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Attitudes Toward Older Adults Among African American and White Counseling Students

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ATTITUDES TOWARD OLDER ADULTS AMONG AFRICAN AMERICAN AND WHITE COUNSELING STUDENTS

APRIL MCKINNIES, B.A.



An Abstract Presented to the Faculty of the Graduate School of Lindenwood College in Partial Fulfillment for the Requirements for the Degree of Master of Arts

1994

ABSTRACT

With the increased population growth of adults 65 and older, the present study set out to examine if there were attitudinal differences between African American and white future counselors, toward older adults. Respondents consisted of 37 graduate students enrolled in a counseling program who volunteered to complete the Aging Opinion Survey (AOS). The AOS was distributed to students in the classroom by the instructor. Overall, the findings indicated that there was no significant relationship in attitudes toward older adults and subjects' ethnic group.

COMMITTEE IN CHARGE OF CANDIDACY:

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Acknowledgements

I would like to thank Dr. Pamela Nickels, Dr. Marilyn Patterson and Dr. Jesse Harris for the encouragement, support and help they offered throughout the process of completing this project.

I would also like to thank my mother for her special encouragement and my sister-in-law for her assistance in the completion of this project.

Dedication

I would like to dedicate this thesis to my husband, Richard and two children, Brittney and Justin, for their patience, encouragement and the understanding they have shown throughout the completion of this project.

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ATTITUDES TOWARD OLDER ADULTS AMONG AFRICAN AMERICAN AND WHITE COUNSELING STUDENTS

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A Culminating Project Presented to the Faculty of the Graduate School of
Lindenwood College in Partial
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Degree of Master of Arts

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CHAPTER ONE

INTRODUCTION

People in general tend to expect older persons to act in certain ways because of their chronological age. The terms elderly or older persons are often used to refer to those over the age of 65 (Davis, 1988). Myths and stereotypes have continued to exist about older persons such as the elderly are useless, frail, and senile (Davis, 1988). Stereotypes are generalized beliefs or attitudes about a group of people and can be positive or negative. Stereotypes may influence the way a person interacts with the elderly (Hooyman & Kiyak, 1988).

It is estimated that America's fastest growing population segment will be 65 or over by the year 2000 (Rodin & Langer, 1980). As Americans age and become in need of health and human services, there becomes an important need to study attitudes toward older persons (Katz, 1990).

Ideally, those who work with older adults usually have a concern for this population and their problems. Professionals such as nurses, physicians and psychologists should become increasingly involved with older adults. This would hold true for counselors as well. Professionals who assist older persons may hold stereotypical attitudes toward this population. With our aging society, there would seem to be a greater

demand for counseling services for older adults. Therefore, there is an increasing need for counselors to be aware of the perceptions they hold toward their older clients.

CHAPTER TWO

REVIEW OF THE LITERATURE

Attitudes Toward Older Adults

A great deal of literature has been devoted to the elderly (Brubaker & Powers, 1976; Kogan, 1979; McTavish, 1971; Palmore, 1982; Schonfield 1982). According to Hooyman and Kiyak (1988) attitudes represent an organized set of values, beliefs, or evaluations held about a particular object or group of objects which may be positive or negative. Prior investigations have reported significant relationships between an individual's age, years of education and their attitudes toward older adults (Tharson, Watley, & Hancock, 1974). Older respondents and individuals who had more years of education were found to have more positive attitudes toward the elderly (Wilson & Aafferty, 1980). Other studies found that attitudes become more negative with education (Stier & Kline, 1980).

McTavish (1971) cited other studies that have demonstrated relationships between an individual's attitude toward older adults and their sex, age, religious beliefs, social class, health status, family composition, their profession, and ethnic group to which they belong. There were no clear relationships found between attitudes toward older adults and a person's race or social class (Thorson, 1975).

America tends to put emphases on youth, attractiveness, and productivity. The elderly are often considered worthless and not valued (Koshberg & Harris, 1978). Psychological research has documented a variety of examples of negative attitudes toward older adults in the United States (Kimmel, 1988). Negative attitudes toward older adults are thought to impact social policies (Schaie, 1988) diminish self esteem, feelings of adequacy, usefulness in older persons (Brubaker & Powers, 1976), and cause adverse mental and medical health treatment of older persons (Butler, 1975).

<u>Ageism</u>

Negative attitudes toward the older population often evolve from anxieties about one's own aging (Hooyman & Kiyak, 1988). People of all ages, social classes, occupations, and educational levels hold negative attitudes toward older adults (Levin & Levin, 1980). Even when other variables such as age, social desirability, and gender are accounted for, negative attitudes toward older persons still exist (Katz, 1990).

The reasons lie in part to a familiar prejudice we have called ageism (Butler & Lewis, 1973). According to Kimmel (1988), ageism is a form of prejudice and discrimination against young, middle-aged, or older individuals.

Biases against the elderly have been reported in the literature.

Rodin and Langer (1980) described one study which found that younger

(35-45) and older (65-75) respondents to a questionnaire "perceived old people as involved primarily in nonsocial behaviors and passive activities, and as possessing negative psychological characteristics to a much greater extent than positive ones, the oldest sample (75 and older) perceived just the opposite" (p.16).

In recent years there seems to be a shift in society's beliefs about the capabilities and needs of older persons resulting in a reduction in ageism on a societal level (Hooyman & Kiyak, 1988). More attention is now given to elderly patients, voters, and consumers with attitudes toward the elderly changing for the better but stereotypes often influence the nature of this increased attention (Kimmel, 1988).

Attitudes of Human Service Professional

Negative attitudes toward older persons are prevalent in society (Ray, Raciti, & Ford, 1985). Attitude studies toward older adults have suggested that human service professionals such as psychiatrists (Cyrus-Lutz & Gatz, 1972), students and professionals working in the field of social work (Mutschler, 1971), psychology (Dye, 1978) and Nursing (Campbell, 1971) all share the negative attitudes of society at large. Psychologists were found to consistently rate older patients as being less desirable to work with regardless of the diagnosis (Ray, McKinney & Ford, 1987). When negative attitudes are manifested by various

professionals, delivery and quality of services for older adults can be hindered (Auerbuch & Levinson, 1977).

Some studies reported more positive findings. Davis (1988) found that college students generally had a positive perspective of older adults but results were mixed. He stated that some students viewed the elderly as unhappy with retirement, bored and dependent on their children. Knight (1986) reported that therapists which included psychiatrists, psychiatric nurses and attendants, and rehabilitation therapists in a community mental health center had positive attitudes toward older persons.

Counselors' Attitudes

As the population ages, there will probably be greater demands for counseling services for older persons (Matiy & Drevenstedt, 1989). In the counseling profession, all counselors will most likely in the future encounter older adults among their clientele regardless of work setting (Myers, 1992). The mental health literature (Butler, 1975; Settin, 1982), suggested that stereotypes about old age may have biasing effects on a clinician's assessment of an older adult client. Settin (1982) found that an older client was viewed as less likely to benefit from therapy and as having a poorer prognosis.

Since human service professionals such as counselors can expect to encounter an increasing number of older persons in their practice, there seems to be an important need to study the kinds of attitudes held by these professionals toward older adults (Matyi & Drevenstedt, 1989). The therapist brings to the session certain attitudes and beliefs derived from past experience Coe, R.M. (in Knight, 1986). Research seemed to be limited on counselors' attitudes toward older adults.

Racial Differences

As our population ages and as the demand for gerontology professionals increases (Peterson, 1987), it is important to study attitudes of future counselors toward older adults. In looking at attitudes of counselors toward older adults, racial differences among African Americans and whites in the context of the family should be considered. It is useful to consider the family context because the family is one of the vehicles by which values and beliefs are passed on to the next generation (Hernandez, 1991). Research that has addressed racial differences of African Americans and whites in the family context was broad in scope but several researchers reported differences in kinship network, (Hays & Mindel, 1973; Hofferth, 1984), source of support (Mutran, 1985; Taylor, 1985), and care giving (Mui, 1992).

Kinship Networks

Studies have shown stronger kin ties among African Americans than among whites (Allen, 1979; Tienda & Angel, 1982). According to Hofferth (1984), the term kin refers to the network of related persons

not necessarily residing together. A number of findings were reported by Hays and Mindel (1973) with regards to extended kinship relations in African American and white families. African American families were found to have more extended kin living in the same household, received more help from kin in child care and rearing, interacted more with extended kin, and perceived kinship as more significant than white families. Tienda and Angel (1982) found kin ties to be strongest in single parent families among African Americans than whites. In a single parent family a mother will often take over the care of a daughter's child and assume the parental role (Stack, 1975). The African American kinship network often consist of fictive kin who function in the absence of blood relatives and are referred to by older adults as play children (Johnson & Barer, 1990).

Source of Support

Fictive relationships can be derived from formal and informal networks, (eg. homemaker, playchild). Older adults who are house bound and have few relatives, may form a kin like relationship with a home maker who comes to the home a few days a week and shares the same cultural background (Johnson & Barer, 1990).

Johnson and Barer, (1990) also reported that African Americans were more active with family and friends than whites and received more support from relatives in general. They found a significant racial

difference in the importance of church. African Americans were more likely than whites to use church affiliation as a source of support and social integration. Some churches consider the congregation as a spiritual family and use kinship terms such as "Mother Brown", "Brother Smith" and "Sister Taylor" (p. 731).

A study by Cantor, (in Taylor, 1985) discussed ethnic differences in informal support networks and found that African American and white respondents were comparable with reference to social support received from children, but African American elderly tended to give more help than did white elderly. African Americans of all ages are more likely to live in an extended family household than whites (Tienda & Angel, 1982; Hofferth, 1984)

Caregiving

There seemed to be a lack of research which compared African American and white family functioning with regard to the care of the elderly (Kent, 1971). Research on African American and on white families in general has indicated that kinship ties among African Americans are stronger than they are for whites (Hays & Mindel, 1973). Compared to whites, African Americans were found to rely more on family than on formal care (Mindel and Wright, 1982). A study by Wile (in Mui, 1992) found that African Americans are more likely than whites

to regard older adult persons with respect and are more likely than whites to feel that children should take care of their older parents.

According to Wolf (in Taylor & Chatters, 1991), frequency of family interaction is important in regards to availability of family members for daily assistance and care giving. Racial differences in family interaction patterns among older adults are inconsistent (Taylor, Chatters, 1991). Some studies have indicated that older African American adults interact more frequently with their children than older white adults (Dowd & Bengtson, 1978). Other studies failed to find significant race differences (Mitchell & Register, 1984).

Research on adults 65 and older has received more attention since this population has increased. According to Myers (1992), in the future all counselors regardless of work setting will encounter older adults or families among their clientele. Counselors must be willing to increase their knowledge about the elderly population and become aware of how attitudes and fears about aging may affect their clinical decisions (Fitting, 1986). Attitudes and perceptions held by future counselors toward older adults seemed important to investigate because the elderly constitute America's fastest growing population (Rodin & Langer, 1980). Future counselors also have the challenge of working with people of different ethnic and cultural backgrounds (McGoldrick, Pearce & Giorgano, 1982). Cultural diversity has been a feature of American society for a long time

and will continue to be in the future. The aging of the general population has been accompanied by growth in the numbers of older African Americans and other persons of color (Capitman, Gallegos, & Yee, 1991).

Research on attitudes toward older adults in regard to a subject's race was limited. One study found no clear relationships between attitudes toward older adults and subjects social class or race (Thorson, 1975). Harris and Fiedler (1988) found that preadolescents' race was significantly related to their attitudes toward the elderly.

The purpose of this study was to investigate if attitudinal differences toward older adults exist along racial lines among counseling students. In order to address this question, the Aging Opinion Survey (Kafer, Rokowski, Lachman, & Hickey, 1980) was used to measure three separate dimensions of attitudes toward older people: (1) attitudes toward familiar older people; (2) attitudes toward one's own aging, and (3) attitudes toward older persons as a group.

Differences between African Americans and whites in the context of the family were discussed. The family is one institution where attitudes and personal beliefs are formed. Therefore, it is hypothesized that there is no significant relationship among African American and white counseling students attitudes toward older adults. Implications relate to the importance of future counselors being aware of their own

attitudes and biases to determine if they will be effective in the therapeutic situation.

CHAPTER THREE

METHOD

Description of Sample

Participants in the study consisted of 37 graduate students enrolled in a professional counseling program at a midwestern private college and a midwestern state university. Both programs were offered in the evening. There were 10 (27%) African American respondents, 26 (70%) white respondents and 1 unknown. There were 11 (30%) males, 25 (68%) females and 1 unknown. Ages ranged from 22 to 62 and older. Of the 37 participants 21 (57%) were enrolled at Lindenwood College and 16 (43%) were enrolled at the University of Missouri - St. Louis. There were 5 (14%) who had taken a gerontology course and 32 (86%) who had not. Subjects were not randomly selected, but a sample of convenience (Refer to Table 1).

The design used was a pseudoexperimental design similar to a descriptive study. Chi-Square analysis was used to test for independence of ethnic group and attitudes. The two groups examined were African American and White graduate counseling students.

Instrument

The Aging Opinion survey (AOS) is an empirically based 45 item self-reported questionnaire which was used to obtain attitudes toward older people. The AOS is an improvement over previous attitude

TABLE 1

DESCRIPTION OF SAMPLE
N=37

Gender	N	MISSING	PERCENT
Males	11		30%
Females	25	1	68%
Age			
22-32	8		22%
33-42	17		46%
43-52	8	1	22%
53-62	2	5	5%
62 or older	1		3%
Ethnic/Race			
African American	10		27%
Caucasian	26	1	70%
Asian American			
Other (specify)			
Institution			
Lindenwood	21	1 1 1 1 1 1 1 1	57%
UMSL	16		43%
Gerontology Course			
Yes	5		14%
No	32		86%

measures because the AOS separates attitudes toward older people from attitudes toward the aging processes (Kafer et al., 1980). The AOS has three subscales which assess attitudes in three areas: (Scale one) attitudes toward familiar older persons, (Scale two) personal anxiety toward aging, and (Scale three) attitudes toward older persons in general. The AOS has been empirically derived and tested (Kafer et al., 1980). Coefficient alpha index of reliability measures range from .68 to

.81. Evidence for convergent validity was supported with other attitude instruments (Kafer et al., 1980).

The independent variables in this study were ethnic group or race of the respondents and demographic data. The dependent variable was the Aging Opinion survey which measured attitudes. Responses to statements on the AOS were obtained on a five point Likert scale that ranged from "Strongly Agree" to "Strongly Disagree". The AOS consists of three 15-item scales. Items comprising scale one reflect aging processes of peers and friends. Lower scores indicated approval of a stereotypic view of aging. Items comprising scale two reflect fear or anxiety concerning one's aging. Lower scores indicated greater anxiety toward aging. Items comprising scale three reflect the value put on contributions that older adults make. Lower scores indicated a lower perceived social value of older adults. Items are scored as follows:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Uncertain
- 4 = Disagree
- 5 = Strongly Disagree

Certain items are reversed in scoring to correct for responses bias in respondents:

5 = Strongly Agree

- 4 = Agree
- 3 = Uncertain
- 2 = Disagree
- 1 = Strongly Disagree

Scale scores are then obtained by summing item scores across the 15 items. Items are presented in either positive or negative statements. Total scores on each of the scales could range from fifteen to seventy-five (Kafer et al., 1980).

<u>Procedure</u>

Respondents completed the Aging Opinion Survey during the Fall and Winter semesters of the 1993-1994 school year. Instructors for the counseling programs were asked to distribute the AOS in several of the classes. The surveys were returned to the instructor. Instructions were included on the questionnaire in which respondents were to check the appropriate spaces expressing their opinion. There were no right or wrong answers. Subjects had unlimited time to complete the survey. A total of 70 surveys were distributed to students and only 37 (53%) were returned.

Independent variables were ethnic group, sex, and age. The two ethnic groups examined were African Americans and whites. The dependent variable was the Aging Opinion Survey which was used to assess attitudes toward older adults. Attitudes represent an organized set of values, beliefs, or evaluations held about a particular object, person, or group of persons (Hooyman & Kiyak, 1988).

CHAPTER FOUR

RESULTS

A 2 x 3 chi-square analysis was performed to investigate if there was a significant relationship between African American and White counseling student's attitudes toward older adults. The Aging Opinion Survey measured attitudes on three separate scales (Refer to Table 2).

TABLE 2
AGING OPINION SURVEY

Scale One	Attitudes toward Familiar Older Persons
Scale Two	Personal Anxiety Toward Aging
Scale Three	Attitudes Toward Older People in General

The chi-square analysis indicated that of the White graduate counseling students, 34% had positive attitudes toward familiar older adults (scale one) as well as 34% of the African American graduate counseling students. Of the white graduate students, 29% had positive attitudes concerning their own aging (scale two) compared to 30% of African American students. Of the white graduate students, 37% had positive attitudes regarding social value of older adults compared to 36% of African American students (Refer to Table 3).

TABLE 3
RESULTS OF CHI-SQUARE TEST
COLUMN PERCENTAGES
X' = 0.01 N = 37

	Scale 1	Scale 2	Scale 3
African Americans	34%	30%	36%
Whites	34%	29%	37%

The observed and expected frequencies were very close and the chi-square statistic was small which also indicated that there was no significant relationship in the attitudes toward older adults among African American and White counseling students. The obtained $x^2 = 0.01$, df = 2, .05 level of significance, critical value = 5.99, n = 37 (Refer to Table 4).

TABLE 4
NUMBER OF MISSING OBSERATIONS: 0

Count Expected value Col. Pct. Residual

Chi-Square Analysis

2x3 Contingency Table

ATTITUDES	AFRICAN AMERICAN	WHITES	ROW TOTAL
SCALE 1	528 5296 34% -1	1436 1435 34% 1	1964 100%
SCALE 2	461 458 30% -3	1239 1242 29% -3	1700 100%
SCALE 3	566 568 36% -2	1544 1542 37% 2	2110 100%
COLUMN TOTAL	1555 100%	4219 100%	5774

 $X^2 = .01 df = 2$

CRITICAL VALUE = 5.99 AT .05 LEVEL

ACCEPTING THE H_o HYPOTHESIS

CHAPTER FIVE

DISCUSSION

The findings of the present study indicated that there was no significant relationship in attitudes toward older adults among African American and White counseling students, accepting the null hypothesis. The sample (N = 37) consisted of graduate students going into a helping profession which may have had an impact on the results. Thorson and Perkins (1981) found that graduate students had more positive attitudes than undergraduates, and persons majoring in social work, another helping profession, had more positive attitudes toward older adults than persons majoring in business.

The present study discussed differences among African Americans and whites in regard to the family context as a setting where attitudes can be shaped and learned. Even though the results of the present study found no significant relationship in attitudes of counseling students along racial lines, a construct as complex as attitude may interact with other variables such as socio-economic status, sex, age, religion, education, degree of contact with older adults and other experiences of an individual, which may be useful data to investigate for future research (Thorson & Perkins, 1981). Research on a subject's race and attitudes toward older persons seemed very limited. A study by Thorson (1975)

supported the results of the present study. He found no clear relationship between subject's race and attitudes toward older people.

Some of the limitations to the present study include the sample not being a random sample but one of convenience. The Aging Opinion Survey used was a self-reported instrument in which respondents may tend to endorse socially desirable statements regardless of how they really felt. The study was not a true experimental design. Respondents of the study were from a midwestern college and a midwestern university which limits the conclusions that can be drawn regarding a relationship between race and attitudes of graduate counseling students in the general population.

Since there was such a small representation of African Americans in this study, several inquiries were made to other programs to find out to what degree are minorities represented in counseling programs in general. A frequent response given was that African Americans tend not to seek out counseling as a profession, therefore the numbers were relatively small. One suggestion is that race should receive more attention in future attitudinal studies of graduate students. A replication of the present study utilizing a larger sample of racially mixed students is also needed.

In conclusion, future counselors of any race or ethnic group working in various settings and private practice will be faced with the

challenge of working or coming in contact with older adult persons in the future. There is an important need to be aware of one's own attitudes and biases toward older persons.

A useful focus for future research would be to examine counselors' reactions to older persons in a real-life situation such as in a mental health setting rather than just tapping general attitudes. For example, counselors who facilitate group and individual sessions with older persons would be observed in their interactions with this population and then be asked whether their contact was positive or negative.

In the present study 32 (86%) of the respondents had never taken a gerontology course. A longitudinal study using the AOS might be beneficial to determine whether gerontology education has any long-term effects on attitudes and whether these attitudes impact subsequent behavior with older persons. Individuals who work with and provide services to older adults, should be aware of their attitudes and perceptions about this population in whatever setting they work.

APPENDIX A

CONCENT FORM

CONSENT FORM

1.	April McKinnies, who is a candidate for a Master's degree in
	counseling at Lindenwood College, has requested my participation
	in a research study at this institution.

- 2. I understand that my name will not be used in this study.
- I understand that my participation is voluntary and that refusal to participate will involve no penalty to me.
- My participation will involve a response to a demographic questionnaire and the 45-item Aging Opinion Survey.
- I have read the above statements and I hereby give my informed consent to be a participant in this study.

Signature of Participant

Date

APPENDIX B DEMOGRAPHIC QUESTIONNAIRE



DEMOGRAPHIC QUESTIONNAIRE

AGE:		22-32	
		33-42	
		43-52	
		53-62	
		62 or Older	
SEX:		Male	
		Female	
ETHN	IIC GR	OUP:	
		African American	
	_	Caucasian	
	_	Asian American	
	_	Other (specify)	
INST	ITUTIO	ON:	
	_	Lindenwood College	
	_	University of Missouri - St. Louis	
Have	you e	ver taken a course in gerontology?	
	_	Yes No	

APPENDIX C AGING OPINION SURVEY

AGING OPINION SURVEY

(Kafer, R.A., Rakowski, W., Lachman, M., & Hickey, T. 1980)

On the following pages, you will find a number of statements expressing opinions with which you may or may not agree. Following each statement are five spaces labeled as follows:

Strongly	Mildly	Uncertain	Mildly	Strongly
agree	agree		disagree	disagree

You are to indicate the degree to which you agree or disagree with each statement by checking the appropriate space. Avoid choosing the uncertain response where possible.

Please consider each statement carefully, but do not spend too much time on any one statement. Do not sip any item, even if it seems like it doesn't apply to you. There are no right or wrong answers--the only correct responses are those that are true for you.

 After retirement one should not have much influence in public policy making.

<u> </u>				A super a real of Figure
Strongly	Mildly	Uncertain	Mildly	Strongly
agree	agree		disagree	disagree

Most people I know feel that the elderly deserve a great deal of admiration.

Strongly	Mildly	Uncertain	Mildly	Strongly
agree	agree		disagree	disagree

3.	I don' use to		of my friends o	an hear quite	as well as they
Stre	ongly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
4.		derly have a viently utilized	wealth of knowle	edge and expe	rience that is no
Stre	ongly	Mildly	Uncertain	Mildly disagree	Strongly disagree
5.		7.17 L	zation would fur led on their gove		
Str	ongly	Mildly	Uncertain	Mildly	Strongly
agr		agree		disagree	disagree
agr		Mildly agree	Uncertain	Mildly disagree	Strongly disagree
7.	It's be	est to forget	that we're gettir	ng older every	day.
Stre	ongly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
8.			sm and fresh ide the outdated no		
Str	ongly	Mildly	Uncertain	Mildly	Strongly
agr		agree	2331.131.1	disagree	disagree
9.	So ma	any people I l	know grow less	content as the	e years go by.
Stre	ongly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree

10. The o	lder I get the	more I worry at	oout money m	atters.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
11. I alwa hairs.		he day I would I	ook in the mir	ror and see gra
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
12. My fr	iends never l	ook as good as t	they used to a	inymore.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
13. My fr	iends aren't n	early as changea	bles when the	ey were younge
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
14. The o	0.70	ls get the less res	spect they hav	e for the privac
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
15. I have	e become mo	re content with	the years.	
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
	older my frien acting with ot	ds get the less hers.	interest they	seem to have i
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree

Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
	eople usually	interfere with the		
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
	and more peo	ple I know are b	ecoming obse	rvers rather t
partic	iparits.			
Strongly agree	Mildly	Uncertain	Mildly disagree	Strongly disagree
	1.00	en I can no long		<u>dinan</u>
Strongly	Mildly	Uncertain	Mildly	Strongly
agree	agree		disagree	disagree
	Virtual Control	m to worry unne	111 111 111	a acidpo-c
	Virtual Control	m to worry unne Uncertain	111 111 111	a acidpo-c
21. People Strongly agree	Mildly agree	<u>Legar</u>	Mildly disagree	Strongly disagree
21. People Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
Strongly agree 22. The o	Mildly agree	Uncertain	Mildly disagree ry about my h	Strongly disagree nealth.
Strongly agree 22. The o Strongly agree	Mildly agree Mildly agree Mildly agree	Uncertain the more I wor	Mildly disagree my halldly disagree	Strongly disagree
Strongly agree 22. The o Strongly agree	Mildly agree Mildly agree Mildly agree	Uncertain the more I wor	Mildly disagree my halldly disagree	Strongly disagree nealth.

Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
25. Older	people are m	ore or less a bu	rden for the y	oung.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
26. I am s	ure I will alw	ays have plenty	of friends to	talk to.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
	[[마다다다리네티스 :] (특히 시티니다)(특히 보고 2년	seem to need everyday chores		a sleep to ha
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
28. Socie	ty would ben	efit if the elderly	had more say	y in governmer
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
29. My fri	ends make s	ure they get ple	nty of exercis	e.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
30. I neve	r think about	dying.		
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree

Older people are more or less a burden for the young.

24.

	ad to say, bu use to.	t my friends jus	t can't turn o	ut the work lik
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
32. Most	elderly prefer	to live in senio	r citizen apart	ment buildings.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
33. I fear	that when I'	m older all my fr	iends will be	gone.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
34. The t	hought of out	tliving my spous	e frightens m	э.
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
	cial depender est fears.	nce on my child	dren in old ag	ge is one of m
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
	uld prefer to minate.	always live in	area where	people my ag
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
37. The s	ocial status o	f my friends and	l people my a	ge is decreasing
Strongly agree	Mildly agree	Uncertain	Mildly disagree	Strongly disagree

38.	People use to.		n to sit around t	he house a lot	more than they
Stro	ngly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
39.	Based tricks.	on the peop	ole I know, you	can't teach	an old dog new
Stro	ongly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
40.	I know	I'll enjoy se	xual relations no	matter how	old I am.
Stro	ngly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
41.	The old	der I become	e, the more anxi	ous I am abou	t the future.
Stro	ngly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
42.	The ele	endings and the second second	n't be expected	to do more	for society after
Stro	ongly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree
43.	Neighb down.	orhood whe	ere the elderly p	redominate of	ten become run
Stro	ongly ee	Mildly	Uncertain	Mildly disagree	Strongly disagree
44.	You ca	n keep the j	oys of grandpar	enthood, I'd r	ather be young.
Stro	ongly ee	Mildly agree	Uncertain	Mildly disagree	Strongly disagree

45. I would always want to live in a neighborhood where there was a variety of age groups.

Strongly agree Uncertain Mildly Strongly disagree disagree

APPENDIX D
DATA

SCALE ONE

AFRICAN AMERIC	AN WHITES
1. 54	1. 50
2. 57	2. 62
3. 42	3. 72
4. 54	4. 49
5. 59	5. 67
6. 41	6. 49
7. 49	7. 51
8. 51	8. 54
9. 52	9. 39
10. 69	10. 43
	11. 59
	12. 62
	13. 40
	14. 68
	15. 50
	16. 38
	17. 55
	18. 59
	19. 45
	20. 45
	21. 48
	22. 60
	23. 54
	24. 71
	25. 41
	26. 44
	27. 61
528	1436

SCALE TWO

AFRICAN AMERICAN	WHITES
1. 37	1. 38
2. 60	2. 53
3. 44	3. 36
4. 52	4. 44
5. 54	5. 43
6. 28	6. 44
7. 40	7. 60
8. 41	8. 51
9. 51	9. 50
10. 54	10. 59
10.10	11. 45
	12. 50
	13. 61
	14. 52
	15. 49
	16. 53
	17. 41
	18. 42
	19. 49
	20. 38
	21. 50
	22. 50
	23. 31
	24. 55
	25. 36
	26. 58
	27. 46
461	1239

SCALE THREE

AFRICAN AMERICAN	WHITES
1. 55	1, 55
2. 55	2, 55
3. 48	3, 61
4. 55	4, 57
5. 59	5. 63
6. 61	6. 57
7. 58	7. 63
8. 59	8. 64
9. 54	9. 54
10. 62	10. 51
denter by the CHRISTIN STORAGE	11. 55
Section 14.5 (1810) The age	12. 50
hiprom & Bow.	13. 69
Allerson in Links	14. 60
The Mark Concess of Concess	15. 68
and the second second second	16. 44
	17. 48
	18. 58
	19. 62
	20. 61
	21. 66
	22. 45
	23. 58
	24. 61
	25. 55
	26. 58
Search 1 K 100 b selection	27. 46
566	1544

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