes in the post-retirement years. The parental role included children with emotional, social, and financial support. A role reversal often occurs, though, after children mature, leave home, and establish their own lives. The role reversal involves the middle-aged children often providing various kinds of support for their aging parents. In spite of the widespread notion that the advent of the nuclear family has destroyed the extended family network in the United States, results of surveys indicate that there exists a modified extended family, with complicated networks of interaction, service, and aid (Arling, 1976).

Unlike family ties, which remain fairly consistent throughout older age, relations with friends and neighbors are often subject
to variation. Relations with friends and neighbors require a certain amount of initiative by the older person, and these relations easily decline when conditions arise which make interaction difficult. For example, friendships may decrease with age, loss of income, or physical incapacity. In middle age, friendship generally develops around the work setting, through participation in voluntary organizations, or in the neighborhood. Middle-aged couples generally interact with other couples. With retirement, the basis for social ties with work associates declines often due to no day-to-day interaction and the retiree's gradual loss of contact with the concerns of the work setting (Arling, 1976). The widowed individual faces an additional difficulty, for he or she may find it difficult to be with couples in the absence of his or her spouse.

Self-Concept and Attitudes Toward Aging

One's own self-concept and attitudes toward one's own aging is another aspect of life satisfaction in the aged. Erikson (1950) formulated eight stages of ego development that encompass the process of life from birth through old age. Each stage is presented as a developmental conflict, with the successful resolution of each conflict leading to a positive adaptation to one's self, to one's inner demands, and to the demands of the external environment. Erikson's final developmental conflict, ego integrity versus despair, provides a general psychosocial
explanation of older age. The term "integrity" is meant to connote an acceptance of one's life as having been meaningful. To accept one's life as it has been lived may be a difficult task for some. The variable of attitude is one of subjectivity and is a factor that may influence all the aforementioned variables, since one's attitude has a very significant impact on one's physical, emotional, and social life (Brine, 1979).

Statement of Problem and Methodology

Understanding the factors that facilitate America's elderly population to become satisfied with their lives is an ongoing challenge. In this paper, the variables of income, living arrangements, health status, marital status, family relationships, relationships with peers, and attitudes have been explored and analyzed in order to assess the impact they have on the life satisfaction of the aged. Implications for counseling with and social policy for the aged have been presented.

The role of life satisfaction and the variables associated with it have been demonstrated in longitudinal studies, comparison studies of those under sixty-five with those sixty-five years of age or older, and cross-sectional surveys of aged persons alone. In order to develop a more complete understanding of life satisfaction and how it relates to the aged population, this research has reviewed and compared the various studies and surveys dealing with life satisfaction variables. Furthermore, life
satisfaction variables have been examined in order to determine how they interact and lead the aged to either fulfilling, contented lives or purposeless, nonsatisfying lives. For example, having the financial resources to meet one's needs; living in conditions that are safe, secure, and clean; being of physical status without major health handicaps; having an emotionally close, supportive relationship; being fortunate to have supportive, relationships; being fortunate to have supportive, healthy family relations; being involved actively with peers; and possessing an optimistic attitude all blend toward an increased potential for experiencing a satisfying life.

The concept of life satisfaction, viewed as a significant component of mental health and successful aging, is a crucial one to those professionals working with the aged. Counselors, as helping professionals assisting the aged, need to understand what life satisfaction is by knowing what comprises it before it can be facilitated. This paper was directed towards developing a more complete understanding of life satisfaction as an essential prerequisite for feeling contented and fulfilled with one's physical and social environment and one's self, physiologically, emotionally, and socially.
Chapter 2
Review of the Literature

Introduction

The review of literature has focused on various studies which investigated the factors found to influence the life satisfaction of the aged. Although some studies of life satisfaction among older persons were clearly concerned with theory building, it can be stated that the vast majority of studies in this area were primarily concerned with identifying correlates and/or establishing predictive power rather than seeking explanation. This review has not led to any definite conclusions about what variables affect life satisfaction of the aged and which do not. The surveys and studies reviewed are the results of interviewing and/or surveying respondents in random groupings. These samples may be accurate of the entire aged population or may not be truly representative of the older population of the United States. The main purpose of the review of the literature on life satisfaction of the aged was to arrive at a better understanding of various life satisfaction variables. These variables are: (1) income, (2) living arrangements, (3) health status, (4) marital status, (5) relationships with family, (6) peer relationships, and (7) self-concept and attitudes in relation to life satisfaction.
Income

Income, the first life satisfaction variable to be evaluated, can be a significant determinant of the degree of one's satisfaction with life. Income can be viewed either as a positive or negative variable. It is an objective factor associated with life satisfaction, because it can be measured in exact terms.

Literature which studies income as an independent variable without the effects of other variables (e.g., health status) seems to refute the old adage of "money cannot buy happiness." Low income is generally found to be a negative situational condition. Low income has been discovered to be clearly related to lower levels of expressed satisfaction with life, morale, and contentment. Numerous studies have established that older persons of lower economic status tend to be less satisfied with life. Larson (1978) found that older persons of lower socioeconomic status tend to have lower life satisfaction. He reported that income, one of the three components of socioeconomic status besides occupational status and education, showed the most consistently salient correlation with higher life satisfaction. Studies suggest that the association of income with life satisfaction is stronger at lower levels of income (Larson, 1975; Palmore & Luikart, 1972). The implication is that there is a level of sufficient income, above which additions in income are less consequential to contentment.
An income level that provides security and comfort has been established to contribute positively to morale and adjustment in older age (Edwards & Klemmack, 1973). These findings suggest that income is an aid in the adjustment to retirement and older age (Larson, 1978).

Furthermore, Larson (1978) found that low income seems to be related to a greater vulnerability to the impact of other negative life situation conditions, such as poor housing and poor health. If one does not have adequate funds, he or she may find oneself unable to afford living arrangements that are safe, secure, and in a desirable neighborhood. Likewise, if one does not have enough financial resources to purchase necessary nourishment, he or she may be more likely to be vulnerable to poor health as a result of poor nutrition. Persons of the older age group who have greater resources, particularly financial, are in a better position to circumvent negative life conditions, such as poor housing.

Income may be influenced by such non-income environmental factors as health and living in a family situation. For example, the probability of higher family income increases with the number of persons residing in the household. Similarly, health status may be associated with available money, for health status might have a direct effect on one's assets. For example, when one's health requires frequent physician visits, medications, and other
medical resources, then one's assets are diminished in the process of covering the expenses of these resources (Chatfield, 1977).

The issue of whether the older individual lives in an extended family setting has been found to influence life satisfaction via income status. Cumming and Henry (1981) reported that among aged persons living with their children, the more financially independent the older person is the higher their morale. Furthermore, the larger the elderly parents' income, the more willing their children were to have the parent reside in the same household (Cumming & Henry, 1981). For some aged persons, particularly those with high demands on their financial resources by their family, dissatisfaction with their standard of living can result and induce them to move. Indirectly, this dissatisfaction was found to lower life satisfaction as movement from one residence to another is likely to be upsetting to many older persons and may lead to social isolation as a result of moving away from old neighbors (Medley, 1976). In Medley's study, satisfaction with standard of living was found to be the second most important single variable for females and the third most important variable for males.

One's contentment with his or her standard of living is a life satisfaction factor related to income. Income is the mode by which standard of living comes about; it leads to how comfortable a living one can experience. One's satisfaction with
family life is hypothesized to influence standard of living, and therefore, life satisfaction as a whole (Medley, 1976). The higher the family income the greater the satisfaction with the standard of living. Other investigators have found that family income is an important determinant of life satisfaction (Edwards & Klemmack, 1973; Spreitzer & Snyder, 1974). Spreitzer and Snyder also discovered that satisfaction with standard of living is a very significant predictor of life satisfaction. In fact, Spreitzer and Snyder claim that perceived financial adequacy is a substantially stronger predictor of life satisfaction than objective indicators of socioeconomic position. Whether an individual believes that he is financially secure has been shown to have greater impact on life satisfaction than the objective measure of the amount of one's income.

Low satisfaction with one's standard of living can indirectly influence life satisfaction by being a frequent source of marital conflict. Conversely, high satisfaction with one's standard of living has been found to be associated with marital adjustment and higher life satisfaction (Goode, 1972).

Income level, according to the literature, interacts with other variables, to produce a significant influence upon life satisfaction. One's level of income has been found to be a primary determinant of life satisfaction for those persons who do not have close social supports or were dissatisfied with
family life (Larson, 1978). Larson's study suggests that individuals who did not have close emotional relationships to promote their contentment depended more on their financial resources to make them happy. Persons who could be provided with the opportunity to be with family or friends were less in need of finances to compensate for the lack of social ties, whereas those who did not have family and/or friends available would rely more on money for enjoyment (e.g., holiday cruises) (Larson, 1978).

The importance of income to life satisfaction of older persons is demonstrated in Walter Chatfield's 1977 study. In this study, while there were many cases of individuals being very satisfied on a low income, there were very few cases of low life satisfaction and high income. This suggests that while a low income does not necessarily mean low life satisfaction, a high income is associated with greater life satisfaction. An older individual with a high income is unlikely to be unhappy. Chatfield also discovered that the impact of health problems on life satisfaction was considerably diminished for those persons with highest incomes.

Summary of Income

Several researchers have determined that income level has a primary influence upon life satisfaction. Larson (1975) and Palmore and Luikart (1972) emphasized that low income was associated with lower life satisfaction, while Edwards and
Klemmack (1973) and Larson (1978) demonstrated that high income contributed positively to higher morale among the aged.

Income has been revealed to influence the status of other variables, such as housing and health. If an aged individual lacks financial resources, he or she most likely will be hindered in finding desirable housing and purchasing proper nourishment. On the other hand, income is also influenced by other variables. A case in point would be that poor health may necessitate frequent physician visits and numerous medications. Eventually, these medical expenses will diminish one's financial assets and limit the financial resources one has to spend on other items. The variable of income also interacts with other variables. For example, an elderly individual who lacks emotional ties may be able to compensate with financial abundance.

The dynamics of income level in individuals' lives is evident. Therefore, income and economic security have been found to play important parts in the pursuit of successful aging.

Living Arrangements

Status of one's living conditions includes various factors, such as physical structures, living location, and number of persons in the household. Regarding the number of persons in the household, Chatfield (1977) found that older individuals living in a family setting were more satisfied with their lives than older persons living alone. Also, it has been discovered that
those older individuals residing in retirement communities, apartment housing complexes, and the like are also more contented. Social support and interaction opportunities have been determined to be the major reasons for the aged to be more satisfied in living arrangements of family settings and community housing (Longino & Lipman, 1981).

In the past fifteen years, a growing interest in the study of retirement communities and other kinds of age-homogeneous settings has surfaced. Studies in the early 1960's, conducted by social and psychological gerontologists, reflected a concern with the effects of segregation of the elderly from the rest of the population. This research was mainly concerned with determining whether residents in such settings differed in terms of life satisfaction from those living in the wider community. These studies consistently showed a positive correlation between residence in age-concentrated settings and high level of morale (Perkinson, 1980). Several explanations have been offered to account for this correlation. One explanation is that a greater amount of social contact occurs among the elderly in age-homogeneous environments. For example, older adults living in apartments with high proportions of elderly residents tended to have a greater number of local friends and were more integrated into local group life than those living in age-mixed environments. A second explanation is that increased social interaction
encourages generation of new roles and a distinctive, age-appropriate normative system. For example, the development of alternate work roles and family-type functions among the residents of a retirement community may substitute for those roles recently lost (Sequin, 1973). Leisure is elevated over work in age-homogeneous environments, and there is a general rejection of instrumental roles. Prior occupational status has little significance in retirement communities, but social interaction and health are often major determinants of one's standing within the group. Overall, activity norms in age-homogeneous environments tend to be defined in terms which are more appropriate for older persons, less strenuous than those norms held by the outside community, and more easily attained by the older adult (Perkinson, 1980).

Studies conducted in the late 1970's generally reported similar findings that tend to support the claims of the earlier social and psychological gerontologists. Investigators have noted, for example, that the basis for status within adult communities tends to be internally defined. Factors crucial to status in the outside world, such as occupational status and wealth, are usually irrelevant within these residential settings. A strong sense of egalitarianism is often encouraged, and participation in group activities tends to be high. Alternate types of work and helping roles develop, which help to structure
residents' relationships and use of time (Fry, 1977). These characteristics of egalitarianism, participation in group activities, alternate work roles, family-type functions, age-appropriate norms, and increased social interaction all contribute to raise life satisfaction in older persons who are inhabitants of retirement communities or age-homogeneous environments (Perkinson, 1980).

Cutler (1972, 1975) found the location of housing to be associated with life satisfaction of the aged. He found a significant relationship between life satisfaction and the availability of transportation. He discovered a greater frequency of decline in well-being among persons without transportation (54%) than among those with transportation (36%). Cutler also found that the association between well-being or morale and transportation was substantially greater for persons living further than one-half mile from the center of town. Cutler contends that transportation links an older individual with the community; therefore, if one is without resources to be transported to various community facilities, he or she tends to feel isolated and less satisfied with one's life.

One study utilizing longitudinal design has shown sustained increases in morale among persons moving into improved housing (Lawton & Cohen, 1974). Two other studies also suggest that differences in housing affect well-being (Martin, 1973; Smith &
Lipman, 1972). Such differences appear in these studies in spite of lessened social interaction, suggesting that the physical aspects of a building directly affects life satisfaction.

**Summary of Living Arrangements**

Review of the literature revealed several studies on how living arrangements of family settings and community housing influence life satisfaction of the aged. The major reasons for the positive influence are social support, alternate work roles, egalitarianism, and age-appropriate norms. The transition of later life may be facilitated by the presence of social support from a group of significant others. With sufficient social support, individuals can be strengthened to cope with the hurdles and transitions in one's life. Older adults in age-homogeneous settings were found to be making comparable value-shifts with a relative lack of stress due to the continual support of a significant reference group--the other residents of the community who are experiencing similar experiences. Life satisfaction for residents of age-homogeneous environments is promoted because as a group, these residents have negotiated and redefined standards of behavior and relationships, developed alternate sources of need satisfaction, values, and goals which are achievable, and age-appropriate alternatives to middle-age norms and roles.

Location of housing in relation to available transportation and its impact on life satisfaction among the aged was reviewed
in the literature by Cutler (1975). According to Cutler, transportation between one's housing and essential services is an element of vital concern for several reasons. First, personal or public transportation enables older persons to maintain their sense of independence. Second, transportation makes association with others and participation in activities feasible. Thirdly, transportation permits the continuation of customary activities, such as shopping and medical appointments.

In reviewing the literature, age-homogeneous environments and location of housing in relation to availability of transportation were the prominent areas of study when analyzing how living arrangements affected life satisfaction of the aged.

Health

Health status is the variable that has been most frequently found to be the most significant determinant of life satisfaction among the aged. Larson (1978) reported that among all the elements of an older person's life situation, health is the most strongly related to subjective well-being or life satisfaction. People who are sick or physically disabled are much less likely to express contentment about their lives. Most studies, such as that of Larson (1978) addressing the issue of life satisfaction, have shown a significant relationship between indicators of health and reported life satisfaction.
In the literature, health is often distinguished in two categories. These categories include objective and subjective measures (self-ratings) of health. The objective measure of health is provided usually by physicians' ratings of one's actual health, although these ratings are not necessarily the most accurate estimates of the degree to which a person's condition is painful and debilitating. Another objective measure of health is ascertained by asking respondents for a list of current health conditions. Studies that utilize this objective measure find significant degrees of association between health status and life satisfaction. These findings show a lower correlation than studies that measure self-ratings of health in relation to life satisfaction. Though self-ratings of health have been found to be significantly related to physicians' ratings (LaRue et al., 1979), there is some evidence to suggest that physicians' assessments of their patients' health are age-biased (Kucharski, White, & Schratz, 1979).

The subjective measure of health is the assessment that one gives to his or her health. Studies which employ self-assessments of health have yielded significant correlations to life satisfaction (Edwards & Klemmack, 1973; Larson, 1975; Palmore & Luikart, 1972; Spreitzer & Snyder, 1974).

In 1977, Palmore and Kivett reported the results of a longitudinal analysis of the changes in life satisfaction.
Findings demonstrated self-rated health was the most important factor of life satisfaction for the individuals interviewed in this study. Objective ratings of health by physicians were also analyzed in Palmore and Kivett's study, but revealed nonsignificant correlations with life satisfaction. Other variables tested were organizational activity, social activity hours, productive hours, sexual enjoyment, age, sex, income, education, physical functioning, number of social contacts, employment, career anchorage, having a confidant, marital status, number of residential moves, and intelligence.

A cross-sectional study conducted by Chatfield (1977) found that health was an important factor influencing individuals' assessments of life satisfaction. A longitudinal study done by Palmore and Luikart (1972) found self-rated health to be the variable most significantly related to life satisfaction. Other variables included organizational activity, internal control, and socioeconomic status. Palmore and Luikart also found the individual's own perception of health is more important than the physician's rating of the individual's health. In fact, the physicians' ratings of health had lower correlations with life satisfaction than some of the other variables showed in relation to life satisfaction.

Since self-rated health was the strongest variable related to life satisfaction in the longitudinal study by Palmore and
Luikart, variables that might explain or are related to self-rated health were analyzed. For example, a person's perception of his health is suggested as being a function of his overall optimistic or pessimistic view of life. This would explain the high association with life satisfaction, for one who is optimistic obviously is more satisfied (Palmore & Luikart, 1972). Furthermore, good health was one of the most frequent reasons given for happiness in this study. Therefore, Palmore and Luikart believe that the major direction of causality is from health to life satisfaction, rather than the other way around.

Research (Fillenbaum, 1979) has examined the relationship between self-ratings of health among the elderly and other factors of social life. Fillenbaum found that differences exist between how elderly males and females assess their health status, women tend to tolerate more health problems than men and elderly males express poorer health than the older females. A cross-sectional study done by Ferraro (1980) supports Fillenbaum's findings that relate sex and perception of disability; it was discovered that males generally report more disability than females. Also discovered was that males report more physiological disorders than females. Therefore, in comparison with females, males tend to rate themselves as having poorer health even though they experience less disability and fewer illnesses (Ferraro, 1980).
Age was found to affect self-ratings of health in a cross-sectional study completed by Ferraro (1980). Ferraro researched the differences between those individuals of the sixty-five to seventy-four year range and those who were seventy-five years of age or older. Within the sixty-five and over age group, individuals were found to have a tendency to have a more positive view of their own health. This data is interesting when the characteristics of the seventy-five plus group is considered: The seventy-five plus group as a whole reported more physiological disorders or illnesses than those persons sixty-five to seventy-four. Also, the seventy-five plus population expressed more disability than the sixty-five to seventy-four age group. Thus, when comparing objective standards with subjective assessments of health, it was discovered that though age is significantly related to disability and the frequency of illness, the oldest of the elderly population are not as likely to reflect negative views of their own health. In fact, in spite of the difficulties that the seventy-five plus population experience due to physiological disorders, they tend to express a more positive view of their own health (Ferraro, 1980).

The importance of health to life satisfaction was supported in a study by Morris L. Medley (1976). Among males, health satisfaction was the second most important single variable; whereas among females, health was the third most important
variable influencing life satisfaction. Family life satisfaction was found to be the most important variable concerning life satisfaction for both males and females.

In a cross-sectional study of 871 elderly persons, Toseland and Rasch (1979) found that one of the most important predictors of life satisfaction was personal health satisfaction. The other important predictors of life satisfaction in this study were family life satisfaction and satisfaction with residence.

Snider (1980) confirmed studies supporting health as the most important predictor of life satisfaction. He found that self-rated health was the most important factor influencing individual assessments of life satisfaction. He also found that health was a better predictor of life satisfaction than the variables of activity, socioeconomic status, or social background.

Summary of Health

Health status and its impact on life satisfaction has been extensively studied in recent literature. Snider (1980), Toseland and Rasch (1979), Larson (1978), Chatfield (1977), Medley (1976), Spreitzer and Snyder (1974), and Edwards and Klemmack (1973) employed cross-sectional studies which all confirmed that health status demonstrates significant correlations with life satisfaction. Longitudinal analyses by Palmore and Kivett (1977) and Palmore and Luikart (1972) support these findings.
A frequent issue that surfaced in these studies is that self-assessment of health is more significantly related to life satisfaction than objective health assessments by physicians. A person with poor objective health may still have high life satisfaction if he believes his health is relatively good, and similarly an individual with good objective health may have low life satisfaction if he believes his health is relatively poor.

Consideration of the influence of other variables (e.g., age and sex), when analyzing health status and its relation to life satisfaction, presents interesting conclusions. Older males tend to view their health more negatively than older females, and individuals seventy-five or older tend to be more optimistic about their health than those sixty-five to seventy-four years of age.

Overall, the reviewed studies consistently demonstrated that health is strongly related to life satisfaction. These studies suggest that lowered life satisfaction results from pain, confinement, and uncertainty which accompany ill health.

Marital Status

Changes in marital status are often seen as factors instrumental to the development of physical and mental illness, which lower life satisfaction (Atchley, 1975). Most of the work on how changes in marital status influences one's well-being or life satisfaction has focused upon the change from married to
unmarried, due to divorce or death. Bachrach (1975) believes that the transition from marriage to singleness is a process entailing a variety of traumas, including changing personal routines, dissolution of social networks, changing self-concept, and loss of sexual gratification. The loss of a marriage partner also presents more lasting strains for the individual, than loss of economic resources and exclusive parental responsibilities (Bachrach, 1975).

Research has investigated marital status and its effect on health status, rather than the effects of marital status on life satisfaction. Fenwick and Barresi (1981) examined the effects of changes in marital status on the health of elderly respondents. The link that was noted between drastic life changes and physical and mental illness was the concept of stress. The question of exactly which characteristic of marital status change, particularly from married to unmarried, is associated with the experience of stress has not been resolved. There are two views of the matter presented in the literature. One of the views is that it is the change or readjustment required by life-change events, such as widowhood, that creates stress and then leads to physical or psychiatric disorders. In other words, the emphasis is on the disruption in routine life patterns caused by life-change events and the amount of adaptive or coping behavior required by the individual to overcome the disruption (Mueller et al., 1977).
The competing view is that the stressful dimension of life-change events is their undesirability or threatening character. In this view, not all life-change events that involve significant changes in the individual's life routines would be stress-invoking (Vinokur & Selzer, 1975). Only those life-change events that are not desired by the individual, such as death of one's spouse, may be linked to diminished health and thus lowered life satisfaction (Fenwick & Barresi, 1981).

Fenwick's and Barresi's data shows clear differences between the cross-sectional and longitudinal models of analysis of the effects of marital status change on health status among the aged. Marital status was found to be more important in determining health status in the longitudinal models than in cross-sectional models. Three items were used to measure the overall health status of respondents in Fenwick's and Barresi's study: (1) perceived health, which is the respondents' evaluation of their own overall level of health, (2) the number of days a respondent spent ill in bed at home, and (3) the number of days the respondent spent in a hospital, nursing home, or other medical institution. The loss of spouse between "time 1" (1973) and "time 2" (1974) was especially important in the longitudinal analyses. Those persons who lost their spouse showed significantly lower levels of health a year later, but spent significantly fewer days ill in bed. This finding suggests that the effects of marital-status change are
different for perceived health than for the more objective measures of health status (i.e., days ill in bed or days spent in a medical institution as a patient). The stress brought about by the loss of one's spouse makes the individual more aware of symptoms of chronic illness that they had before, but that the loss of one's spouse does not lead to an immediate increase in actual morbidity. It appears that the loss of spouse limits the ways in which individuals can respond to declining perceived health, therefore creating a health dilemma for the newly single. Although aged, single persons feel worse, they spend fewer days in bed because there is no one to care for them or to assist with necessary activities (Fenwick & Barresi, 1981).

The comparison between cross-sectional and longitudinal analyses is particularly important because it suggests there are differences between the immediate and the long-term effects of the loss of spouse. Deterioration of perceived health seems to be an immediate consequence of loss of spouse, since only the newly single show this trend. Perceived health appears to remain stable among those individuals who lost their spouse at an earlier time. In contrast, an increase in hospitalization does not occur among the newly single, but only among those who lost their spouse at least a year before the study. This finding suggests that increasing hospitalization may be a delayed, or long-term consequence of loss of spouse, due to either a long-term increase
in actual morbidity brought about by loss of spouse or the lack of anyone at home to provide care during the illness, or both of these factors (Fenwick & Barresi, 1981).

Fenwick and Barresi's data provide more support for the desirability-undesirability explanation for health consequences of marital-status change than for the adjustment explanation. While the loss of spouse has significant consequences for perceived health and days ill in bed, getting married has no significant consequences. Health does not appear to decline because of change from single to married, but it was not shown in this analysis to improve either.

Fenwick's and Barresi's study also found that respondents who never married appeared to have better health than married respondents, since they demonstrated better perceived health and fewer days spent ill in bed. Fewer days in bed can be explained by the lack of a marital partner to provide care during illness. Findings of this study emphasize that it is the change from married to unmarried status, rather than unmarried status, that leads to a decline in perceived health of the aged which leads to decreased life satisfaction.

Glenn (1975) noted that married persons experienced greater global happiness than unmarried persons. Additionally, Glenn suggested that the marital happiness of husbands and wives approach similar levels and are related to psychological well-being or life satisfaction.
In studying the effects of marital status on life satisfaction, Longino and Lipman (1981) found that people who were married tended to receive more support than people who were without spouses. The married had more viable support systems in terms of quality as well as quantity. In distinguishing between family and friends, it was found that married people received more support from family members, without exception, than did older people who were not married. Supportive activities were placed into three possible categories of (1) emotional, (2) social, and (3) instrumental.

The importance of family members in providing not only emotional and social but instrumental support for older people was clearly evident in this study. Unmarried men received support from the fewest family members, and it was only for these spouseless men that supportive friends outnumbered supportive family members among their primary relations (Longino & Lipman, 1981).

Unmarried people receive less support from family members than do the married. A spouse is the resource in the support networks of most American adults that provides a large share of the emotional, social, and instrumental support. The loss of a spouse was found to be more significant for the emotional and social support systems for men than for women. Overall, men's recovery from widowhood has been found to be slower than that for women (Glick, 1974).
Larson (1978) found that married people generally demonstrated higher life satisfaction levels than unmarried persons. He also discovered that when distinguishing between the unmarried statuses of single, widowed, divorced, and separated, single persons were roughly equivalent in life satisfaction to that of married persons. Widowed, divorced, and separated persons tended to show lower reported well-being than those married and single persons (Larson, 1978).

Widowhood is generally responsible for lowering life satisfaction. Kutner (1965) found that widowhood had a negative relation to the morale of those sixty years of age who were of lower socioeconomic status but not to the morale of those of higher socioeconomic status. In 1976, Morgan failed to find such a difference, and suggested that widowhood had a stronger impact on women who were in poor health. Lowenthal and Haven (1968) found that having a confidant reduced or eliminated the association between widowhood and lower well-being. Lower morale associated with widowhood appeared to be greater among persons widowed within five years, according to Pihlblad and Adams (1972), and among younger older women as opposed to older older women (Morgan, 1976).

Summary of Marital Status

The majority of the literature concerning the association of marital status and life satisfaction analyzes the issue of
becoming widowed. Widowhood is viewed in the literature by Fenwick and Barresi (1981), Larson (1978), Pearlin and Johnson (1977), Atchley (1975), Bachrach (1975), and Glick (1974) as one of the most traumatic of life events and the predictor of lower life satisfaction. Longino and Lipman (1981), Larson (1978), and Glenn (1975) discovered that married persons demonstrated significantly higher levels of life satisfaction than unmarried individuals.

A conclusion based on these studies is that aged individuals who are married experience greater levels of life satisfaction due to greater opportunities for emotional support, strong social networks, defined roles, and sexual gratification.

Social Relationships--With Family and Peers

Much of the current research in gerontology involves relating some aspect or aspects of the individual's social environment to some measure of morale or life satisfaction. Over the past twenty years, life satisfaction research has investigated the social network, which includes the social units (individuals and groups) with whom a particular individual or group is in contact. The line of reasoning in relating social network to life satisfaction is that interaction with others is a necessary component in experiencing greater feelings of well-being and life satisfaction (Quinn, Mancine, Gavigan, & Franklin, 1980).
Quinn et al. investigated social groups in which aged people most often interact in order to determine which aspects of the social network seem to facilitate life satisfaction. Their study examined five reference groups for frequency of social interaction: children, other relatives, neighbors, friends, and confidants. Personal contact during the week preceding the interviews was most frequent with neighbors and least frequent with relatives other than children. A slightly different pattern emerged concerning phone contact; the most contact was with children while the least was with confidants. Almost all of the respondents interacted with at least one social group, be it family, friends, or neighbors. None of the contact patterns demonstrated significant relationships with life satisfaction in this sample. Only phone contact with friends approached statistical significance. A clear implication of this study is that contact with others does not directly relate to life satisfaction.

Substantial disagreement exists in the literature concerning the variable of social interaction. The initial theoretical orientation of social gerontology, disengagement theory, postulated that normal and effective aging was characterized by a withdrawal from social roles and a reduction of interpersonal relationships. Among contemporary gerontologists, the activity theory has far more support. From this orientation, interpersonal activity is viewed as providing role supports for reaffirming the self-concept.
of elderly persons. The more frequent and intimate the activity, the more reinforcing are the role supports. Role supports are necessary for the maintenance of a positive self-concept which in turn is associated with high life satisfaction. Interest in the importance of social networks is congruent with activity theory. Participation in a social network of close interpersonal relationships provides the elderly with a support system that may contribute to a sense of security, perceptions of personal worth, and continued social competence (Brine, 1979).

Efforts to study the importance of the social interaction variable have produced contradictory results. Many investigators utilizing quantitative measures of social interaction have found some relationships between quantity of social relationships and life satisfaction (Markides & Martin, 1979; Graney, 1975; and Bultena & Oyler, 1971); while other researchers have observed the quantity of interactions and life satisfaction to be unrelated (Conner, Powers, & Bultena, 1979). Conner et al. found that both the number of persons their respondents interacted with and the frequency of this interaction were of little importance to the adjustment and life satisfaction of older people. This finding suggests that the quantity of social interaction is not crucial to understanding psychological adaptation to older age. Lee (1979) also concluded that the number of persons interacted
with, and the frequency of interaction, are of little importance for the adjustment of older people.

A number of authors have criticized the lack of research on the quality and intimacy of social interactions, and suggest that failure to consider the qualitative dimension of social interaction might be a factor contributing to the ambiguous results of research on the interaction variable. The importance of quality of relationships versus quantity was illustrated in a study by Lowenthal and Haven in 1968. These authors found that the existence of a confidant, who represents "quality," greatly increased the probability of an older person experiencing high morale. Furthermore, persons with a confidant could decrease the quantity of social roles and activities without becoming more depressed. Even the traumas of widowhood and retirement were buffered for persons having a confidant (Lowenthal & Haven, 1968).

Duff and Hong (1982) evaluated the comparative importance of quality and quantity of social relations in the life satisfaction of older persons in the United States. They were interested in examining which of the following dimensions of social relations was more important in predicting the life satisfaction of older Americans: frequency of socializing with friends and relatives or amount of satisfaction with friendships and family life.

Duff and Hong found that the qualitative measures of social interaction, satisfaction with friendships and family life, were
significant; while the quantitative measures of social interaction with relatives, neighbors, and friends were all insignificant. The data suggest that it is not how often one interacts with friends and relatives, but how much satisfaction one derives from such interactions that is important in whether the older person is happy and views life as exciting.

The theories of "interpersonal attraction" and "exchange" are proposed to help explain these findings of quality of interpersonal relationships as more significant than quantity of social relationships. The theory of interpersonal attraction argues that one of the most important sources of satisfaction in close social relations is the validating of attitudes and values. From this perspective, satisfaction with friends and kin, which contributes to satisfaction with life in general, is based on consensual validation. The theory of exchange is also offered as an explanation. From the standpoint of this theory, the benefit of friendship and kinship is not without costs, such as time, energy, money, and possibly power, which may be incurred in the maintenance of such associations. Since time, energy, money, and opportunity to make decisions are scarce resources for most people, particularly the aged, it can be seen that there is an upper limit for socializing with friends and relatives beyond which the cost of interactions may exceed the reward, and thus make the outcome unattractive. There is evidence in this study by Duff and Hong
that the highest life satisfaction means appear to belong to those individuals who are getting a very great deal of satisfaction from their relationships without having to spend a lot of time with them.

The number of findings published regarding how relationships with family influence life satisfaction are numerous. Some of the published research reports that family is significant in determining life satisfaction, while several other studies indicate that satisfaction with family is not important in determining one's life satisfaction.

Considerable evidence has been accumulated on the viability and strength of kin networks, and how the elderly fit into the central location of such networks. It has been found that older people typically live near (but rarely with) at least one child, interact frequently with their children, and are often involved in exchanges of mutual aid with their children as both providers and receivers. In general, elderly parents and their adult children play important roles in one another's lives (Atchley et al., 1974).

The main purpose of research by Seelbach and Hansen (1977) was to examine empirically older persons' perception of the quality of their family relationships. They found that families function as an important resource by helping meet many of the social, emotional, economic, and health needs encountered in later years.
Thompson and Streib (1971) hypothesized that family interaction becomes intensified and/or reactivated during the latter stages of a person's life. They claimed that family relationships are among the most important social relationships for older people.

In 1972, Stinnett, Carter, and Montgomery hypothesized that family relationships and particularly marital relationships are likely to be extremely important to older persons for emotional support as their nonfamily social network diminishes with age. However, Stinnett et al. also found that parents may tend to place greater emphasis on affectionate ties than do their children, which can cause disappointment and lowered life satisfaction. Medley (1976) discovered that family life had the largest single direct effect for both males and females on satisfaction with life. Quality of family life was found to be of more importance in this study than income, satisfaction with standard of living, or satisfaction with health.

Whether the frequency of family contact has any impact upon the quality of life of its older members was studied by Dowd and LaRossa in 1982. The relationships between the older family members and his or her middle-aged children may be viewed as a process in which the relative power of the members determines the conditions of the exchange (Dowd & LaRossa, 1982). Income and health, for example, are critical resources, the lack of which places an individual in a disadvantageous, dependent status.
Since older people generally possess fewer of these and other resources which are used as barter in the exchange process, and since power is inversely related to dependency, intergenerational relationships are often characterized by unbalanced exchange ratios. A persistent dilemma in the everyday lives of older people is, in fact, the struggle to maintain a sense of independence and control in the face of lowered income and declining physical stamina (Dowd & LaRossa, 1982). The older person who is unable to lead a relatively autonomous life is labelled as a person who needs to be taken care of. Rather than endure the embarrassment of humiliation that frequently accompanies an unbalanced social exchange, many people choose to withdraw or disengage from social interaction. In the context of family relationships, however, an unbalanced exchange ratio may persist due to the "permanent" bond that presumably exists among family members (Dowd & LaRossa, 1982).

The objective of the research by Dowd and LaRossa was to investigate the linkage between family interaction and morale in the aged, with particular emphasis on the potential impact of dependency as a contingent variable. From this research, frequency of contact with children was not significantly associated with morale, although some consistent patterns did emerge. For those respondents who reported seeing any of their children on a yearly basis had the highest morale. Another
interesting finding from this data involved the respondents with low morale. Respondents with the lowest level of contact with children ("less than yearly") generally reported lowest levels of morale (Dowd & LaRossa, 1982).

In regards to the power-dependency issue in this research, findings were that frequency of family contact was found to be negatively correlated with morale among dependent older males but not among older males who were relatively independent. These findings were not true for older females. The answer to why dependency is so negatively related to morale of older males with frequent levels of family contact may lie in a consideration of the social meanings attached to retirement and the status of head of household. Data of Dowd and LaRossa suggest that the onset of labor force retirement serves to symbolize a simultaneous shift in role definitions within the family. The former worker's privileged status as "breadwinner" no longer applies when he retires. In fact, since men in this society principally secure and maintain their adult status by working, retirement removes an important source of the male's power within the family. As a result, the male's claim to his former position of "head of household" becomes increasingly difficult to legitimate. Occupational retirement may precipitate a family drama in which the middle-aged generation assumes leadership through a gradual process of redefining the former "provider" as non-productive, and therefore,
dependent. This process is not conscious by the participants, nor entered into voluntarily by the older male. As a result of this ceding control, though, the older male's life satisfaction is lowered (Dowd & LaRossa; 1982).

The list of studies which have found no relationships between kinship interaction and the subjective well-being of the aged is growing. None of these studies prove that no such relationships exist, but collectively they point strongly in that direction. Despite the generally frequent contact with family members, especially children, the impact of family relationships upon morale or life satisfaction is somewhat questionable. A number of studies have concluded that visits with family make little difference in the older individual's feelings of loneliness or life satisfaction. Brown (1970) reported that while two-thirds of the adult children in his study regularly visited with their aged parents, only one-fifth reported close affective ties. Kerckhoff (1976) found that elderly couples, who relied less upon their children and made fewer demands, were high in morale. Also, wives whose children lived close had lower morale than wives whose children lived far away.

Arling (1976) found a lack of association or a negative relationship between family contact and morale. He discovered that neither the availability of children nor the frequency of contact with children made any difference in the morale for the
persons in his sample. Respondents with children living nearby had no higher morale than respondents who either had no living children or had none within an hour's drive. Even among the aged persons who had a low number of neighbors that they knew well enough to visit, the availability of children made little difference in their level of morale (Arling, 1976).

Two reasons have been suggested by Arling for the apparent lack of association between family contact and morale. First, elderly people and their children have contrasting interests, and, therefore, often do not make good companions. There can be substantial differences in their daily activities, friendship networks, and norms (Arling, 1976). Arising out of the relations between generations, the second difficulty is the dependency of the elderly person and the resultant reversal of roles that often takes place between parent and child. The inability of the aged parent to reciprocate for the services provided by the child can lower morale or life satisfaction, as Dowd and LaRossa also discovered. In older age, the flow of assistance shifts and adult children begin to give more aid to their parents than they receive in return. The functional importance of the older person within the family has decreased, and commensurately, the aged individual has lost the supportive role and taken on one of dependency. This probably will hinder life satisfaction, since most individuals desire to be independent and self-sufficient (Arling, 1976).
Arling (1976) found that involvement with friends was positively associated with life satisfaction. Whereas family ties are often characterized by a dissimilarity of experience and an unequal exchange of aid, friends normally relate to each other through common interests, and generally are equal in their ability to exchange assistance. They, therefore, avoid the psychological consequences of emotional or material dependency. Relationships with family and with friends and neighbors involve separate realms of activity which complement each other, but which cannot ordinarily be substituted for each other. Those older people with strong family ties are just as likely to be integrated into a friendship network as those older individuals who have no family or have infrequent contact with their family (Arling, 1976).

Arling also found that those elderly widows or widowers who had a number of neighbors they could visit, friends who lived nearby, and were most likely to have someone in whom to confide, were least likely to be lonely, felt generally most useful, and perceived the greatest community respect for elderly persons. Interestingly, although the number of neighbors and friends is significantly related to life satisfaction in Arling's study, the actual frequency of contact was not significantly related.

In Russell A. Ward's study (1978), he noted that age peers play important roles in socialization, providing emotional support, providing information, and giving opportunities for role rehearsal.
He also suggested that older people are freer in certain ways around age peers than with family members. For example, they can engage in leisure "careers" and activities which might be derogated as "silly" by the larger society. Of particular importance is the fact that involvement with age peers seems to facilitate discussion and legitimation of death, through role models of how to react to the death of others and how to face up to one's own death. The family rarely provides this, since older people tend to view death as a taboo topic for family discussions (Ward, 1978).

**Summary of Social Relationships**

Social relationships are viewed in the literature as significant because they promote in older people a sense of worth, a full integration into the social system, and subsequently better adjustment to the process of aging. A major endeavor of several researchers, such as Quinn et al. (1980) and Conner et al. (1979), has been to determine which reference groups of the social network seem to facilitate life satisfaction. In this review, the reference groups of family and peers were studied.

One clear conclusion by investigators is that quality of social interaction needs to be studied as well as quantity of social relations.

Significance of the family to life satisfaction has been confirmed by some researchers and questioned by others. Those who
confirm its significance, Seelbach and Hansen (1977), Medley (1976), Stinnett, Carter, and Montgomery (1972), and Thompson and Streib (1971), view family relationships as relatively enduring and well situated to sustain the individual throughout life. Families are seen as providing the affection and companionship that other institutions are not intended or unable to give.

Researchers who analyzed the dynamics of family relationships, such as Dowd and LaRossa (1982) and Arling (1976), questioned the significance of family in the promotion of life satisfaction, considering the issues of (1) dissimilarity between the generations and (2) dependency and role reversals between middle-aged children and aged parents.

Peers were consistently discovered by Ward (1978) and Arling (1976) to be determined as significant to facilitation of life satisfaction. A major explanation of these findings is that friendship fosters a kind of "belonging" based upon socialization and egalitarian norms. Affection and support are voluntarily offered and the relationship is bound by the mutual gratification that can be gained from the interaction between friends.

Self-Concept and Attitudes

One's self-concept and attitude towards life in general (either optimistic or pessimistic) has much influence on one's life satisfaction view. The older person who accepts past disappointment and puts them in perspective with his or her
personal achievements will experience higher life satisfaction. Having the flexibility to incorporate satisfactions and disappointments into one's life history in a balance that provides a source of self-pride and self-satisfaction enables one to find new directions for growth. The individual who can do this will be healthier and happier (Brine, 1979).

Some older persons become depressed when thinking about their past and resign themselves to an unhappy future. Others respond by becoming rigidly self-confident. They reject self-doubt and present a picture of total confidence in order to protect their self-esteem. Both of these strategies prevent possibilities for change and growth during older age (Brine, 1979).

As Erikson (1950) formulated, the final developmental conflict during older age is "ego integrity versus despair." "Integrity" in this respect connotes acceptance of one's life as having been meaningful. During their later years, some people tend to sense a gap between their accomplishments and their goals. To accept one's life as it has been lived can be a difficult task and does, therefore, have an impact on one's satisfaction with his or her life. Older people who have achieved integrity appreciate that their lives are the total of both satisfactory experiences and unpleasant crises. One's view of his adjustment to life serves to assist in determining one's feelings about oneself. On the other hand, the ways in which one achieves ego integrity are tied in with one's self-concept and self-esteem (Brine, 1979).
Self-concept and self-esteem might be expected to be ravaged by our society, which often overvalues youth, productivity, and economic power. The role changes required by older age, such as retirement, widowhood, illness, and the such would seem to have a negative impact on self-concept, self-esteem, and attitudes. As has been observed, though, older age does not bring about drastic changes in self-concept and self-esteem. Those persons who possessed healthy self-concepts earlier throughout their lives seem to continue to demonstrate these qualities, which promote their satisfaction with life (Neugarten, Havighurst, & Tobin, 1968).

Positive attitudes and life views can spell the difference between adjustment and despair. Peck (1968) conceptualized older age by describing three conflicts involving adjustments that need to occur psychologically in older individuals. The first conflict is "ego differentiation versus work-role preoccupation." At this stage, redefinition of one's worth and finding satisfaction in aspects of one's selfhood and in new roles occurs. When vocational retirement occurs, a strenuous adjustment is required, so the individual strives to find new and satisfactory roles and satisfaction in aspects of his or her own selfhood that had been ignored. The adjustment involved in relation to this conflict spells the difference between a continuing vital interest in living and a despairing sense of loss of life's meaning and purpose.
The second conflict formulated by Peck is "body transcendence versus body preoccupation." For those older individuals for whom physical well-being has been the cornerstone of comfort and pleasure, bodily changes (e.g., decreased physical energy, wrinkling skin) may bring about a drop in satisfaction and a growing preoccupation with one's body. For those older persons who have managed to find more contentment in satisfying human relationships and mentally creative activities, physical changes do not prevent them as much from enjoying life (Brine, 1979).

"Ego transcendence versus ego preoccupation" is the third conflict of the later years, according to Peck. People with higher life satisfaction and adaptation level have positive ways to adapt to the prospect of death, such as feeling that one has made life more secure and meaningful for those who live on after one dies. For example, older parents who had adapted to the prospect of death would see they achieved significance through their children. The ultimate attitude would be to live so generously and unselfishly that the prospect of death would look and feel less important than the secure knowledge that one had built a broader, longer future (Peck, 1968).

Zusman (1966) demonstrated that one's self-concept can interact with one's social environment to produce negative psychological functioning in what he termed the "social breakdown syndrome." This syndrome suggests that an individual's sense of
self, his ability to mediate between himself and society, and his orientation to competence are related to social labeling and valuing the experiences in aging. The susceptibility to negative labeling leads to the development of psychological weakness. Development of an internal locus of control and self-determination are needed to prevent the social breakdown cycle from occurring (Zusman, 1966).

Neugarten, Havighurst, and Tobin (1968) analyzed the personalities of aged persons in order to learn about the effects of personality and attitudes on life satisfaction. They described eight personality types, which measure differently in regards to life satisfaction. The personality types of (1) "reorganizers," (2) "focused," (3) successfully disengaged," and (5) "holding-on pattern" are the personality types that measure the highest in life satisfaction. "Reorganizers" are competent people who are engaged in a wide variety of activities, making them the optimal agers because they reorganize their lives to substitute new activities for lost ones. "Focused" individuals are well-integrated personalities with medium levels of activity. They tend to be selective in their activities, devoting their time and energy to satisfaction of one or two areas in their lives. "Successfully disengaged" individuals have low activity levels with high life satisfaction. They have voluntarily moved away from role commitments as they grew older; they have high feelings of self-regard,
with a contented "rocking-chair" attitude in life. "Holding-on" persons hold as long as possible to the activities of middle age. As long as they are successful in this, they experience high life satisfaction. Two other personality types designated by Neugarten et al. are "constricted" and "succorance-seeking" individuals, who both generally measure high or medium in life satisfaction. "Constricted" individuals have reduced their role activity supposedly as a defense against aging. They constrict their social interactions, and have less integrated personalities than the "focused" persons. "Succorance-seekers" are those persons successful in getting emotional support from others and maintain a medium level of role activity and therefore life satisfaction. Two personality types generally are found to be low in life satisfaction. These types are "apathetic" and "disorganized" individuals. "Apathetic" individuals have low role activity and are people who have never given much to life and never expected much. "Disorganized" persons have deteriorated thought processes and poor control over their emotions. They barely maintain themselves in the community (Neugarten et al., 1968). Neugarten et al. found through their research that those individuals who view themselves as competent and possess high self-regard experience higher life satisfaction. Similarly, those persons who maintain optimistic attitudes and view transitions as challenges to master also experience high life satisfaction.
Summary of Self-Concept and Attitudes

The literature reveals that those individuals who possess healthy self-concepts and positive attitudes experience high life satisfaction. Brine (1979), Neugarten et al. (1968), and Peck (1968) agree that those persons who demonstrate high self-esteem and possess attitudes of transcendence rather than preoccupation are more likely to experience high life satisfaction and be termed as successfully aging.

Summary of the Seven Variables

This literature review has focused on the effects that the variables of income, living arrangements, health status, marital status, relationships with family, relationships with peers, and self-concept and attitudes have on life satisfaction among the aged. No definite conclusions have been made as to what variables solely affect life satisfaction of the aged. What is made evident in the review is that older age is characterized by several developmental events, such as reduced income, declining health, residential moves, widowhood, and new social relationships and roles. The next chapter will discuss the implications of this literature review. Implications to be discussed will include social policy and counseling.
Overview

Progress has been made toward the goal of our society becoming more knowledgeable about the life cycles of humans, particularly the later stage of one's life. Advances have been made in utilizing this knowledge to enhance the life satisfaction of older persons. Although progress has been made in this respect, the measurement of life satisfaction and its correlates continues to be surrounded by controversy. As discussed in the review of the literature, numerous findings held that independent variables influenced life satisfaction of older persons in varying degrees. For example, in one study, family life satisfaction was found to be the greatest influencer, whereas in the next survey reported income would show as the greatest determinant of morale in the aged. When the interaction of the variables are considered, endless findings appear and complications surface in the process of understanding what really promotes life satisfaction among the aged.

One major reason for the creation of so much complexity in determining exactly what promotes life satisfaction in the aged is that older persons are not a homogeneous social category. This group of persons differs from each other in lifestyle, experience, values, social class, ethnicity, health, and income. Consequently,
these differences become key variables in understanding the elderly. Given the increasing numbers and importance of this age group of society, it behooves researchers to continue examining and studying the numerous aspects of aging.

There is much evidence pointing to factors associated with life satisfaction of older adults. Of all the factors studied, self-assessed health status has consistently proven to be a significant predictor of satisfaction. Other variables such as income, marital status, living conditions, and social relations with friends have been found to be relatively less significantly related to life satisfaction. Family life satisfaction has become the most controversial issue when studying its influence on life satisfaction. As a very extensive and thought-provoking area, family life satisfaction presents issues that will increasingly need to be dealt with by those working with the aged.

Social Policy Implications

Implications resulting from the consideration of life satisfaction variables include determining what intervention might be utilized to promote life satisfaction among the aged. When the literature is reviewed, implications for social policy become evident.

Policies and programs need to be designed to improve the welfare of the aged if income is essential to the satisfaction of older individuals' lives. Policies and programs that concentrate
upon increasing income and economic security for the aged are advisable. For example, sufficient supplements for aged who lack the financial resources to meet their needs of nourishment, warmth, and health are necessary. Resources at reasonable costs, such as transportation, should be offered for those aged who cannot afford their own transportation.

Improved resources for subsidized housing is another key social policy issue which has implications for the aged. Elderly persons who require subsidized housing should be provided with it so that they can have a secure and clean living environment that increases the opportunity for socialization.

In analyzing the impact of health on life satisfaction among the aged population, it becomes apparent that individuals need to be educated at an early age about how to promote good health. Proper nutrition and exercise are recommended as topics to be reviewed when educating about good health.

Another issue with implications for social policy involves family life educators. These persons need to help educate younger segments of the population about the potential of the older population in order to refute the myths of aging. Society's negative labeling affects older individuals who are not directed by internal views but by external or societal views. If an individual hears that he is to be frail, withdrawn, and useless, he may live out these expectations by believing these labels are
reality. Education of all of the American population about the facts of aging can help abolish destructive stereotypes.

Family life educators also need to energetically expand their efforts to meet the family-related needs created by the aging population. Educators must develop a variety of training programs focusing upon the interrelated circumstances and needs of older persons and their families. Growing pressures on individuals and families should be anticipated as a consequence of the recent increases in the number and proportions of older persons.

The government, economic, and health care institutions need to be prepared to meet the needs of the aging population at the individual, interpersonal, and social levels. If resources are made available to meet the older persons' instrumental needs, families might be able to concentrate upon meeting the affective-emotional needs of the elderly. If, for example, a son is relieved of the responsibility of providing homemaking services and economic assistance for his parents, he might then be more effective in helping his parents meet their affective needs.

Counseling Implications

Counselors can assist the aged individual to learn how to cope with the life-change events which characterize older age. One major area that emerges as an issue to be addressed in counseling the elderly individual is that of emotional and social supports. With strong support from other persons, the aged
individual is better able to meet the challenge of aging. The individual's support system, therefore, needs to be assessed by the counselor.

The literature review noted that the frequency of contact with others (quantity) did not show a significant correlation with life satisfaction. Quality of contact with others has not been studied sufficiently to draw conclusions; therefore, more research is recommended in this area. As counselors would indicate, attention needs to be shifted from questions of "how many" and "how often" to the meaning of social relationships and the interactional process. Concern should be focused more on identifying personal needs that are met by interaction, and the meanings attached to various social relationships. The quality, or meaning, of a series of interactional encounters certainly has different, if not pronounced, consequences for the individual's evaluation of his or her life situation. It seems that it is not "how often" or with "how many" one interacts, but rather the circumstances, the purposes, the degree of intimacy, and the caring the interaction has that positively impacts morale and life satisfaction. "More is not better" when it comes to social relationships. Morale, positive adjustment, and life satisfaction imply an expression of the quality, or meaning, of the life experience. It is in the quality of the interactional experience that a broader understanding of adjustment to the process of aging will be ultimately found.
As counselors review the dynamics of family and life satisfaction, aging is found to have profound repercussions for family functioning. Professionals working with the aged need to recognize the importance of the functioning of the family as a whole. Counselors need to remember the importance of family intervention, in dealing with problems which involve intergenerational relationships, mutual aid patterns, living arrangements with family, or long-term hostilities between family members.

The concept of adaptation or adjustment, which is a relevant issue addressed by counselors, consistently appears in the discussion of life satisfaction variables. Gerontological research seems characterized by the concept of adjustment to economic, interpersonal, and social systems. Adjustment entails coming to grips with transitions in one's life. The transitions discussed in this paper include reduced income, residential moves, declining health, widowhood, and changing social relationships and roles. Transitions require the individual to restructure his lifestyle. A crucial element of adjustment to transition is the ability to integrate new roles and relationships into one's existence (Schlossberg, 1978).

Transition can be examined in the counseling process by assessing the difference between the pre-transition and the post-transition environments. This difference may have profound effects on the assumptions about one's self, one's environment,
and one's relationships with family, friends, and community. For example, the pre- and post-transition environments may differ very little if one moves from one apartment to another in the same neighborhood. On the other hand, if a person moves to another community, the pre- and post-transition environments differ substantially and a greater degree of adjustment would be required. Any transition, whether it is an external event or a perception (e.g., "I'm getting old"), can be an opportunity for either growth or deterioration.

Whether an individual grows or deteriorates as a result of the transitions involved in reduced income, declining health, becoming widowed, and changing social roles and relationships can be addressed by counselors working with the aged. No matter how a transition or change is defined on an objective scale, an individual's adaptation to it is what is important. Social class, health status, psychosocial competence, and previous experiences contribute to what coping behaviors the individual will be able to utilize in dealing with the transition. A function of the counselor for serving the aged is to assist the individual with assessment of what they are going through, to identify the phase the individual has reached, and to help the individual arrive at strategies and coping mechanisms that might be used in order to progress to the stage of integration. Helping the older individual gain insight and understand their situation is a necessary process.
One's attitude and self-esteem strongly influence how an individual adjusts. For example, for some people the transition of vocational retirement becomes a stimulus to develop new interests and take up new activities, while for others retirement is a dead end marked by inactivity, boredom, and feelings of worthlessness. Determination of one's life satisfaction in relation to health is another good example of the influence of attitudes. It was found that self-perceived health was more influential on life satisfaction than one's actual health. This implies that how one perceives himself or herself is a significant determinant of one's satisfaction with life.

A function of the counselor is to assist the aged individual in development of or maintenance of a health self-concept in respect to the aging process. The aged individual may need help in resisting belief in stereotypes of the aged. The aged need to be helped to realize that they do not have to be dependent and allow their independence to atrophy. Aged individuals who learn to control their own circumstances look upon themselves as exceptions to the stereotypes that society presents. They perceive themselves as bright, open-minded, adaptable, and useful members of society.

The challenge of counseling is to help the older person analyze the difficulties he or she is having with a specific transition, arrive at an intervention to ease adaptation to the
transition, and provide a perspective and coping skills that will improve chances of making transitions easier to manage in the future.

In the counseling process, older adults can benefit from both support and cognitive understanding of what they are experiencing. For individuals experiencing a crisis, such as the death of one's spouse, immediate support seems to be the best kind of help. The helper communicates empathy, warmth, genuineness, and a readiness to provide whatever service is possible to help the individual through the crisis.

Besides emotional support, counseling also offers cognitive understanding. People in transition states are particularly likely to benefit from counseling, because the decisions they make at these points could profoundly affect the course of the rest of their lives. The end of a transition state is usually marked by a new life organization and personal identity. People in transition must find new ways of managing their lives; they may be helped by cognitive materials that will provide a framework for understanding the new situation. For example, the new widow or widower may need help in managing finances or in locating housekeeping or meal services.

In the context of counseling, the concept of life satisfaction provides a framework for the counselor and counselee to refer to when processing the counselee's situation. The counselor can
utilize this conceptual framework in the effort to better be aware of what his client is experiencing in the way of life events in later stages of life. For example, the counselor needs to be aware of what potential adjustments are involved in the life event of becoming widowed (e.g., adjustment to interacting with peers without spouse's presence, managing finances on one's own). Increased understanding of transitions of older age will help the counselor exercise increased empathy. Often the counselor is likely to be of a younger chronological age than the counselee; therefore, increased understanding of what older age entails may be essential to the counselor being able to understand the experience of his or her older client.

Research findings in the area of life satisfaction can lend to a method of assessment of one's status in relation to the norms of one's particular age group. For example, the studies may indicate that reduced income is most difficult to deal with during the first year after retirement. If the client is preoccupied with his reduced income five years after retirement, then the counselor and counselee will be helped to know where their efforts may need to be concentrated in regards to goals.

Summary of Implications

Review of the literature concerning life satisfaction of the aged has described the implications of a variety of variables in this area. Based on the literature discussed, those responsible
for social policy and those who counsel have the basis for a more complete understanding of what promotes life satisfaction of the aged. The challenge now lies in acting on what is known about life satisfaction in order to facilitate the life satisfaction of the aged population.

Conclusions

Thus, life satisfaction presents an arena of unlimited material to be analyzed and comprehended. Progress has been and will continue to be made in the understanding of what makes the aged contented. This endeavor will be ongoing and never fully achieved, since the aged population will always be present and will always be comprised of individuals with varying problems, situations, and coping skills. The life satisfaction issue provides the basis for which aged individuals and those persons working with the aged can strive for in pursuit of the ultimate goal of a contented, fulfilled life.
References


