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Varieties of Personal Aging

Caroline F. Viens

A Thesis

in

The Department

of

Sociology and Anthropology

Presented in Partial Fulfillment of the Requirements
for the Degree of Magisteriate of Arts at
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ABSTRACT

Varieties of Personal Aging

Caroline F. Viens

This study examines the attitudes and subjective perceptions of the aging process as experienced by male (6) and female (9) subjects in retirement, over the age sixty-five. Data drawn from interviews conducted in the subject's home and based on a questionnaire of twenty-three open-ended questions explores their encounters with role changes, status loss, work, discrimination, family contacts, and gender differences in their aging. Feminist, Labelling, Activity, Disengagement, and Personality Theories are reviewed.

The principal findings of this research indicate that there is a wide variety of styles of personal aging which I call liberated, volunteers, wanderers, family first, and retreaters. In general, all my sample were satisfied with their own aging, although many had experienced various forms of discrimination. Men and women seem to age in a similar way although they believe that they age differently. Most of my sample travelled extensively regardless of their income. Finally, roles became far more fluid as aging progressed relating to common interests and needs rather than to social obligations and roles.

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To my son Stephan, whose determination and humour in the face of overwhelming odds, is an inspiration to me and a source of joy to those who know him.

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INTRODUCTION

Seniors are becoming an increasing proportion of the Canadian population and their life experiences do not appear to be reflected in conceptions that are applied to them. Drains on the pension funds, overloads in the hospital and chronic care systems, and unproductive members of the community are negative connotations attributed to the aged. Some myths that are currently in circulation regarding the aged encourage the negative stereotypes. For instance, the myth that the population is aging simply because people are living longer. Longer life may be the result of medical advancements possible in industrialized nations but there is a physiological ceiling on life expectancies. People can only live so many years. However, population aging is also due to low fertility and reduced immigration levels. The former factor is beyond the unaided biological possibility of the elderly and the latter is motivated by the economics of an industrialized nation (McDaniel, 1986:5-6).

This study is an attempt to examine the process of social aging from the perspective of the elderly themselves. The goal of this study is to investigate how old people see themselves, what they think of their aging process, the roles they play in the family and the community, their areas of satisfaction and dissatisfaction; it will also consider gender and class variables relating to the aging process.

This paper will concentrate on their social networks, daily activities, and interpersonal experiences. Medical doctors and psychologists have already begun to amass publications on the process of aging related to their areas of expertise; and, sociologists study

aging in relation to areas like social problems, and social policy; but there are few works examining the years from official retirement to the advent of loss of personal autonomy.

In Chapter 1 the discussion has been focused on a descriptive profile of the elderly in Canada in order to acquire an understanding of their situation within Canadian society. This provides the reader with an idea of the numbers of elderly nationally and provincially as well as an indication to their living conditions. The demographics are important in order to grasp the extent of the impact the elderly have in relation to the total population; as well as the probable influence they will have as their proportions increase with the aging of Canadian society.

Chapter 2 is an overall review of the literature on the social process of aging. Some of the known post-war theories are mentioned but the concentration is on a few sociological theories. The chapter is divided into three areas of discussion. First, the work of Levinson, De Beauvoir, Friedan and Sheehy are discussed in some detail. They are some of the most well known writers on aging. While Levinson is the social-psychologist of the group, all four authors use their personal experiences and/or interview data as part of their research methodologies, so they are particularly appropriate and useful in this research. We also consider some of the micro-sociological theories as well as the theory of ageism, and we will later assess their relative utility for understanding our own data.

Chapter 3 outlines the method of investigation for this paper. Two methods were followed, primarily interviewing with participant-observation of the subjects supported by participant-observation of a course on aging given by the C.L.S.C. The justification for the choice of open-ended interviewing and the sampling procedure is explained. The sub-

jects are presented accompanied with a brief personal history. Various sections discuss the mechanics of designing, implementing, and acquiring the interviews for analysis.

Chapter 4 and Chapter 5 present and analyze the transcripts produced from the recordings and notes taken. There is a heavy reliance on the subject's own description to the questions asked in order to insure that it is the perceptions of the elderly that are dominant in the discussion. Chapter 4 concentrates on such aspects of their family experiences as their roles, status changes, ageism, alienation, family, and social networks; and Chapter 5 delves into their general philosophy of life and describes five "varieties of aging": that is, five alternative choices and strategies of aging developed by my respondents.

Finally, the last chapter summarizes the conclusions of the researcher, offers some policy recommendations and some recommendations for further research.

CHAPTER 1

THE ELDERLY IN CANADA

The imminent retirement of the post war baby-boomers will see as much of an impact on Canada's social policies, residential requirements and medical resources as did the birth of this large cohort. The greying of Canada will require major restructuring of most of the policies presently in place to accommodate the changing needs of an aging population. It will certainly precipitate a shift of political, economic and intergenerational power as we approach the 21st century.

For the purposes of this study the elderly or seniors are defined as those persons who are 65 years of age and older. However, there should be a distinction between the young-elderly and the old-elderly. This distinction is not age-related but lifestyle-related. The young-elderly are those in good physiological and mental condition living independently of outside professional social services. The old-elderly are those who for reasons of incapacitation, either physical or mental, reside in or are reliant upon professional social services on a permanent, long-term basis.

Numbers

The elderly in Canada represent 3.2 million and constitute 11.6% of the total population of 27.3 million according to the Census taken in 1991. This represents an increase from the 9.7% (2.3 million) reported in the 1981 census enumeration (Stats Can, 1994b:5-7). Of the elder population approximately 1.8 million are women 65+ or about

58% of the total senior population in 1991. In addition, 69,000 were over 90 and 2,800 were over 100 (NACA, 1993b:8). The elderly represent the fastest increasing proportion of the population. This rise can be explained by the overall slowing of population growth compared to the growth of the elderly population. This overall slowing accelerates the elderly growth rate occurring from one census period to the next (Stats Can, 1994b: 5-7). Population aging or greying is attributed to basically three trends: declining birth rates, migration (immigration and emigration), and mortality rates, all of which I will briefly discuss.

Declining birth rates reduce the proportion of under-65 population members and is the main reason for the aging of Canada's population. This has been occurring for the better part of this century, excluding of course, the post-war baby boom. The crude birth rate is currently about 15 per 1,000 down from the 30 per 1,000 population recorded from 1891-1921.

Migration affects the aging demographics differently. At the turn of the century, the new immigrants were generally young and this slowed the aging process of the population at that time. The wave pattern of immigration is reflected in the ratio of elder foreign-born to elder native-born. "In 1951, for example,... 19.2% of foreign-born Canadians were elderly, compared with only 5.8% for native-born; similarly, in 1991 the proportions were 17.5% versus 9.6%" (*ibid.*,9).

Table 1.1

Selected Data on Canada's Total Population and the Elderly,
1901-1991

| | 1901 | | 1931 | | 1961 | | 1991 |
|---------------------------------------|-------|------|--------|------|--------|------|--------|
| 1) total pop. (000's) | 5,371 | | 10,377 | | 18,238 | | 27,297 |
| 2) 30-year ratio | | 1.93 | | 1.76 | | 1.50 | |
| 3) seniors, (000's) | 271 | | 576 | | 1,391 | | 3,170 |
| 4) 30-year ratio | | 2.12 | | 2.41 | | 2.28 | |
| 5) line (4)/ line (2) | | 1.10 | | 1.37 | | 1.52 | |
| 6) % seniors line (3)/ line (1) | 5.0% | | 5.6% | | 7.6% | | 11.6% |
| 7) 30-year difference | | 0.5% | | 2.1% | | 4.0% | |

Note: Tables report rounded numbers. However, calculations of percentages and rates are based on unrounded numbers.

Source: Statistics Canada - Catalogue No. 96-312E, *Profile of Canada's Seniors*.

Mortality trends have changed in this century: decreasing mortality rates have raised the life expectancy at age 65 from 13 years in 1920-22 to 17 years in 1985-87. Demographers associate life expectancy increases, when acquiring at these ages, directly to the aging population (*ibid.*,9-10; Stats Can, 1994c:13,16-18).

Distribution

Most of the elderly live in the region with the largest population, namely the provinces of Ontario and Quebec. However, in Canada, there is a certain regional variation in their proportions. The province with the largest percentage of population

over 65 was Saskatchewan, according to the 1991 census. The North West Territories had the smallest population of elderly. The other provinces fell in between and are listed here in descending order: British Columbia, Manitoba, Nova Scotia, Prince Edward Island, New Brunswick, Ontario, Quebec, Newfoundland, Alberta, and the Yukon (Table 1.2).

Table 1.2

Percentage of Elderly 65 and over in Canada's Provinces,
1991 Census

| Province | Total Population | 65 and Over | Percentage % |
|------------------------|------------------|-------------|--------------|
| Newfoundland | 568,475 | 55,167 | 10% |
| Prince Edward Island | 129,765 | 17,080 | 13% |
| Nova Scotia | 899,945 | 113,405 | 12% |
| New Brunswick | 723,900 | 88,231 | 12% |
| Quebec | 6,895,960 | 770,920 | 11% |
| Ontario | 10,084,885 | 1,183,475 | 12% |
| Manitoba | 1,091,940 | 146,605 | 13% |
| Saskatchewan | 988,930 | 139,925 | 14% |
| Alberta | 2,545,550 | 230,550 | 9% |
| British Columbia | 3,282,065 | 422,010 | 13% |
| Yukon | 27,795 | 1100 | 4% |
| North West Territories | 57,650 | 1,605 | 3% |

Source: Statistic Canada-Catalogue No. 93-310, *Age, Sex and Marital Status*, 1994b.

The majority of these elderly live in an urban area with only 18% of the overall Canadian elderly population (3.2m) residing in rural areas compared to 23.7%

(5,640,395) of the younger population (0 - 64) (23,832,635), 1991 census (NACA, 1993:no. 9 (April); Stats Can, 1993d:10; Stats Can, 1997).

Health

Most seniors are in good health, as confirmed by the rising life-expectancy age. Furthermore, this rising life-expectancy is, for the most part, experienced in good health, not languishing away in isolation unable to contribute to society. Most of the elderly appear to be in reasonably good health and function well without the need of social services until the last year or so of their lives. Almost 65% of older seniors (75+) living outside institutions reported excellent health and were satisfied with life, and 43% of the seniors said their lives were not stressful.

Seniors reported a certain "wellness" regarding their health in a survey done in 1991. At this time 90% of the men and 82% of the women over the age of 75 lived alone, with a spouse or with others outside of institutions. Sixteen percent of older seniors (75+) were institutionalized at the time of the 1991 census (NACA, Spring 1992:25).

Elderly Canadians, on the average, use medical services about as often as younger adults. In a Manitoba study it was found that 59% of health care services are used by 5% of the senior population, most often just before death when costs incurred are high (NACA, Spring 1992:3). This has led to the interpretation by some that seniors are a burden to the system.

The services consumed by 5% of the elder population are the most cost intensive so that the terminally-ill elderly consume the larger, technology-based portion of the

health budget. Although mortality rates have dropped, there is an increase in sensory and mobility problems prevalent among older seniors (85+). For example, according to the 1986 Health and Activity Limitation survey, "83% of seniors 75 to 84 and 89% of those 85+ reported disabilities with regard to mobility and agility" (NACA, 1993a:13) and "research indicates that 20% of all the hospital days used by the elderly were used by those who died during the year" (NACA, 1993a:14). Therefore, the remaining 80% were dealing with physical limitation or mobility difficulties.

The major chronic health problems that may require health care services are cardiovascular diseases, diabetes, arthritis and chronic rheumatism, high blood pressure, respiratory diseases, and osteoporosis. The most common acute illnesses that may lead to chronic problems that affect the elderly are pulmonary and urinary infections, strokes and blood clots, heart disease, tumours, fractures and diseases of the digestive system (NACA, 1993a: 13; Table 1.3, NACA, 1990a).

Of seniors 75+, only 16% described their lives as stressful. Furthermore, 35% of the women and 50% of the men named health as the cause of this stress (Stats Can, 1993b:25-27). Results of an analysis of the pattern of elderly use of health services during 1985-86 indicate that both men and women frequently submit to diagnostic and therapeutic procedures and operations on the digestive system and abdominal area (31.1% and 33.7 % respectively). Some procedures reflect gender differences as compared to younger cohorts such as operations on genital organs for men (12.4%) and operations on musculoskeletal system for women (13.1%) (Table 1.3, NACA, 1990a).

Table 1.3

Percentage of Hospital Separations that Involved Surgical
Procedures, Persons Aged 65 and Over, by Type of Procedure and Sex, Canada, 1985-86

| Procedure | Female | Male |
|-------------------------------------|--------|------|
| diagnostic & therapeutic | 33.7 | 31.1 |
| digestive system & abdominal region | 14.1 | 15.8 |
| musculoskeletal system | 13.1 | 6.6 |
| eyes | 12 | 7.3 |
| other operations & procedures | 11.8 | 10.4 |
| cardiovascular system | 6.9 | 9.9 |
| genital organs | 4.8 | 12.4 |
| urinary track | 3.6 | 6.7 |
| Totals (%) | 100% | 100% |

Note: Tables report rounded numbers.

Source: Stats Can. 1990. A Portrait of Seniors in Canada. Cat. No. 89-519 reprinted in NACA, Info-Age. 1990. vol. 2., no. 1 (October).

Most seniors consult their physicians annually; for example, 87% of the 65-74 age group and 89% of the 75+ age group, whereas only 33% of the younger group consult their dentists. Nurses see 11% and 17%, and no consultations are requested by 9% and 8% of these groups respectively according to Stats Can in the year previous to the survey (NACA, 1990a).

Income

The average income of elderly Canadian families in 1991 was \$40,354 of which 27.2% came from earnings, 16.4% represented investments, 16.2% represented private pensions, OAS/GIS/SPA/PPP/QPP¹ represented 34.1% and 6% other, subject to rounding off percentages. The reliance on OAS/GIS/SPA/PPP/QPP increased to 75.8% of their total income for those without private programs. However, it is interesting to note that "as a proportion of income, poor families rely three times more heavily on these programs" than the rest of the elderly (Ross, Shillington and Lochhead, 1994:106-7). This situation did not appear to change significantly from the 1986 census. More than one-third of income received in 1986 came from programs like Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In general, seniors receive about 16% of their retirement income from private pensions and approximately 21% of their income from investments. The distribution income of families living in rural areas, with one senior in residence, had distinctly lower weight than the \$55,000 threshold for all families with a senior: 8% versus 17%. The survey showed that for unattached rural women 70+, 49% had income below \$10,000 whereas 40% of all unattached women had an income under \$10,000 leaving them to live in poverty (NACA, 1993c).

Government is still the most important source of income for seniors. The Canada/Quebec Pension Plans, introduced in 1966, provided 14% of senior's income to those who paid into the plans and their surviving spouses. Contributors, in particular older men, have decreased from 22% fifteen years earlier to 10% in 1986 due to the decreasing participation in employment (NACA, 1991a:5).

About three million Canadians receive OAS paid out of the general tax revenues of the federal government costing \$12.5 billion a year (1990). A person must have lived in Canada at least ten years to be eligible for OAS and full benefits will only be paid if a person has lived in Canada forty years after the age of eighteen. This means immigrants would have had to arrive in Canada at a young age in order to receive full benefits. Otherwise, they will receive 1/40th of the full pension for each year of residency after 18 years of age. Furthermore, Canadians with an income more than \$50,000 are required to pay back some or all of their benefits as of 1989 (*ibid.*,:9). The Canadian pension distribution is as follows:

Table 1.4

Population Receiving OAS, Provinces, and Territories
of Canada, December 1990

| Province | Full OAS | Partial OAS |
|-----------------------|-----------|-------------|
| Newfoundland | 54 776 | 134 |
| Prince Edward Island | 16 604 | 75 |
| Nova Scotia | 110 799 | 472 |
| New Brunswick | 86 125 | 455 |
| Quebec | 734 521 | 3 959 |
| Ontario | 1 104 977 | 13 488 |
| Manitoba | 141 491 | 1 026 |
| Saskatchewan | 136 833 | 259 |
| Alberta | 214 912 | 2 605 |
| British Columbia | 387 136 | 6 489 |
| Yukon | 1 011 | 3 |
| Northwest Territories | 1 537 | 0 |
| International | 14 608 | 47 704 |

Source: Health and Welfare Canada. Monthly Statistics Income Security Programs, December 1990.
Table 3. reprinted in NACA, 1991a:8.

GIS benefits are paid to those whose income, excluding the OAS, meets certain requirements. This benefit is paid out to older seniors more than younger ones and to women more than men. There are some top-up programs in certain provinces to help those seniors exhibiting the greatest need, namely Manitoba, British Columbia, Yukon, Nova Scotia and the Northwest Territories.

As mentioned earlier, interest income, around 16.4% of total income, plays an important part in the financial sources of seniors. For example in 1988, in the age group 65-69, 71% of the men and 75% of the women reported bank interest on their tax returns

in contrast to 40% of all Canadian women and 42% of all Canadian men indicating bank interest on returns. Women 75+ report more on the average (\$5,271) than men of that group (\$4,832) (*ibid.*,:26).

One should mention at this point that inflation affects the senior's noticeably. The early 1980s did not bother the seniors to a great degree, but the latter 1980s inflation negatively affects the senior-headed households, while single-headed households fared a little better. For example, real income of unattached seniors increased from \$13,877 in 1980 to \$16,319 in 1989 (1989 dollars) (*ibid.*,:33).

However, the poverty of the elderly has declined significantly compared to the increase of poverty among non-elderly households, specifically single-parent households with children (Ross, Shillington & Lochhead, 1994:46). This can be accounted for by a re-definition of income or income "in kind" which translates into seniors' assets, particularly mortgage free home-ownership, discounts on transportation, drugs, services, housing to name a few (*ibid.*,:41). Wealth in this instance is measured as net-worth rather than income. Seniors are less likely to be in debt (29% consumer debt for seniors compared to 61% for other Canadians), and more likely to own their own home. Home ownership among families headed by a person 65+ is 80% compared to 71% for families of all ages. In unattached individuals those 65+ 41% own their homes compared to 27% of unattached individuals of all ages. In addition, seniors hold a higher percentage of their assets in "liquid" form such as deposits and CSB's. The consumer debt load carried by senior reduced their assets by 0.5% compared to 2.8% for all families (*ibid.*,:47-9).

The cost of living for seniors is comparable to that of other Canadians although their spending patterns are different. Seniors in their own homes, for example, generally allocate a higher proportion of their spending on basic necessities possibly due to lower income. Recreation spending for all Canadians is about 6% of their total spending whereas seniors spend about 4%. Gender differences show up in allocation of money particularly in alcohol and tobacco products. "Unattached men aged 65 and over allocate almost 5% of their total spending to tobacco and alcohol, while unattached older women allocate 1% of their spending on these items" (*ibid.*,:55).

Shelter costs, including rent or mortgage, repairs, maintenance, property taxes, etc., consume a large proportion of the budget. For example, the general population pays about 16% of a budget, whereas unattached senior males pay 24%, unattached senior females pay 29%, and senior couples pay 18% of their total budget on shelter costs.

Food for the elderly consumes a higher percentage of their budget than the 14% the average Canadian pays. Seniors on their own use up 17% of the total budget on food, and senior couples use 16% of their total budget (*ibid.*,:55).

Another pattern difference is that seniors spend a lower percentage on clothing than the general population, but they do spend more for gifts and charitable contributions. The 1986 family expenditure survey indicated that seniors are more generous than other citizens despite lower incomes. "On average, only 43% of Canadians give money to religious organizations. But 59% of senior couples and 63% of unattached women over 65 who are on their own give to religious organizations" (*ibid.*, :81)

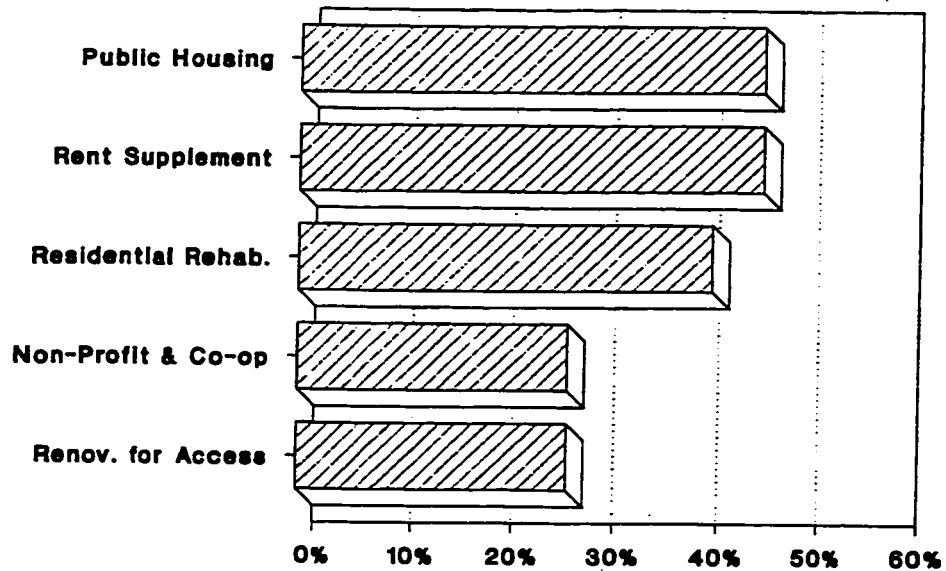
Residence

Most of the 3.2 million seniors in Canada support themselves. However, as of 1991 approximately 500,000 seniors in Canada require substantive support: 270,000 live in the community and 230,000 live in institutional settings. The Statistics Canada projection for year 2031 is approximately 1,500,000 or three times today's number will need assistance (Stats Can, 1994b:5-7; NACA, 1990b:6). The fact that the growth rate of the 80+ age group is faster than any other group indicates the importance of informal care-givers within the communities. Estimates suggest the between 75% and 85% of the help received by seniors is from friends and family (*ibid.*,:6).

This does not mean to indicate that all seniors will be institutionalized because most elderly people who have their own home prefer to remain there. As of the 1986 census, 68% of seniors ages 65-74 and 57% of seniors ages 75+ own their homes.

The elderly participate in a variety of public housing programs according to Canada Mortgage and Housing Corporation's Social Housing Review, 1985. Seniors who are not home-owners occupy 46% of public housing, 46% rent supplement, 41% residential rehabilitation, 27% non-profit and co-op housing, and 27% of housing renovated for accessibility (NACA,1991 :53, 62). The percentage support seniors have shown in these residential programs by their participation compared to the other occupants indicates a interest as well as a demand for government involvement in housing. Furthermore, all this program participation indicate a senior's willingness to maintain independence if at all possible (Graph 1.1).

Chart 32: Housing Programs by Type Showing the Estimated Percentage Occupied by Elderly Residents, Canada, 1984



| <u>Housing Programs</u> | <u>Percentage of Elderly Occupants</u> |
|------------------------------|--|
| Public Housing | 46% |
| Rent Supplement | 46 |
| Residential Rehabilitation | 41 |
| Non-Profit and Co-op Housing | 27 |
| Renovation for Accessibility | 27 |

Source: Canada Mortgage and Housing Corporation. Social Housing Review. 1985.

Source: NACA, 1991. *The Economic Situation of Canada's Seniors*. pg.62.

The older the senior the more likely it is that he or she will be living alone. Women experience a longer life expectancy and generally are younger than their spouse. Therefore, they are more likely to be alone during their senior years than men. For example, "among women 75 or older, 46% live alone, while only 29% lived with a spouse and 25% lived with others". On the other hand, 65% of men 75+ live with a spouse, 21% lived alone and 14% were living with others (*ibid.*:65).

There are three types of institutional care in Canada. They come under provincial funding and the categories or levels of care may differ from province to province. The first type of facility is for people who are able to move around freely and only need a secure environment that provides home-making services. These are known as retirement homes, lodges, manors, rest homes or homes for the aged. The second type accommodates seniors who can still move around but require closer medical supervision. These are nursing homes or special care homes. The third type accommodates persons needing "the most intensive, round-the-clock nursing care, medical supervision and specialized therapy services [and] are known as chronic care hospitals or extended-care facilities" (NACA, 1991b :4). In the third type of facility the patient is often bed-ridden.

Provinces vary in the range of services that allow the senior to remain at home thereby reducing the stress of a reluctant move to an institutionalized setting. Manitoba, British Columbia and Quebec have a more co-ordinated range of support services but there remains a problem of educating the seniors to the availability of such services and making sure the providers have training to work with seniors and their families.

Another consideration regarding residences for the elderly is the living environment. Ideally, the environment is to provide accommodations that enhance the potential for personal growth in later years. A satisfactory living environment involves "the individual...the perception of choice, the existence of a supportive family and friends, privacy, and pleasant and safe surroundings" (NACA, 1989:1). The environment obviously may have either negative or positive effects on the aging process. Gerontologist Lorraine Hiatt explains the importance of environments, particularly for the elderly:

1. They are significant to self-image.
2. They have the potential to improve experiences such as social interaction, conversation and learning.
3. They may become agents in the aging process -- poor lighting for example, increases the rate of functional vision loss.
4. Environmental planning may help prevent disability.
5. It could provide objects and textures that stimulate thinking, elicit responsiveness, and reinforce memory or they may promote agitation, incontinence, or wandering (*ibid.*,:2-3).

Andrew Wister found that seniors adapt through psychological processes rather than by altering physical or social characteristics of their home environment; and that rather than thinking in future terms they tend to think of contentment in day by day terms (*ibid.*,:3). This adaptation practice partially explains the trend for Canadian seniors to "age in place" even if it means putting up with inconveniences most people would avoid.

Friendship Patterns

Networks of family and friends often provide important support and assistance as well as an opportunity for an exchange of services to people of all ages - not only the

elderly. These networks provide information, serve as mediators and facilitators for the elderly when dealing with service providers and government "red tape".

Family and friend relationships tend to remain strong: "approximately 80% of the assistance that community-dwelling seniors receive comes from family and friends" (NACA, 1993a:30). For the older seniors, who most often are women and widowed, the most frequent source of aid comes from the daughter; after that a son, followed by siblings and friends.

Family members and friends provide emotional and practical support to the elderly. However, other factors such as geographic location, style of friendship or family relationships, and health and economic status may influence the ability and willingness of members to provide help at any given time. Not surprisingly, friendships are maintained at an advanced age. In a survey of community-dwellers, 48% of those 80+ had two or more close friends with daily contact among 15% of them and weekly contact among 42% of them (*ibid.*,:32).

There is a gender difference concerning older people receiving help, excluding spouses, from their families. That is, women are more likely to receive help from every type of relative than men are; 30% of women 75+ receive help from a daughter compared to 19% of men; help from sons is about 22% for women and 21% for men; help from grandchildren was 12% for women and 8% for men; and finally, help from other family members was 19% for women about 10% for men (Stats Can, 1993:28). Men found neighbours to be helpful in a reciprocal arrangement for those who desire to remain

within the community, e.g., yard-work in exchange for a meal or mending in exchange for transportation.

Today's family structure will most likely hold a different future for tomorrow's elderly women. The traditional nuclear family which was prevalent until the 1950's has undergone a dramatic change recently. The patriarchal mode of this family structure is in the minority in Canada and it has been surpassed by a more egalitarian family lifestyle. Due to divorce, remarriage, cohabitation, blended families and lower birth rates, families tend to be smaller, extending vertically through multiple generations rather than horizontally through larger families. Tomorrow's elderly will rely more on strengthened friendship networks than is the case today (NACA, 1993b:19). Unfortunately the extent of these networks gradually diminishes as one ages and those who live alone or in long-term care facilities are more disadvantaged than others in this respect.

Discussion of theories as conceptual tools for explaining the social roles and status of the elderly is easier to understand when the factors of importance in an aging population are made known. According to the National Advisory Council on Aging, the aging population of Canada has risen from just over 7% of the population in 1951 to 2.7 million or 11% of the population in the census of 1986 (Stats Can, "Info-Age", 1993; Baker, 1986:38-9; Beaujot, 1991:203). Furthermore, certain provinces more than others appear to attract or retain their aged members specifically Saskatchewan, Prince Edward Island, Manitoba, British Columbia, and Nova Scotia (Stats Can, "Info-Age", 1993). Beaujot states that the median age has changed from twenty six in 1971 to thirty-two in 1986 with projections of forty-five by year 2036. The increase is quickening and a

population explosion of seniors is not likely to end soon (Beaujot, 1991:203). The reduction of births after the baby-boom and the reduction of deaths among the elderly has changed the composition of Canadian society. It is greying.

It is important to study the quality of life of Canadian seniors. This chapter has shown that the Canadian elderly cohort is increasing in size, and the demographics are suggesting that Canada will have one of the highest dependency ratios by 2030 (Guppy, Curtis and Grabb, 1992:411). Although this ratio has limitations, it indicates that the cohorts that are dependent on economically productive cohorts may exert more influence than previously by their increased numbers. This ratio can exert political clout according to Tom Ford in The Gazette as "about 35% of those who voted in the last federal election were 65 years or older" (Ford, 1995:B6). Furthermore, their demands on the medicare system are continuing to increase and the types of treatment will be different from the other cohorts. And lastly, through the power of their ever-increasing numbers they will most probably influence future Canadian policy both the economically and politically.

CHAPTER 2

THEORIES OF AGING

This study will look at two different orientations towards the process of aging from the perspective of the elderly themselves. The first is in the form of personal accounts as researched by professionals interested in the aging process, and the second is the sociological approach, specifically those theories of a micro-level perspective.

Studies concerning the aged members of society have increased in the last twenty years. However, a good many of the studies have emphasized the mental and physiological afflictions suffered by this group. It is the process of aging as viewed by the elderly that interests this researcher.

The importance of mentioning social theories in conjunction with the work of Levinson, Sheeny, and Friedan is that the personality of the individual senior and the social norms of their times both play an important role in adult development. They are not mutually exclusive. It is for this reason the two approaches are being taken into consideration for this study. Furthermore, feminist authors such as Friedan and De Beauvoir have undertaken a more in-depth examination of the social aspects of aging, both male and female, with regards to their sense of self, perceptions of the roles of the elderly from the viewpoint of younger cohorts and peers, and their personal experience of the process of aging. Perhaps it could be seen as a women's issue because of the larger number of female elderly in the population compared to male elderly.

Both Sheeny and Friedan referred to Levinson's earlier observation that these variables together influence the advancement of a person to the next developmental stage (Sheeny, 1974; Friedan, 1993). The quality of the elderly's life as mentioned in the interviews discussed in Chapters five and six depends on their adjustment to both their own personality and the social norms of their community.

Personal Accounts

Two feminist authors, Simone De Beauvoir and Betty Friedan, have undertaken an approach to aging unlike that of the professionals in that field of interest. The work of Erik H. Erikson, Robert Peck and Daniel Levinson on the socio-psychological perspectives on aging are incorporated into the work of Betty Friedan. In addition, Gail Sheehy produced an interesting study in 1974 that chronicles the processes of adult development as a prelude to the study of more senior aging patterns in 1995. Both publications rely heavily on the work of Daniel Levinson. On the other hand, Simone De Beauvoir produced an historical-cultural description of what it is like to become old. De Beauvoir's work provides a good understanding of what it means to be old in our society and it portrays historically how perceptions, the ideology and status of the aged came to be accepted over time.

The importance of this work to the thesis is the description of old age from a cultural and historical viewpoint. It establishes how scholars have come to see old age and it gives an indication of the cultural value attributed to old age by modern post war

society. It serves as a window to the norms of the aged through this collaboration of the written texts from numerous cultures.

Simone De Beauvoir published Old Age in 1970 in order to bring attention to the social injustices suffered by the elderly. She emphatically denies the accepted ideology that retirement is a time for leisure and freedom. She stated that

Leisure does not open up new possibilities for the retired man; just when he is at last set free from compulsion and restraint, the means of making use of his liberty are taken from him...he is condemned to stagnate in boredom and loneliness, a mere throw-out (de Beauvoir, 1970:13).

The dehumanizing of old age is a societal problem that de Beauvoir believes should be addressed and the silence must be broken. In her writing she refers to a perceptual problem that society faces when speaking of the aged; that is, the inability to address the dialogue of the aged in terms other than "us" and "them". The barrier that is erected is one of society's own making to force particular social roles on members when they attain a certain age or become non-contributing within the membership.

The author divides the book into two parts and four appendices. The first part, representing old age as object from the scientific, historical and social point of view, while Part Two discusses old age as it is described by old people themselves in all its variety and richness. This study discusses the problem of an individual/societal dualism, particularly in regards to the economic structure of capitalism. In the first part, the aged are defined as a sector within society through the various disciplines mentioned above and objectified as an interest to be examined. The second part reveals the quality of the experience of aging through the writings, actions and deeds of those who were able to

leave for future generations a legacy of comments. De Beauvoir includes many references from the life and times of others that have become a component of their cultural history.

Simone de Beauvoir refers extensively to secondary references thereby establishing the patterns of elder treatment in various societies throughout the world. She implies that the dehumanization of the elderly is immoral in industrial societies because of the societies' wealth and, consequently, their ability to aid the weaker members of the society. Furthermore, some primitive societies or societies that exercise little control over their environment permit the removal of the members, who for whatever reason become a burden to the group, with the consensus of the collective. On the other hand, the capitalist nations, according to de Beauvoir, condemn the old worker to a subsistence level of living and remove the social networks that would make his life bearable when the worker's profit-making usefulness has passed (*ibid.*:12). The hypocrisy that leads to this kind of injustice was her main reason for writing this book and aging is presented negatively.

Most references in de Beauvoir's book were from the point of view of the literate, active members of the societies referenced and very few were actually comments from the elderly themselves. De Beauvoir herself expressed depressing observations on aging and she places the blame on society itself:

Deprived of his hold on the world, [the worker] is incapable of finding another apart from his work because his free time was rendered sterile. His gloomy idleness leads to an apathy that endangers what physical and intellectual balance he may still possess... That is the crime of society... But even more scandalous still is the treatment that it inflicts upon the majority of men during their youth and their maturity. It prefabricates the maimed and wretched state that is theirs when they are old... Some ex-

plotted, alienated individuals inevitably become 'throw-outs', 'rejects', once their strength has failed them. (*ibid*,1970:602).

De Beauvoir's terms for what is later on referred to as social waste products, reflect the common assumption of the state of the elderly at the time of its publication and is supported by her secondary research. Consequently, De Beauvoir concludes that to surmount the obstacles of physiological decay, depression and ridicule the elderly will attribute value to their life "So long as one attributes value to the life of others, by means of love, friendship, indignation, compassion...then there are still valid reasons for activity or speech" (*ibid.*,:601). De Beauvoir noted that this is the option available to only the privileged in capitalist societies, not the workers.

Gail Sheehy, due to an untimely brush with premature death, undertook to describe the social development of adults including the incorporation of values, goals and aspirations. Passages: Predictable Crisis of Adult Life was published in 1974, in which three crisis types named by Sheehy were described 1) *marker events* such as graduations, marriage and childbirth, 2) *untimely events* (not to be confused with life threatening events) such as late or early marriages/childbirths delayed occupational achievement and 3) *life accidents* such as depression, death of a significant other or a life threatening situation (Sheehy, 1974:20-22).

Sheehy's methodology included interviewing 115 subjects in the middle class ranging from 18-55, researching data from known professionals in the disciplines, and her own life experiences. This book is a prelude to New Passages published in 1995 using a similar framework which does deal specifically with the elderly. However, it does

provide an insight to the internal changes that are necessary to survive successfully. There is an emphasis on recognising that the values of a youth oriented culture do not serve an individual well in later years. According to Sheehy,

If physical strength and pleasures of the senses are held to be life's greatest values, then we deny ourselves anything beyond youth but a dull ebb of all experience. If we see nothing to rival the accumulation of goods and success, than we trap ourselves into a stale and repetitious middle-age (*ibid.*, 353).

In order to rise above stagnation the adult requires a liberating of the mind from social, cultural, economic commitments that we have internalized through the socialization processes experienced from birth.

Sheehy refers to Erik H. Erikson's work on psycho-social development particularly Childhood and Society published in 1950. The psycho-social developmental stages or epigenetic life cycles, as described by Erikson, are

1. trust versus mistrust
2. autonomy versus shame and doubt
3. initiative versus guilt
4. industry versus inferiority
5. identity and repudiation versus identity diffusion
6. intimacy and solidarity versus isolation
7. generativity versus self-absorption
8. integrity versus despair

These dichotomous frameworks provided some of the theoretical background for this work on developmental stages. Erikson integrated the importance of socialization, both primary and secondary, with the individual's personality, believing that working through the life stages successfully was dependent on the influence of both variables. In addition, Robert C. Peck using Erikson's theoretical framework concentrated on the integrity versus

despair stage and sub-divided it into middle-age and old-age with seven specific developmental stages². Whereas Erikson concentrated on childhood to early adult development, Peck extrapolated the initial theory to further clarify the specific changes that occur in middle to late adulthood. These researchers showed that humans are continually changing or re-adjusting to their physical and physiological environment. Development and change are not limited to the childhood years. This formed the basis of the paradigm which influenced the research of middle-age by Daniel J. Levinson.

Daniel J. Levinson's 1978 publication titled The Seasons of a Man's Life approached the awareness of his own advancement into middle age through research of the developmental process. He noted the importance of challenges in each period of life and insisted on the necessity of working through each developmental period before moving on to the next. Levinson mentioned that

when the tasks of one period remain largely unmet, they will complicate or interfere with the work on the tasks of the next period. In the extreme case, development may be impaired to such a degree that the person cannot truly enter the new period: feeling overwhelmed by the burdens of the new tasks while he is still struggling desperately with the old, he may seek death or become psychotic or lose his way; or he may find some protected niche that frees him temporarily from pressing external demands and gives him space in which to do the internal preparatory work for the new period³ (*ibid.*, 236).

This statement provided the basic concept of Levinson's theory of adult development. His research provided the structure for the definition of the adult life span consisting of alternating stable, structure-building periods and transitional, structure-changing periods⁴. This work provides an explanation to the required psychological changes to make the transition to the senior life stage or period.

He asked some very basic questions such as "What does it mean to be an adult? What are the root issues of adult life -- the essential problems and satisfactions, the sources of disappointment, grief and fulfilment?" (Levinson *et al*, 1978:ix). Through this quest, he and his colleagues recognised the need for a developmental approach for the study of adulthood. Consequently, he established his principal goal to create a "developmental perspective on adulthood in men" which is to address the entire life cycle with particular attention paid to the period of adulthood.

Unlike some earlier investigators, who believed that development was strongly influenced either in early childhood or at the latest the end of adolescence, Levinson found the ideas of Carl G. Jung and Erik H. Erikson as social-psychologists more useful. That is to say, that man is influenced by his own personality as well as the events and the society within which he resides.

Levinson compiled, through interviews, the biographies of forty men from various classes and occupations which he then analyzed and compared. Biographical interviews consisted of "a research interview, a clinical interview and conversations between friends" (*ibid.*,:15). The interviews were supplemented with secondary samples of men's lives featured in true biographies or men in portrayed fiction, poetry and theatre.

Levinson presented eras of the life cycle that did not correspond to the conventional biological designations of the time. He listed four eras: 1. childhood and adolescence: age 0-22, 2. early adulthood: age 17-45, 3. middle adulthood: age 40-65, and late adulthood: age 60-? The overlap apparent in this selection was important to his developmental progression because it indicated the influence of the individual's personality and

specific events on the emerging patterns. It also emphasised that eras were not strictly biological stages but a more inclusive label to the periods. This framed the overlapping years or "zone of overlap" as a transitional period of importance in the developmental process.

The adult developmental process was examined from three perspectives: the sociocultural world, the subject's self, and his participation in the world, for a more comprehensive coverage of the influences on the process. The situating of man in society, the recognition of transition zones as overlapping years in the developmental pattern, and the acknowledgement of adult development as an ongoing progression on a continuum are some of the strengths of his study.

One of the strengths of this study is the inclusion of mankind within the nature of society. One of its greatest weaknesses is the exclusion of women from participation in the study and the upper age limitation of 45 years. The sample is very limited. Restricting it to the male gender of forty subjects can not possibly reflect an accurate indication of the development of adults because he ignored the largest proportion of the general population. Furthermore, this study does not give us any understanding of development beyond the late forties. Although the older generation is acknowledged, it also is ignored.

Levinson spends a great deal of time discussing the importance of establishing and striving to achieve the "dream" as an adult developmental accomplishment for his sample of men (*ibid.* 1978:91-97) but there is no explanation of why this is so important that it takes precedence over other methods of finding satisfaction. He states that, "young men have a Dream of the kind of life they want to lead as adults. The vicissitudes and fate

of the dream have fundamental consequences for adult development" (*ibid.* 1978:91). The consequences of the man's development in relation to the dream are serious as Levinson suggests,

It makes a great difference in his growth whether his initial life structure is consonant with and infused by the Dream, or opposed to it. If the Dream remains unconnected to his life it may simply die, and with it his sense of aliveness and purpose (*ibid.* 1978:92).

Furthermore, he mentions that, "he must form other significant relationships with other adults who will facilitate his work on the Dream" (*ibid.* 1978:93). Therefore, the success or failure of a relationship is directly related to the success or failure of an aspiration rather than the value of that relationship in itself. Regarding heterosexual relationships he says "the special woman is a transitional figure... [she] can foster his adult aspirations while accepting his dependency, his incompleteness..." (*ibid.* 1978:109). The relationship, like the female figure, is transitional subordinate to the Dream. This perspective does permit the validation of success or the Dream by sharing with others as well as the possibility of spreading the blame of failure among many. Of the criteria mentioned in this study, particularly the early adulthood stage, this one proves to be the most elusive to comprehend. It is possible that since this study excluded women that another perspective is notably absent regarding the value of relationships.

Overall, Levinson's work is important to this study because it provides a paradigm on the process of adult development and more specifically aging. He has included the theories of predecessors, such as Erikson, who acknowledged the influence of socialization on the individual as well as indicating that the development of a person is an on-

going process that is continually subject to change. He also acknowledged that the transitional period is not a fixed chronological age but rather a successful completion of certain tasks at a given stage before advancing to the next plateau. Furthermore, the completion of these tasks is subject to a fluctuating time-frame which varies from individual to individual. This task-oriented transitional framework has been important for its blending of socially imposed variables and individual choice as influencing the process of aging. The combination of the external and internal variables has provided a more comprehensive explanation for the variety of experiences found in the sample of the present study as well as the work of Sheehy and Friedan.

The work of Betty Friedan on the subject of aging was published in 1993 titled The Fountain of Age. The motivation for Friedan's book is similar to Simone de Beauvoir's in that both took an exception to the classification of "old", and both were determined to discover whether this life stage is as represented in the culture. Friedan's text is more positive or upbeat in her findings, and compared to de Beauvoir's work Friedan does not necessarily place all the responsibility on the capitalistic, social order. Friedan concurred that for many, the senior years could be stagnating, isolating and depressing, but she also noted that there is a discrepancy in the amount of research time, money and energy being spent on the statistically low percentage of elderly who are stagnating, isolated and depressed. She took exception to society forcing roles on the elderly that were not necessarily to the elderly's benefit. As Friedan remarked,

I have discovered that there is a crucial difference between society's image of old people and "us" as we know and feel ourselves to be. There are

truly fearful realities reflected--and imposed--by that image (Friedan, 1993:31).

Society's imposition of roles, much like a self-fulfilling prophesy, is used to produce the expected results from those persons it concerns, not realizing the subjective reality of the daily experience of the elderly.

Betty Friedan approached the issue of the aged by trying to understand this image and by whom it was perpetuated. She considered the popular culture of contemporary American society with a particular interest of observing the relationship between the elderly and the culture. It was non-existent or worse...cluttered with stereotypical representations of "the old" unfamiliar to her. Friedan came to terms with her own aging by researching material for this book. She went from reluctant participant to avid supporter of "grey rights".

Friedan was quick to acknowledge the existence of the social barrier between "them" and "us" just as de Beauvoir did twenty-three years earlier. Friedan chose to concentrate on those members of the aging population who discovered that they were preoccupied with other interests to the point of actually missing the "crisis" of aging. By the time they realized that they were "old" they no longer considered it of importance ...if they ever did.

Friedan audited gerontology, psychology, philosophy and sociology courses on aging to discover where the myths arose and how they were maintained. She interviewed over one hundred men and women from all over the United States, and through Columbia University accessed the research material on the topic of aging. As a feminist she was

aware that the research on the elderly was inadequate as most work was carried out on male subjects when the reality is that the larger percentage of older people are women. Although her book does not concentrate on gender specifically, Friedan does point out the differences with the adult development of both sexes, making the reader aware of the strategies to aging that are successful.

These strategies are important to the aging process and some discussion is necessary. The connectiveness of intimate interpersonal relationships, and the life adaptive strategies that females develop more easily than men are a main consideration of their longevity (*ibid.*,164). The term most frequently used by Friedan to describe the aging of the most successful subjects was "crossover" which refers to the ability to take on social roles that correspond to the individual's development rather than conform to the roles demanded or expected by society. Basically, ignore social demands and "do your own thing" which in reality the aged have more of an opportunity to do as a result of the very marginalization imposed on them by society. Youth, on the other hand, may think that "doing your own thing" is their prerogative, but in reality they have more pressures to conform to social expectations that they have internalized through the process of primary and secondary socialization.

These authors recognize the myths, stereotypes and social attitudes ascribed to the elderly but they view the solutions from different perspectives. For instance, De Beauvoir calls for a revamping of the capitalist society to redistribute the wealth more equally stating that

Once we have understood what the state of the aged really is, we cannot satisfy ourselves with calling for a more generous "old age policy", higher pensions, decent housing, and organized leisure. It is the whole system that is at issue ... (De Beauvoir, 1970: 604).

On the other hand, Friedan suggests an inner evaluation of self along with a rejection of rigidly established social roles as in this comment on the apparent success of female aging:

At this point in history, enormous numbers of women, liberated early or late from the rigidities of the old, passive, female sex role, seem to be making the "cross-over" that may be the key to vital age...(Friedan, 1993:164).

which gives rise to a more individualistic expression of social change needed if the following observation is to be felt by the elderly

We have to live our own age, generatively, as part of the community...I realize that *all* the experiences I have had -- as daughter, student, youthful radical, reporter, battler for women's rights, wife, mother, grandmother, teacher, leader, friend, and lover, confronting real and phantom enemies and dangers, the terrors of divorce and my own denial of age -- all of it, mistakes, triumphs, battles lost and won, and moments of despair and exaltation, is part of me now: *I am myself at this age*...instead of being stuck in the past. I have never felt so free (Friedan, 1993:638).

The freedom is acquired, initially, through personal changes which Friedan implies will inspire social changes.

This provides a synopsis of the impressions of aging as seen through the perspective of known scholars. This present study will provide impressions of aging from the perspective of a small sample drawn from residents in the Eastern Townships of Quebec.

Social Theory

The social theories that are relevant and most often referenced by Levinson, Sheehy and Friedan belong to the micro-level approach. Those are the theories the present study will discuss with the exception of demographic material for the purposes of situating the sample within the Canadian population.

There are two general sociological perspectives of normative (assumption of shared, internalized norms and values) and interpretive (assumption of interaction through conflict, negotiation and compromise); perspectives which can be further broken down into micro-level and macro-level in order to clarify the explanations.

At the micro-level, more specifically the discussion on aging, introduced the role theory, socialization and social learning theory, labelling theory, activity (substitution) theory, disengagement theory, and continuity theory (McPherson, 1990:123-147; Baker, 1988:10; Harris and Cole, 1980:111-112).

A common assumption that applies to some of the theories on aging is the loss of social status/roles, devaluation, or negative attitudes expressed in relation to the aged of society. These attitudes are expressed as ageism in the context of the present study. These theories are used as conceptual tools to help explain the apparent social patterns perpetuating these losses. Socialization and learning theories suggest that the collective group has internalized expected behaviour patterns for the elderly and as members age they imitate the elderly of that group to fulfil these expectations. Labelling theory suggests that society labels the aged as a lower status with fewer functions and through the stigmatization of this label the elderly come to believe that it is so. The activity theory

accepts the loss of functions as normal for the elderly and suggests a substitution of other roles to maintain the appearance of activity. The disengagement theory suggests the lower status is welcomed and sought after and as members age it is normal to become less involved socially leaving place in the social hierarchy open for other cohorts to fill.

Continuity theory suggests that aging successfully depends on developing and maintaining an agreeable lifestyle in middle-age that is compatible for later years and adaptable to discontinuity such as illness. This theory does not imply a loss of status for the elderly but rather a maintenance of the lifestyle of middle-age (McPherson, 1990; Baker, 1988:6-10)

Micro-level theories are dependent on interaction between individuals. They are more useful, for the purpose of this study, in providing explanations particularly from the perspective of the elderly. Friedan refers to the labelling theory as an explanation for the stigmatization of the aged. However, she also notes that the aspect of lifestyle maintenance of the continuity theory appears to have more validity for successful aging than the disengagement theory. Furthermore, she referred to some studies that discounted the disengagement theory stating, "activity in society became more important with increasing age" (Friedan, 1993:80). These remarks will be discussed in reference to observations noted about the sample selected for this study.

Canada is entering her third stage of the demographic transition which, according to Beaujot, means aging is due to the factors mentioned in chapter one, i.e., primarily fertility decline although declining mortality might contribute more in the future (Beaujot, 1991:208). The demography becomes more interesting when an analysis of linkages between a demographic phenomena such as an aging population and social forces or

economic forces or class stratification or other structural variables are compared. Susan McDaniel says concerning aging population research, "the question of the social and economic significance of population aging has emerged as central" (McDaniel,1988:22).

The link between demographic phenomena and social forces is more fully explored in the structural approaches. The most straight forward theory is demographic determinism which links, for instance, an increase in young adult crime to a large cohort of young adults and weak economic performance in a specific area. The crisis approach is more extreme in that it suggests that the social structures are unable to change as quickly as the cohort size would warrant it. An example of this would be increase in world famine related to an increase in world population and a decrease in available food crops to feed the population. The contextual approach situates a problem within the systems of stratification, economic structure, ideological attitudes, and other social factors. McDaniel states that "in Canada today, the contextual approach takes the form of functionalism" (*ibid.*,:27). Consequently, this approach is used most commonly throughout her work to provide analysis of Canada's aging population.

Canada's aging population is viewed in a world context, discussed in relation to contemporary issues and concerns, examined in relation to policy and programs, discussed in relation to the future trends and structures and finally, the research that is yet to be done along with the yet to be answered questions is discussed by McDaniel. She provided an extensive social demographic coverage in the literature reviewed on the Canadian aged population. A concerted effort was made to describe and dispel myths on

the aged using interpretation of the demographic material and linking it to social, biological and psychological issues of the time.

Theoretical Application to Ageism

Ageism, a form of discrimination, is an example of the complexity of the relationship between individual personality and social norms. It is also the reason that it was included in the questionnaire.

Some micro-level theories provide possible explanations for ageism. The Activity Theory (restated by Lemon, Bengtson, and Peterson, 1972) suggests that in order to remain valued in society an aging individual must remain active at the same level as a middle-aged individual. This approach to "successful aging" holds that to age successfully *one must maintain into old age the activity patterns and values typical of middle-age ... To age successfully the individual should avoid shrinkage of the life space and find substitute activities* when necessary. (Atchley, 1977:219 in Levin and Levin, 1980:53)

Cumming and Henry (1961) proposed the Disengagement Theory as a reaction to earlier assumptions that successful aging is dependant on the individual continuing the same activity level in retirement as in middle-age. They suggested that perhaps it is inevitable that as a person ages he or she slowly discontinues relationships with other members of society and those that remain are substantially altered in quality. This reduction of social roles or relations is systematic and it starts in middle-age. This process provides benefit-sharing between society and the individual i.e., less competition for limited socio-economic roles and less pressure from others' expectations. The community, both economic and social, is able to redistribute positions newly liberated by

the aging individual to younger qualified members of the population and the older member is provided with an opportunity to explore new avenues of interests that were previously limited by time constraints imposed by their positions of responsibility.

Exclusion from interaction with other groups or generations has, according to A. M. Rose, led to a sub-culture of the aged (Rose, 1965). The similarity of interests within the group and shared beliefs and values distinct from the larger society has contributed to a diminished social position of the aged. Irving Rosow (1974) compared seven social institutional factors and their effects on the elderly.⁵ For example, property ownership causes a diffusion of ownership, separating management from ownership and increasing opportunities for the young and diminishing control of the aged over property. An additional factor that effects the elderly is in present-day community life, which through residential mobility, role specialization and impersonal urban relationships weaken the function of the community that helped to integrate the elderly into the membership (For further examples see appendix I).

The role ambiguity of the aged as outlined in this theory suggests the elderly often deny their true age in order to overcome the stigma.

This discussion reviewed briefly these theories relate to ageism. The assumption drawn from the literature is that the systems created are stable and that it is the elderly that are no longer functioning properly.

The reality of the everyday life of the elderly has been overlooked. To explain "everyday reality" the definition proposed by Berger and Luckmann is appropriate for they stated,

The social reality of everyday life is thus apprehended in a continuum of typifications, which are progressively anonymous as they are removed from the 'here and now' of the face-to-face situation ... Social structure is the sum total of these typifications and of the recurrent patterns of interaction established by means of them. (Berger and Luckmann, 1966:47-48)

The absence of or change to everyday interactions is not necessarily the free choice of the individual but rather, socially constructed by the patterns established through a culmination of interactions initiated by others in society.

When speaking informally to seniors I discovered that they are aware of sanctions imposed by others on their behaviour for the purpose of enforcing acceptable values and norms. For example, it was mentioned on occasion that their adult children would express disapproval of certain actions, those with good hearing overheard youths referred to them as "old fogeys" behind their backs, store clerks had begun to show visible annoyance at check-out counters if they were not quick enough at paying, and the company that they worked for made conditions so miserable for them after they reached fifty years of age that they felt obliged to retire early. Sometimes these seniors related these incidents as something to be expected as a consequence of growing old. This could be understood as an indicator of the process of internalization of societal norms by the elderly.

A few questions attempt to expose age discrimination and establish the elderly's perspective about it. These will be addressed in the questionnaire. There appears to be an effort on the part of Canadians to set apart, socially isolate, or draw attention to those physiological and psychological attributes which are acquired with the aging process and this process distinguishes the elderly from other generations.

This tendency to see ourselves as a reflection of what we believe society sees of us was described as the "looking glass self" in symbolic interactionism theory (Cooley, 1972; Mead, 1934). They argued that the importance of the feedback an individual receives from others provides clues for socially acceptable behaviour and attitudes. Ultimately, the learned behaviour patterns provides one of the methods for social control of individuals and groups within a given society.

In the case of the elderly, the marginalization or ageism could be interpreted by researchers both positively and negatively. However, in Canada the interpretation more often than not is negatively biased. Theories on aging such as the Activity Theory and Disengagement Theory place the responsibility on the aged for their status change or role changes. For example, the elderly are to blame for not maintaining a sufficient number of roles or their chosen roles are not valued as highly by the other members in society.

Social Roles

Sara Arber and Jay Ginn suggest that some sociologists have related the neglected sociology of aging and the pre-1970s gender-blindness to the 20th century sociologists preoccupation of male-dominated public sphere of paid work (Arber and Ginn, 1991:26). These feminists implied that the elderly along with women were not engaged in the paid-work society and therefore their roles were invisible and peripheral. The elderly not only failed to maintain social roles but, as with women, were excluded from important roles for their own protection.

The elderly lose major role relationships within both the familial and occupational spheres. The mobility of the nuclear family and the need to follow the job market as well as legislated retirement from the world of wage work restricts the viable options of the elderly regarding role choice. They therefore must create relationships and define new roles if they are to maintain an activity level necessary for good social relationships. Unfortunately, although these new roles might be important within their group, since they have not been created by the larger society the roles are assigned a lesser value (Friedan, 1993: 399-400, 446-447).

Even professionals who recognise the need for assigning value to elderly roles are resisted when new paradigms are suggested. The denigration of elder accomplishments and the restrictions on elder participation created social problems where they need not exist. David Guttman suggests that wives who stepped out of the domestic sphere into the job market after their children were grown were blamed for being selfish because their time was no longer devoted to only the family. Likewise, grown children were upset because their mothers were no longer available at the last minute to baby-sit grandchildren. The fact that the older women were contributing to another aspect of society was of little importance in relation to the role that was expected of the mother. Initiation of change even from the larger society was vigorously resisted (Friedan, 1993:450-452).

Both Betty Friedan and Gail Sheehy have stated that males have a more difficult time adjusting to role devaluation or disengagement from the work sphere (Friedan, 1993; Sheehy, 1995). We will address this question in the following study. An explanation has

been proposed by the Canadian Government through publications of The National Advisory Council on Aging to the effect that

Although there is far more work than the work for which a person receives pay, a large number of persons have learned early in life that the most meaningful work is paid work (Stone, 1994).

It has been acknowledged that influential members of society failed to recognize, or enhance significantly those activities in important unpaid fields such as care giving to children, the disabled and frail seniors. These activities are "invisible" to business and government organization due to lack of monetary income. Retirement for men is considered a major life course adjustment because they have been brought up, more than women, to avoid engaging in and seeking opportunities for unpaid work. Although some men are active in unpaid coaching opportunities they are volunteering in an area that is glamorized in western society and not related to care-giving services.

Over the course of a lifetime men fail to shoulder that work which they have been socialized to view as undervalued. Appendix II charts 1-4 illustrate this observation. Males 20-44 consistently spend between 42 and 45% of their time doing work of economic value. Furthermore, males with no children at home still consistently spend between 42% at age 20-44 to 34% at age 65-74 of their time on economically valued work. It is not surprising that as elders they do not willingly take up the undervalued responsibilities, and by doing so eliminate varied opportunities for interesting and diverse social relationships.

Women particularly in their senior years not only outnumber their male counterparts but as the charts 3 & 4 indicate, they also do far more work on the average than men

of a similar age (Stone, 1994). In chart 3 women aged 65-74 out-perform men of the same age group in non-economic fields such as aiding spouse and other household member (7), child (8), other family (9) and self/household (11) whereas men marginally out-perform women aiding other relatives and friends (10). Even when paid and unpaid work is considered women are more productive. The group aged 65-74 indicates a consistently higher workload overall by women if you compare males A paid (24) plus unpaid (9) equals 33 work load index to females A paid (20) plus unpaid (20) equals 40 work load index. Comparing males B unpaid (8) to females B unpaid (25) indicates a larger gender discrepancy concerning workload (see chart 4). This may contribute to the discrepancy in gender adjustment to undervalued roles as designated by society.

Moreover the questionnaire will address the importance of valued work as well as the perceptions of gender discrepancy related to work.

Simone De Beauvoir refers to historical and anthropological examples to make visible the aged. She describes the state of the aged as

analogous to that of a child, with whom the adult does not establish any reciprocal relationship either. It is not mere chance that makes families speak of a child who is 'extraordinary for his age' and also of an old man who is 'extraordinary for his age': the extraordinariness lies in their behaving like human beings when they are either not yet or no longer men...But since the child is a potential active member, society ensures its own future by investing in him, whereas in its eyes the aged person is no more than a corpse under suspended sentence. (De Beauvoir, 1972:244)

This observation of the status of the elderly in society by this author occurred at a time before ageism was openly acknowledged within western thought. Although twenty years later, Betty Friedan (1993) recounts many positive experiences of the elderly and their

ability to mobilize politically through the Grey Panthers and The American Association of Retired Persons.

During the course of the interview with the subjects one direct question and three indirect questions addressed the topic of elder respect and ageism. Question 3.d specifically asks if they had ever been discriminated against because of their age. The ambiguity between victim's reporting of ageism and the experiences described by more than half the sample suggested that this question is relevant.

For this present study the most useful sociological theories are interpretive approaches. The incorporation of the reflexive character of interaction requires an interpretation of the meaning of other's actions. This allows for an acknowledgement of the complexity of the social world. Labelling, socialization/learned, disengagement, activity and continuity are most frequently mentioned sociological theories. These specific, social theories are referred to most often by Levinson, Sheehy, and Friedan. They also provide a partial explanation to the various types of lifestyles as well as ageism adaptation techniques that have emerged among the sample of this study to be discussed in chapters four and five.

METHODOLOGY

This study was conducted through a series of interviews with subjects over the age of sixty-five. The sample number depended on the quality of the subject's responses and their willingness to participate.

The questions are open-ended so as to provide the elderly an opportunity to expand on their personal impressions rather than exhaustive series of questions with selected responses representative of some research designs. The length of the interview session was determined by the subject according to the responses offered. The questionnaire is divided into sections relating to the following

1. self perception / activity, disengagement theory
2. perception of others / continuity theory
3. perception of their social status / labelling theory
4. perception of their social role / socialization theory,
Friedan's "crossover" theory

The questions are simple and direct in order to facilitate conversation and to eliminate or reduce inhibitions on the part of the subjects. Subsequently, the subjects seldom responded minimally with just a "yes" or "no".

The recordings and the notes of the sessions were analyzed and the perceptions of the elderly have been discussed in relation to those perceptions held in the current myths and ideology. I intended to look for similarities and contrasts among the sample related to their own perceptions of their aging experience.

Participation

I conducted a series of in-depth interviews with fifteen subjects over sixty-five years of age residing in a township east of Montreal in Quebec. I hoped to interview twenty or more subjects within a period of five months. In practice, fifteen of the original requests for an interview actually took place. Nine females and six males between the ages of sixty-seven and eighty-eight years old agreed to meet with the researcher. Two couples were included in the sample however, they were interviewed individually without the presence of their spouse. This was done to minimize bias on the responses as much as possible. This sample is too small to be representative of larger population of seniors, nor does it represent the demographics of the geographic location. On the other hand, the sample did include a varied selection of the elderly of the township in respect to marital status, communal or autonomous living arrangements, ethnicity, mother tongue, gender, probable income, education and employment. At the time of these interviews all the subjects were experiencing relatively good health. That is to say, they were able to perform daily routine functions within and without their place of residence without impediment due to health problems. I am not suggesting that they were free of prescription medication, in fact, they all took prescription drugs, but rather they satisfactorily managed their medical problems. In order to provide a quick reference see tables 4.1 and 4.2 for the range of the descriptive factors of the respondents that participated in this study.

The designation of probable income is a very general classification based on lifestyle information given by the subjects themselves and observations of their private

homes. For example, low income refers to those who rely basically on government pensions, reside in one dwelling and vacations consist of visiting their family for short periods of time. On the other hand, upper middle income refers to those who own or live in two dwellings dividing their time between both places, receive substantial private incomes or pensions along with government pensions, and vacations consist of travelling abroad. The middle income refers to those who receive both private and government pensions but do not have the resources to afford extensive travelling or to maintain their own dwelling. The sample did not contain any subjects who were financially independent. That is to say, all the subjects required some government monies to maintain their lifestyles; therefore, high income designation was not used in the following table.

Table 3.1

Data on Elderly Participants
February, 1996

| Subj. # | Sex | Age | Marital Status | Living Arrangements | Language | Income Level | Birth Place |
|---------|-----|-----|----------------|---------------------|----------|--------------|-------------|
| #1 | F | 86 | widow | autonomous | E | Upper middle | Ontario |
| #2 | F | 77 | divorced | autonomous | E/F | middle | Magog |
| #3 | F | 72 | married | communal | F/E | low | Magog |
| #4 | M | 76 | married | communal | E/F | middle | Mtl. |
| #5 | M | 73 | bachelor | autonomous | E/F | low | England |
| #6 | M | 74 | married | communal | E/F | middle | England |
| #7 | F | 66 | married | communal | E | middle | Magog |
| #8 | F | 80 | widow | autonomous | F/E | middle | Magog |
| #9 | M | 68 | married | communal | E/Hun | low | Hungary |
| #10 | F | 78 | married | communal | E | middle | Magog |
| #11 | M | 80 | married | communal | E | middle | Magog |
| #12 | F | 68 | married | communal | E | middle | Mtl |
| #13 | F | 71 | spinster | communal | E | middle | Magog |
| #14 | F | 72 | spinster | communal | E | middle | Magog |
| #15 | M | 67 | married | communal | F/E | upper middle | Quebec City |

Information pertaining to the subject's activities, education and both post and pre-retirement paid work experience follows in table 3.2. All the subjects except Alice (#1) and Eloise (#7) worked out side the home throughout their adult life. Alice left her job

upon marriage and Eloise left her job when the children were occupying her time. She returned to work when they left home. The name assigned to the subject for purposes of confidentiality as explained in the ethics section of this chapter appears in column two. The education level of the subject relates to the level of completed years or grade level achieved and the paid work refers to remuneration received for services rendered in the public domain before retirement with the exception of subject #15 who at the time of the interview was semi-retired.

The activity level of this sample is diverse. Furthermore, the degree of implication in the community varied according to the interests of the individual and the number of established friends in the area. The very active subjects have a lifestyle arranged around daily meetings or appointments outside of the home. The moderately active subjects are those with scheduled meetings at least four days a week. The active subjects are those who have two or less meetings a week. This activity is beyond the domestic work necessary for maintaining their residence, not related to purely social functions and is related to rendering a service to others or to organizations.

Table 3.2

Sample's Education and Activity Levels
Pre and Post Retirement, February 1996

| Subj # | Assigned Name | Religion | Education Years Completed | Pre-ret. Paid Work | Post-ret. Unpaid Work Private | Post-ret. Unpaid Work Public |
|--------|---------------|-------------|---------------------------|--|-------------------------------|------------------------------|
| #1 | Alice | Baptist | College | None | Housework | Moderately Active |
| #2 | Bernice | Catholic | H.S. | Seamstress | Housework | Very Active |
| #3 | Claire | Method-ist | H.S. | Store Clerk | Housework | Very Active |
| #4 | Don | Protest-ant | Grade 9 | Policeman | None | Very Active |
| #5 | Elwin | Protestant | H.S. | Dominion Textiles, floor | Housework | Active |
| #6 | David | Protestant | Grade 10 | Paymaster | Housework | Very Active |
| #7 | Eloise | Protest-ant | H.S. | Bookkeeper, 1 yr; Supervisor group home, 7yr | Housework | Very Active |
| #8 | Francine | Protest-ant | Business College | Secretary. Dominion Textiles | Housework | Very Active |
| #9 | Gavin | Catholic | H.S. | Clerk, Stock-broker's office | Yard work | Active |
| #10 | Helen | Protest-ant | University, 2nd yr | Medical Secretary | Housework | Moderately Active |
| #11 | Issac | Protest-ant | H.S. | Printer, Dominion Textile | Housework | Moderately Active |
| #12 | Jenny | Catholic | Teacher's College | Primary Secondary teacher | Housework | Active |
| #13 | Kathy | Protestant | Grade 9 & Business Course | Control Clerk, Data Processing | Housework | Very Active |
| #14 | Lois | Protestant | Grade 8 | Payroll Clerk | Housework | Very Active |
| #15 | Jean-Louis | Catholic | B.A. | Financial Con-sultant, semi-retired | None | Active |

Five people of the original sample of twenty were unable to comply for various reasons: shyness after observing their spouse's participation in two cases, repeated cancellation due to illness in two cases, and change in availability due to a couple's travel plans. At no time did a couple refuse to participate, but rather the individual chose to decline even when they were encouraged by their significant other to proceed with the interview. In the cases of reluctant individuals the opportunity to participate was presented informally by phone or street contact on three separate occasions with the intention of allowing them some time to reflect on their decision. In this manner the attrition rate was limited. In general, most elderly persons contacted were very willing to participate in this study and a few expressed surprise at interest in their observations.

The chosen method for this study was intensive interviewing or unstructured interviewing known as "a guided conversation whose goal is to elicit from the interviewee rich, detailed materials that can be used in qualitative analysis" (Lofland and Lofland, 1984:12,13). The importance of the subject's descriptions as a primary source rather than an observer's is desired because it will provide a subjective interpretation of their impressions.

In order to understand if the attitudes of those living on their own towards caregiving facilities were a reflection of the attitudes expressed by those in the actual caregiving environment, the researcher attended seven weeks of courses given through the local C.L.S.C.⁶. This activity was to acquire information regarding elder care and to ascertain the attitudes of others in the community towards the elderly. This method of participant-observation permitted the researcher to study the coping strategies of

professionals and non-professionals who are in the process of providing care to the elderly who no longer can be considered autonomous.

Profile of the Eastern Townships Sample

This sample reflects some, but not all, of the main characteristics of the Canadian profile outlined in the first chapter. The subjects were drawn from the population living either part-time or full-time in the Eastern Townships of Quebec at the time of this study. They are not all indigenous to the area. Of the fifteen subjects eight named Magog as their birthplace, three named large, urban, Quebec centres as their birthplaces, one named a rural community in another province, and three immigrated from Europe.

Over half (8) the sample were bilingual, seven in French/English and one Hungarian/English. The others stated English as their mother tongue although I had observed two of them conversing in French with service people, albeit haltingly. This lead me to suppose that they did not claim a knowledge of French in the questionnaire because they lacked fluency.

The NACA reports divide the elderly into two age groups of young-elderly (65-74) and old-elderly (75+) for their comparisons. It is useful to maintain this criteria when describing this sample. For example, at the time of the interviews, this sample recruited six old-elderly and nine young-elderly. As expected the females dominated both groups increasing in proportion in the older group with five female to four male in the younger group and four female to two males in the older group. The females living autonomously

out-number the men three to one and the balance of the sample live with their spouses with the exception of two spinsters who share accommodations.

This sample shares with the Canadian profile some characteristics such as, women predominate among the elderly, men generally have care-givers until they die, and widows generally live alone. Only two females reported being major wage-earner. The balance either quit work to raise children or their income was to supplement the household finances which is consistent with the Canadian profile.

Regarding their residences, nine of the fifteen subjects own/occupy their homes (67%) which concurs with the 68% mentioned in chapter one, and only three (20%) live in the rural area compared to 16% for the Canadian population. The difference attributed to the small sample size.

There are some differences to be noted as compared to the Canadian profile such as, none of the renters in this sample participate public housing programs whereas up to 46% of some Canadian programs are occupied by the elderly (see graph 1.5), and in this sample only one subject receives assistance directly from the immediate family contrary to the report in the Canadian profile. At the time of the interview none required institutional assistance which is not a reflection of the Canadian profile. In addition, the Eastern Townships are an enclave of English communities surrounded, for the most part, by a larger French-speaking population which is not reflected in the larger Canadian profile.

Results from this sample, limited as it was to the specific geographic location, are not expected to be significantly different from responses elsewhere in Canada. Even the communication experience between the unilingual, English speakers and the local

institutions is not inconsistent with the experience of any minority group living elsewhere in Canada. Minority rights are a universally, contentious issue. I would expect similarities among this particular age (65+) group at this particular time in Canada. That does not mean to suggest that the majority of the baby-boomers will necessarily respond likewise nor do I expect will the following generation. Their adult experiences will be sufficiently different to suggest a retirement lifestyle unlike that of their parents or grandparents.

Recruitment

The subjects were recruited initially from encounters on the streets of the community, in bank line-ups, grocery stores, park areas and a medical secretary with over twenty years of knowledge of the elderly community. The researcher was then able to obtain other references to the elderly from the subjects themselves. This represents the snowball sampling technique defined by Therese L Baker as

a form of sampling in which you first find a few subjects who are characterized by the qualities you seek, you interview them, and then you ask them for names of other people whom they know who have the same qualities or other qualities that interest you. (Baker, 1988:159)

In order to obtain as varied a sample as possible within the constraints of the geographic location, time allowed and resources, the contacts were questioned informally about their age, location of residence, past work experience, religious affiliation (if any), ethnic group or birthplace and finally their telephone number. Casual conversation

provided most of the answers needed by the researcher and an initial group of possible informants was established. The informal conversation served three purposes:

- 1) it put the people at ease with a non-intimidating encounter,
- 2) it provided the opportunity to suggest the interview and,
- 3) it supplied some basic demographic information to the researcher in a non-threatening manner.

It was then decided whom to approach for a formal interview. Gender, age, urban or rural residency, probable income level (indicated by home environment and situation), marital status, and present living arrangements were factors considered for the next step. I then requested an interview with a telephone call, and a date was decided on agreeable to both parties.

Ethics

The protocol established by the Concordia University Departmental Ethics Committees was completed and followed according to the requirements and discussion with my thesis supervisor. A Summary Protocol (Long) Form for Student Research with Human Subjects was completed with a sample of the consent form. The required signatures and approval of the Departmental Ethics Committee was duly completed and a copy return to the researcher by October 12, 1995.

Prior to starting the interview the subjects were asked to read the consent form or it was read to them. They were asked if they had any questions concerning the consent form and these were addressed immediately. The subject of anonymity and confidentiality were brought up and a number of the subjects requested that their privacy be

respected. Therefore, the subjects were given pseudonyms and the names of places were changed to protect their interests. The researcher alone retained the original recordings, signed consent forms and a master list with the names and assigned pseudonyms. The transcripts and any documents produced from the tapes referred to the pseudonyms.

Data Gathering

The informal, initial contacts were taking place at the same time as the documentation was being prepared for the Ethics Committee. The committee approval was received two working days prior to the first scheduled, formal interview. All the interviews took place in the subject's home. Interviews with couples were conducted privately, out of sight and if possible hearing of the other person. In one case the researcher went to the home on two separate occasions in order to maintain privacy and the interview itself. The interviews commenced October 17, 1995 and continued until February 14, 1996.

Open-ended questions in face-to-face interviews were chosen because it provides the subjects the opportunity to use anecdotes to express a thought. The verbalizing of perceptions and the subject's personal form of expression can not be adequately expressed in a closed-ended or forced-choice style of question. Face-to-face interviews stimulate the interviewees to expand on their own answer often without probes and a little patience from the interviewer.

The questionnaire was divided into four sections: self-perception, perceptions of others, perceptions of social status and perceptions of social role. Within each section questions related to the concept were devised for a total of 23 formal questions. The

probes used by the interviewer contained some additional questions as needed in order to clarify an explanation.

The initial contact, informal interview, telephone calls to arrange date of interview and the reconfirmation of time and place took on an average one hour per person. The facesheet or post-interview comment sheet whereby information was taken by note regarding number of the interview, gender, birth date, education, residence, address, subject references, and work experience generally took about twenty minutes. The interview proper took place in the subject's home and lasted between forty-five minutes to one and a half hours. The conversation was taped and notes were taken at the same time. Disengaging from the subject lasted fifteen to twenty minutes depending on whether or not the subjects had another appointment elsewhere. The researcher then drove to a quiet locale and immediately wrote up in the notebook any comments spoken after the tape was put away. No more than two interviews per day were conducted during the data gathering.

The transcribing was completed by the researcher and generally took two to three and one half days to complete per interview. This work was started as soon as possible while the interview was still fresh in the researcher's mind.

The taping was very successful as the subjects did not seem to mind the tape recorder. Most carried on as if it was not there. However there were a few problems. On one occasion the subject became tangled up in the microphone cord causing a disruption in the conversation. On another occasion the machine did not tape the respondent's answer to the last question. On this occasion the notes taken by the interviewer were used

to complete the transcript. Also, the quality of the recording diminished when the speaker spoke softly. Background interference was more noticeable at this time. Lastly, the tape recorder more than the note-taking proved to be distracting for some of the respondents. They appeared worried and some expressed concern that the machine was not doing its job. This concern subsided about a third of the way through the interview and only resurfaced when it was necessary to turn the tape over or make any other type of minor adjustment.

Social Barriers

The initial contacts were the most difficult to convince to participate in the project. It required "selling" myself as a researcher who had a genuine interest in the non-institutionalized elderly of the vicinity. A few did not think that their opinions were of any value and proceeded to refer me to the local C.L.S.C. When I established the interest in speaking to people directly and not through the established organizations they gradually agreed to participate.

The referrals from the original group were easier to access because of the familiarity of the personal reference. But on two occasions it was necessary to ask the person giving the referral to provide assurances to the contact that the researcher was legitimate so that the interview could take place in the home.

Participant-observation

At a point about half-way through the schedule of interviews the researcher contacted the C.L.S.C. for information on local organizations for the elderly. This organization was chosen for observation because it was under pressure from the provincial government to assume responsibility for the in-home programs that are to permit elderly to remain within their own homes longer. It also allowed the opportunity to see exactly what the services would consist of, how they were to be delivered within the community and how much input or choice involvement the elderly would be permitted.

Registration for a seven week course on services for the elderly titled Les Proches Impliqués Auprès D'Aînés En Perte D'Autonomie had commenced at that time. The researcher spoke to the director of the service who in turn referred to the instructor of the class for permission to attend as an observer. Permission was granted the following day and the courses started the following week. The class was taught by a gerontologist with additional lectures given in conjunction with a doctor affiliated with the C.L.S.C., a local lawyer, physiotherapist and ergotherapist from the local hospital.

Close attention was paid to the instructor regarding course material, presentation and in particular the discussions of myths and typifications of the elderly. The members of the class were also observed for their reactions either active or passive to the topics of discussions. Their problem solving assessments when presented with hypothetical situations provided interesting information to the researcher in the area of perceptions and prevailing attitudes. It must be noted that the course was concentrating on

providing specific concrete solutions to psychological or physical difficulties rather than discussing the etiology of the difficulties.

Approximately half the class were employed service providers for home care associations and the remaining members were volunteers or designated care-givers of a family member. The course did allow for a window of opportunity to observe the relations between the partially autonomous elderly and the care-givers both professional and voluntary. Furthermore it provided a glimpse of the possibility of problems that could lead to unintentionally overlooking the needs of some members of the elderly population.

One of the lectures was given by a doctor attached to the CLSC and it covered medical problems, the symptoms, the affects and the treatments. A case was mentioned illustrating dementia which the doctor admitted was probably due to isolation. The woman had no family in Quebec, lived on a farm with the closest neighbour five kilometres away, was limited in her mobility and had been living this way for twelve years. She was losing her mind and the only treatment recommended was the antidepressant prozac. During the discussion I noticed that none of the professionals even suggested that the woman should be introduced to the services that would provide face-to-face human contact or at minimal telephone contact. The emphasis was placed on after the fact/crisis treatment rather than preventative treatment. I did not go into depth analyzing my observations because they are premature and they diverge from the main topic of this study. I will discuss my observations in the last chapter as they provide areas for future research.

Remarks

This method of investigation was time consuming and difficult to control in regards to adhering to a specific timetable. The interaction with the subjects required a certain flexibility in scheduling. Illness, even minor colds, required a longer recovery period than could be pre-determined by either the subject or researcher. It also required patience and a willingness to be informed concerning minor problems such as deafness, mobility and soft spoken speech patterns.

CHAPTER 4

AGING EXPERIENCES⁷

These interviews have provided interesting findings concerning seniors in the period of their lives from retirement to the onset of decreased autonomy. The questionnaire was divided into sections which dealt with the abstract concepts of self perception, perceptions of others, perceptions of social status and perceptions of social role. Within these very broad classifications certain concepts or issues are discussed specifically: impressions of aging, health, mobility, gender, attitudes, stress and life satisfaction. From these concepts various lifestyles are expressed within this sample population with subjects often straddling two closely related categories.

The intersubjectivity, defined as shared perceptions of individual observers of the individual's responses, indicated a reasonable validity and reliability of the themes that have come to the forefront. The heterogeneity of the sample offered varied opinions and furthermore, the perspectives of the elderly concerning the process of aging differed from the perspectives of the published researchers in areas such as the importance of social status and roles, the dependence on or lack of importance of the wage job and attitudes.

Interestingly, the label of "old" and the accompanying stigmatization was a source of frustration as well as an indicator of reduced social status that six of fifteen respondents articulated particularly in relation to other cohorts that they regularly encounter. The elderly in this sample are not living isolated, marginalized lifestyles with the exception of the unilingual English speakers who felt they were isolated in the area of community

services. The social activities they participate in are chosen with care according to the individual's preferences. It is important that the relationship maintain a reciprocity of value equal to their expenditure of time and energy.

E.H. Erikson and later D. Levinson developed the stages of development theory as researchers from their own middle-age point of view. I believe that in their publications they underestimated or undervalued the importance of the elderly's experience and perspective. Likewise, Simone De Beauvoir's perspective was limiting because her Marxist analysis was not favourable to the elderly's perspective.

The social theories discussed in Chapter Two are numerous and diverse. Of course there is not any one that could adequately apply to this particular sample. I have highlighted responses that are indicative of certain sociological theories of the present period. Overall the work of Gail Sheehy and Betty Friedan were the closest to my sample for comparison of the elderly's perspective regarding the process of aging and of life after retirement. They may not represent sociology in the traditional sense but they do provide insights and comments that benefits those interested in learning more about this cohort.

Aging Now and Then

"It's a privilege if you can get to be my age" (Alice)

All fifteen of the respondents agreed that the release from commitments either in the workplace or in social roles demanded by multiple relationships was a relief of pressure or stress. The use of the words free and freedom entered into nine of the fifteen conversations regarding aging. The response to their general, personal impressions on

their own aging ranged from Alice's dogmatic acceptance, "well, it's a part of life" to the exuberance of Helen's, "I enjoy the ability to do what you want to do when you want to do it." All of the people interviewed relished the release from the work routine although not necessarily work. Eloise, recently retired at sixty-six years old, remarked of enjoying, "the freedom of not having to be on a tight schedule. I guess that comes from having to be at work at 10:30 at night without fail." This was echoed by the most senior of the participants, Alice, who did not engage in paid work outside of the home but was very active with various charity organizations. She diplomatically stated a welcome respite in the form of, "the little lessening of the workload" There was no distinction between male and female respondents as Elwin states, "You don't have to schedule yourself for work ... or ... anything at all."

The negative component of aging was described eloquently by a seven-two year old lady, Lois, who to this day maintains a daily schedule that would exhaust people many years younger than herself. She begins her day at 7:30 A.M. with breakfast, light housekeeping and leaves the house by 9:00 A.M. One day a week is occupied driving people to various appointments or her own errands. She volunteers for organizations such as Meals-on-Wheels which takes up two mornings a week. Lois is also involved in catering or coordinating various functions for the church on a regular basis. She participates on two committees and the choir for local organizations which hold bi-monthly or weekly meetings in the afternoons or early evenings. Furthermore, she organizes and helps to prepare the meals on request for receptions after funerals or weddings and the weekly coffee parties after the church service. Any private socializing takes place at home

consisting of a meal followed by a card game in the evening and she would then retire to bed around 10:00 P.M. This is an amazing schedule although Lois felt limited admitting with a chuckle, "I guess maybe its because I can't do what I used to do and yet I don't feel as though I'm old enough that I shouldn't be able to do what I want to do." This expression of limited freedom was repeated in other interviews. Jenny a retired school teacher said, " You're not free to go everywhere, do everything as when you were younger..." and the same sentiments were mentioned by Alice, "the worst part is the decreased mobility and not being able to do what I wanted to do ... like I used to."

This reduction on mobility compared to earlier years was most often attributed to failing health however one respondent whose family is scattered through out Canada and the United States deplored the public transportation system. Bernice recounted that,

If I could get on a plane or a train or a bus and get off where I'm goin' I don't care if it was eight hours straight ... wouldn't bother me but this getting off and waiting ...

The ability to get around attributed to good health was often celebrated as Claire puts it. "Waking up every morning I say that its Thanksgiving every morning that we can get up, see, talk, walk, especially walk ..."

Of the respondents who participated there was only one who contemplated mortality. Jean Louis was the last person contacted and he remarked, "its going to come to an end sometime ... you are closer to the end than the beginning."

When asked to compare their retirement to other periods in their lives I noticed that the respondents fell into two groups with two people declining to comment. One group of six related the differences to other periods to their health or physical status while

the remaining group of seven related the differences to their social activities. It was reported by both sexes who placed a greater importance on social activities that their 40s or middle-age was the more difficult than an other age. Helen stated outright, "Forty is a more difficult age than twenty or seventy in a lot of ways." She explained that jobs competed for your time at a transition period in the family life which in her case was the children leaving home for studies and/or marriage. Francine, when speaking of earlier periods in her life, admitted to lack of esteem that was not overcome without the help of others. She said that she

was very insecure when I thought that I didn't know anything ... It was a bit devastating. Until ... a minister put me straight on a few things. And [after] that I began to feel that I have a place in the world. This [occurred] right after the last of my family left home.

David agreed that middle-age was stressful, "more responsibilities ... a family ... not much money ... low wages ... hardly ever took a vacation ... [and] unable to travel."

The respondents of the group who placed importance on good health or physical stamina by frequent reference to it rated old age in a negative manner compared to earlier periods as Jenny did, "I was a lot healthier ... Forty was great" or as Gavin remarked, "I wish I was forty cause ... at sixty-seven you just don't have the stamina ... " Gavin missed the stamina of a younger man but he had a specific reason,

At twenty I could do a hell of a lot more than I could at forty and at forty I could do a hell of a lot more than I can do now ... it takes me twice as long to do whatever project that I have in mind. It would be nice if you could retire at 20 and go back to work at 65.

Jean Louis was convinced that, "aging is really very closely connected with health ... The enjoyment of aging depends on how healthy you are." He had nothing to say about his middle years other than, "everything was rosy."

Claire rejected the chronological classification of early (20s), middle (40s) and old (65+) age as important stages. Her remarks are representative of Gail Sheehy's interpretation of Levinson's developmental theory suggesting that events are pivotal in advancing to another life stage. Claire suggested the events of a hysterectomy, pension pay-out, and grandchild as turning points in adult development that she experienced.

I was forty ... when I had a hysterectomy and I think that sort of gave me a new lift on life ... sixty-three, sixty-four I couldn't wait to be sixty-five so that I could get my old age pension and have some money in the bank ... another turning point in my life is having a grandchild at seventy ...

Attitudes on Aging

Asked if their impressions of elderly had changed as they aged the response was often a variation of denial of the elderly as related to themselves. As Jenny suggested "I still think of older people as being somebody else." Ten of the respondents indicated little or no change in their attitudes towards the elderly as they themselves have aged. However, Bernice stated that her ideas about older people had changed "quite a bit." She remarked,

I feel that some don't accept it as much as they should or could and they don't enjoy life ... they live in the past. They don't live in 1995. They live [as if] they were young ...

All of the men either denied any difference related to older people or simply stated that they never noticed any changes in their attitude concerning the elderly. Only Jean Louis added, "that when you were young you feel impatience [with them and] now you understand maybe why things are they way they are a bit more ... so you have more patience." He added that as a young man he, "was so busy doing my job and so enjoying it that I didn't have time to think about anything else."

The women were more descriptive concerning the changes observed and their feelings regarding the elderly then and now. Alice expressed a feeling of guilt when she recalled her lack of empathy for her own grandmother.

I had a grandmother who made it to one hundred and ... so I had a lot respect. I still claim that I wouldn't choose to be with her a lot. I found it depressing ... I'm not proud of that ... as I am one of them now.

Eloise remarked a change by admitting she,

thought of them as being old when they probably weren't. They just seemed to be old in their ways of talking and moving. They seemed to be slower and ... they had grey hair. Its silly but in those times you used to think of grey hair as being old. Now ... I realize that young people get grey hair.

Comparison of Lifestyle Changes

"When I was a kid, forty years old was an old lady." (Claire)

The changes in old age since their grandparent's time was a topic that brought varied responses. It became apparent that some of these people had little or no contact with older people while others had contact on a daily basis with the older generation. Geography and economics reduced the face-to-face contact as Kathy recalled, "My

grandmother on one side I never knew her. She lived in the States. And my other grandmother, well, we lived on a farm and we had to work hard as kids we never spent much time with our grandmother." Today there is a similarity to the physical separation due to geography and economics but today's communication technology has provided a way to maintain contact at a moment's notice between the generations and other friends.

Improvements in transportation, communications and the development of pension plans were all cited as important to the elderly of this study. Health, although not slighted, was not the first consideration when describing the differences between the earlier recollections of senior's lifestyles and present times.

All the respondents agreed that seniors are more active. For example, Alice's illustration of her grandparents' later years reinforced this opinion.

Oh, they're generally speaking, they are much more active and involved in their life [today] ... my Grandmother ..., she was looked after by her daughters for twenty years, I mean, by the end ... she made no contribution to the community. And yet she was an active lady, mentally active, I mean she read the daily paper and things like that.

David, the most physically disabled of the respondents, concurred.

I think people are more active today than what they were years ago. I mean, they didn't have the convenience of gettin' around. It used to be horse and buggy day eh? Whereas today a lot of people drive until they are eighty, ... or ninety years old. And there are more conveniences of gettin' around...there's buses... Cause I remember when we first came to Canada it used to be horse and buggy ... Wintertime you never used to see a road ploughed. It used to be all rolled then [with] horse and sleigh ... That's why in 1929 there wasn't much mobility in the winter-time.

The main impact of limited mobility was on the social life as David remembers it, "was very quiet in the wintertime, yep. You would have to walk ... They used to sit in the house

and listen to the radio and not much...probably in the summertime there was more activity than the winter ... "

The use of technology for relieving the drudgery of everyday living was important but it also relieved the isolation for some. For example Lois was enthusiastic about some improvements as she recounted,

Oh my! There has been a lot [of improvements] ... like when we were young we had wood stoves on the farm we didn't have a furnace. We would use wood or coal in the winter time to heat where now you have furnaces. ... in the winter time we would get out with the horse and sleigh rather than a car in the winter cause we were on the side road and it wasn't kept open. After a few years it was. We always had a radio but [then] TV came in. That was since we started work. Well and now there is so much on electronics. Computers and things like that wasn't thought of too many years ago. Well, as far as electricity goes it improved it a lot. And being able to get around in the winter time much easier with a car. Electricity for cooking and oil for furnaces ... that made a big change.

Jenny noticed differences in the older women of her's and her husband's families in respect to general knowledge, fashion and travelling.

Oh it's changed a great deal. Well my grandmother lived in Newfoundland and there are many things that exist today that she never knew about although she lived to be 90. And she didn't know ... what's going on all over the world. ... communication was not the same. Even my mother ... she was a modern-type woman. And his mother, his parents grew up in Europe ... they weren't so dependant on the television ... They had more family meetings ... Churches and clubs and things like that. ... my mother didn't read the same number of books that I do and I don't think my grandmother read any. They never travelled. Life in the last hundred years has changed so much. Even as children we didn't travel ...

Regarding the economic situation of seniors Don, an ex-union man, expressed the appreciation for financial policies of government, unions and business,

its changed in a big way because when I was a child, ... They had no income coming in, unless they saved their money and it was pretty hard to

save durin' them days as wages were pretty small, so therefore they didn't have the money to do what they'd like to do. Whereas today ... you have your federal pension, you have your Quebec pension, and when you're workin' you have in some places a small pension and in other places a larger pension.

Jean Louis, who carved out his career in finance without union affiliation, agreed that there was a change just in one generation. "they didn't have the means to hide away in the sun in the winter. Our generation has more of those means ... so those are different things."

There was a consensus that the elderly in this sample were more active than their elders. The reasons given were related to technical improvements and a removal of the mobility and economic barriers. The opportunities available offers most seniors today more social activity than in earlier times because the transportation infrastructure lessens their reliance on family members for entertainment.

Social Networks

Family

"We use the phone a lot more than we used to." (Jean Louis)

The data reveals the senior generation to be "telephonephiles". The telephone is the main method of contact with the world. The seniors are dependant on the phone for maintaining their family ties. Of the thirteen seniors interviewed who have living children all but two have children living more than one hundred miles away. Most adult children had to move away for economic reasons while the seniors stayed home because

of long term relationships and familiarity of the neighbourhood. The most frequent contact is by phone, and face-to-face contact becomes a part of the travel itinerary or formal family gatherings. When asked directly how often he sees his children face-to-face Gavin had difficulty answering. However, he replied, " We call them twice a week or they call us twice a week. We are pretty close. In fact very close."

The telephone method of contact is used extensively by those who do not have children themselves but maintain relations with their siblings or nieces and nephews. Elwin, the bachelor who telephones his siblings monthly, admitted, "I don't see them in many [years] ... I haven't too many left ... I don't get too much news, eh."

Kathy and Lois, the spinsters in this study, rely extensively on the telephone for maintaining family relationships as Kathy recounts,

With us its mainly telephone conversations like my sister who has just moved out west we call at least every second week. Two nieces who live in Edmonton at least one of them we are in touch nearly all the time. The other one, well she has four children and we don't talk to her nearly quite as often. But we do have a good relationship and we keep in touch by phone mainly. And we have aunts. We call them at least once a month to see how they are doing.

Don married late in life and while his wife is responsible for contact with her children he is responsible for his own siblings. They are contacted mainly by phone and a little letter writing.

I call my sister up in Ottawa every so often and she calls me. My brother in Lethbridge, he called me when he found out that I was in the hospital. My other brother that lives in Candiatic there, he calls me and gave me hang for not lettin' him know. My sister in California, I call her but I keep in touch by sending cards to them. And my other sister ... she writes to me once in a while.

In some instances distance and the aging process regulates considerably the frequency of the contact as in Elwin's situation. "I have a sister in Saskatchewan in an old folk's home but ... we don't talk to much...she's not too well eh." Alice agreed that distance was a problem and it made a change in the relationships with family and friends. "The boys are supportive, very definitely. I get a phone call, maybe only once a month from one of them, ... about that from both of them. So I mean that it is just that distance ... that really made the change." Issac found he lost contact with some of his family.

Well, since none of them live here I only see them occasionally ... I phone them and I phone my sister all the time in Ottawa. My other sister we write to her. [my sister-in-law] moved out west ... we don't have much contact with her. She's semi-illiterate. So she doesn't write very well and we ... I don't think that we have ever phoned her.

Claire also noticed the difference. "It changed because the kids all moved to Toronto and when I had the cottage they were down every week-end and their friends. It changed when they start[ed] moving away."

In contrast, retirement meant more contact with his family in Jean Louis case. He admitted that he,

Probably ha[s] more contact with the family since I retired because we have the time and as I say we talk to them on the phone almost weekly. ... obviously we see the ones in Montreal more often than the ones in Toronto. So they being available to some extent and having time makes it possible to visit your family. But then their situation changes. It is not only yours. They get busy ...

Friends

"if you have friends you can do things and that will change your attitude." (Don)

The importance of friends was related to emotional well being, happiness and the exchange of services. The reliance on family members for an exchange of favours or services has not been dominant in this sample. Friends have replaced family for many of the services that they may need occasionally. The people in this sample no longer had family close by and they admitted relying on their friends for companionship. Alice misses the social contact and said,

I would have liked to have more friends around and about me ... Also think that is one reason why I quite enjoyed my little bridge club was because they became my friends ... It wasn't a mixed group but I was counting on that friendship that it represented, very definitely ... the game wasn't nearly as important as the social contact ...

There is a fear of isolation Eloise mentioned and the need of physical contact.

Yes, I think you need friends. The contact...even if its only be phone sometimes. Its important to keep in touch with other people. I pity people who are alone totally alone ... I think it must be the most terrible thing to have to live like that to have no one...no contact with...others.

"I think that there is something that they can give in some ways that your family can't.

There's a different wealth," reported Francine on the subject of friends. "The only way I can say it is there's a natural bond between family but there is a different bond than which we have between even very close friends."

The cultivation and maintenance of friends are an intricate part of retirement for the mutual satisfaction of the individuals involved both within and without this cohort.

Gavin likes to share chores with his friend. To help each other out on projects and when asked directly stated, "Yes, they are important for companionship." Kathy also acknowledged the need of companionship to embellish her daily routine. "Well, I think

life would be kind of dull if we didn't have friends to talk to and be with, go out once in a while and have a cup of coffee in the afternoon with them and a visit. I think its important, very important to have friends."

One respondent, Issac, was contrary to the rest of the sample in reference to friends. When asked if he thought friends were important to his well being he stated, "Not really, not really. They are acquaintances not friends."

It should be noted that this respondent relies on his spouse for all his social activities. He assumes that this is his wife's responsibility and to date he has been happy with the arrangement.

Elders' Experience of Alienation

The second section of the questionnaire dealt with how they believed others saw them. It proved to be difficult to answer and many of the respondents reported not having thought about it before. Furthermore, the responses given indicated the elderly are not a homogeneous group. It took time for them to formulate the first answer but when they considered examples or anecdotes as a response aid the stories were illuminating and indicative of the influence of the socialization they experienced.

Some respondents resented being labelled and stigmatized. The imposition of a label and the implied authority of others over the elderly's status was reported as unwarranted and unwelcome. The stigmatization of the elderly as a consequence was articulated by Alice in the following section.

"Some people just label you ... old and you don't know anything." (Alice)

The idea of being labelled and the realization that something had changed in the relationship that she had with others was disconcerting to Alice as she said,

I thought they saw me as a pretty active senior but now ... they are giving me the seats in the street and [on] the bus. Half of them open the doors for me. I'm beginning to think that I'm not quite so active. But I laugh when somebody starts offering them and holding the doors for me. I guess I'm starting to show my age ... I thought that I was doing pretty good.

The opportunity to defend senior's abilities arises occasionally and Alice has the acuity to enjoy illustrating that they are not always senile in old age. Once in a while you surprise them and that's a plus for the day you might say ... About two years ago ... a niece's husband grown up and born not far from what was home to me ... he was just suddenly amazed I was naming the numbers of the roads ... he said, "just listen to her." ... they just couldn't quite believe that Aunt Alice was as precise [about] this old community that she had known.

The intergenerational differences are clear to this women and the perceptions held by the younger group of herself was not as she expected - an example of acuity on Alice's part.

On the other hand, she admitted that her own perceptions of other seniors was misinformed as she recounted this family's reaction to an unexpected turn of events.

You can certainly be wrong on ... your perception of other people. I had a sister-in-law who has been a widow quite a long while ... close to twenty years I would think ... and she never seemed stylish ... and boy-oh-boy she is getting married. We figured she must be eighty, ... I just chuckled, I thought... Its great. Just this summer there are pictures that were taken with the other two sisters-in-law ... and she just looks as if she's blooming! ...

Sexuality for an eighty year old is a surprise to her peers although it is welcomed after the announcement. The choice of this lifestyle was not considered a normal, everyday option in the minds of her in-laws. It was assumed by the family that the elderly women were not expected to form new sexual relationships at their ages. This supports the statistical

evidence on sex after the death of a partner that Simone De Beauvoir included in appendix iv titled "Some Statistical Data Upon Sexuality of Old People" in the book Old Age. The capability is still there at advanced ages but socially the elderly are not expected to engage actively or if they do it must be discreet, especially the women. For example, the spinsters in this sample studiously avoided discussing the opposite sex on even the more general subjects. A general question concerning gender differences brought about the response from Kathy, "There again being an old maid I have no idea about men's opinion ... Not a clue about how men would feel about that!" This is an antiquated comment. It was almost as if the subject men was off limits, not included in her present experience and to be avoided when possible.

This sample failed to support Friedan's statement that in Erikson's eighth stage aging would provide a new way of thinking regarding sex roles. Her observation that "others, in their love of work, express a generativity that, as much as any truly revolutionary artistic creation or scientific discovery, may preview for a future generation new values and directions" does not appear in this sample. (Friedan, 1993:614) The new values are not apparent in the discussion of sex in this sample but rather the opinions expressed are a continuation of norms most probably held throughout their adult life.

This feeling of being apart from the society was reiterated by Bernice with particular annoyance about some people's attitudes.

They think that we are just senile. I don't, but a lot of people do ... the way different people give their ideas or the way they act towards you and think you are a baby. You know, treat you like you don't know what you are doing. There's quite a few with that opinion ... younger people, ... Some have no respect at all. Why? I think they think we are senile, you know,

we don't know are thoughts or ... our mind is in a blank. They don't realize that some of us are, maybe not all, still of the same mind that we had before. I don't know what influences them unless they think that they are smarter than the elderly people. We don't know as much, we didn't have the education ... [t]hat the younger people get today.

Don expressed an attitude that he felt from others could be explained as,

I think they're envious in a way on account of the travelling and the enjoyment that we have meeting people ... you see when you retire ... I figure that we are in our second childhood right now.

Friedan anticipated Don's observations as I discussed in chapter two. The expectation of stagnation in old age that society has imposed on the elderly does not necessarily become a self-fulfilling prophesy although it is possible. The image of the elderly according to Friedan is deceiving as she remarked,

I have discovered that there is a crucial difference between society's image of old people and "us" as we know and feel ourselves to be. There are truly fearful realities reflected--and imposed--by that image (Friedan, 1993:31).

Francine suggested that the alienation from others had a specific motivation. "I feel sometimes its fear ... they are almost afraid of older people. They are afraid of what they are going to come to themselves instead of taking things day by day ... " The fear is not of older people but rather of the process of aging itself. The elderly embody the aging experience and for some the fear of aging is projected onto the elderly themselves. Fear in any form is an enabler providing an excuse for others to marginalize the elderly rather than confront their own weaknesses. The fear of an unpleasant lifestyle has been internalized in our society as De Beauvoir stated retirement does not translate into leisure time but rather,

"Leisure does not open up new possibilities for the retired man; just when he is at last set free from compulsion and restraint, the means of making use of his liberty are taken from him...he is condemned to stagnate in boredom and loneliness, a mere throw-out" (De Beauvoir, 1970:13).

This contradiction was noted by Jean Louis. He commented that most people believe that,

as a retiree that we have absolutely nothing to do and therefore, we're the ones, for example, who should go see them. They're working they have families so ... we are free ... so we should be available on request basically ... not that their demands are great but available in terms of we should visit them more, we should go more often to Montreal, to Toronto. They think that we have nothing to do because we are retired.

He was not appreciative of this perceived imposition on his time. He could not understand why it was assumed that he had nothing to do because he was retired. He is a man who was always in control of his adult lifestyle and left very little to chance. At the time of the interview he had already organized the next ten months of the year. The change in others attitudes was disconcerting to him nor could he provide an answer to when after his retirement he noticed this assumption had started.

I am reminded of Friedan's discussion of the ability to "crossover" to other social roles in old age when I listened to Jean Louis's frustrated comments about new expectations. He has difficulty reconciling the change of attitude of other people in regards to demands on his time. He expressed little empathy for the perspective of others and he used personal activity as a shield to avoid involvement on another level other than filling in time. Friedan placed importance on the ability to make a lateral move into other roles, gender-related or not as facilitating the transition to old age successfully.

The respondents in this section polarized their responses into two categories. The first stating briefly of not being aware of other's reactions to the elderly either to themselves as individuals or to the group in general. The second category answered in a negative manner generally with an example that emphasized their point. In either case, the attitude of the respondents was generally humorous when they answered and the importance of the other's opinions held little significance for them. Only a couple expressed annoyance.

The label of "old" and the accompanying stigmatization was a source of frustration as well as an indicator of reduced social status that six of fifteen respondents articulated particularly in relation to other cohorts that they regularly encounter.

Status and Discrimination

Social status was questioned in 3.a-f and 4.c-d. In particular, between the elderly and their community, the younger generation, service people and the opposite gender. When asked outright if they have had difficulties interacting with other cohorts all stated that they never had any problems. However, when asked how they have experienced discrimination or how they handle uncomfortable situations six were able to provide examples without difficulty. The responses were interesting because although twelve of the fifteen denied experiencing any problems, four of the twelve and the remaining three respondents who expanded on their responses were able to recount incidents of institutionalized ageism or reported changes in their daily routines as a result of unpleasant encounters. All respondents but one had a laissez faire attitude concerning ageism.

Bernice stated, "it's not worth bothering about. People want to be that ignorant let them be."

There was an acceptance or resignation to the treatment they had seen or receive indicative of an individual in a subordinate position without the means to initiate change to improve their situation. Conversely, they may have other priorities that are worth more to accomplish than expending energy for social changes in the area of roles.

Ageism and Gender Awareness

The topic of discrimination was only admitted when questions were posed indirectly and it was treated by the respondents like a social malaise that only could be addressed by the traditional social institutions referred to as the family, the schools and the church. It was this type of a question that emphasized awareness on the part of the women of inequalities of treatment or rights.

In this study none of the men admitted to discrimination because of their age although those who were married would have experienced the same difficulty as the women particularly regarding financial institutions. One male respondent, Issac, was aware of the possibility and stated, "I don't think so. Of course, I haven't started looking for a job lately so I might be then." It was the wives who described the incidents but they too discounted them as unimportant. It was an annoyance that they worked around or lived with depending on the incident. They themselves did not appear to see this as a problem except the travel insurance regulations. Many started to travel only later on in life because of other responsibilities in middle-life and they resented the imposition of

higher premiums at seventy-two years old or cancellation of policies on the criteria of age rather than health.

Claire complained about a couple of incidents both related to the financial institutions. The problem getting travel insurance at a reasonable cost and a bank loan both frustrated her.

Yeah, insurance on the car and you can't get [travel] insurance. The only time that I think that I was upset was cause I went to borrow money from the bank and because I didn't make my own income tax papers out I wasn't allowed and I had to get somebody to sign for me. That insulted me ...I mean I worked all my life, I had a little bit of money in the bank, and yet they wouldn't loan me money because I didn't make an income tax paper out ... I knew that I could pay back the loan, you know ... it was a little thing, you know. I just thought it was trust,...

Jenny remembered that, "When we got to 65 they cut off our insurance, the Royal Bank Visa. Not all of them though because we got it from another bank." She mentioned at the time they were surprised but not daunted at the refusal. Again these responses are consistent with De Beauvoir's comments about the limitations placed on the aged by society which curtail the pursuit of leisure activities.

The possibility of an unfriendly encounter with people requires a change in lifestyle. Kathy is less likely to engaged with strangers in public and Bernice admitted changing her schedule to avoid unsolicited unpleasantness on the public transportation system on which she relies.

Kathy expressed a certain fear when having been confronted with an unpleasant situation "in this day and age you don't like to say too much to anybody because you

never know what they got to hit you over the head with ... " Bernice relies on public transportation and she admits being old invites some rudeness. For example,

getting on a bus they push you out of the way and they got to get on the bus first. They'll take a seat before you can. Or if you are standing on the sidewalk waiting for a bus two or three will come by and insult you.

The respondent who chose not to ignore discriminatory remarks apparently had a history of rebuttal to which his wife confirmed. "Well, I have always been offended by stupidity and lack of respect and I don't [care] if it is because I'm 60 or 40 or 25. That's always been a thing with me and it still is. I probably will react physically. My wife doesn't always like it."

Although the respondents were unanimous in declaring no discrimination, a portion of them were aware of a loss of status in their daily encounters. The acceptance of the status quo was generally treated humorously, attributed to families failing to teach common courtesy and social values such as respect for others. Eloise pointed out that she believe our socializing institutions like religious organizations no longer have an influence in passing on the norms of the society.

I don't think it is the church because I don't think young people are influenced by the church any more. Maybe some schools have an influence. ... teachers more specifically. I think that the teachers have a great influence on young people more than perhaps they know.

I noticed a trend to deny or distant themselves from the phrase discrimination. Their understanding of the word is pronouncedly negative and therefore they can not reconcile their highly satisfactory lifestyles with the negative connotations of the concept of discrimination or for that matter ageism.

Gender differences concerning social status and social roles were vocalized by the women more than the men. They were more aware of them and many had definite opinions. Claire referred to the different outlook that she thought the sexes experience in later life. "A women never retires really," she stated. And furthermore,

There's not one morning that I get up that I don't have something to do. We make better retirees than a man does. I know [my husband] never had a hobby but he belongs to the masons and he's on the go all the time ... He's not a bricolar. (handyman) We work outside together to do things ... but everything else has to be paid to be done ... Even throughout married life we have differences...like he can sit and watch TV ... while I'm up and down all the time thinking "whoops if I don't do this or I better do that today instead of tomorrow..."

Bernice also thought there were gender differences. She stated,

Oh a man he responds differently to a women ... men are in the workforce all their life and ... [retirement] seems like a big hole invented ... Some can fill it doing odd jobs or something but others can't. They can't get used to a different life, ... they are so used to get[ing] up in the morning, go to work and come home at night and they are finished. But when they retire ... they are kinda lost ... I think a man is like that. A women is not that bad. She finds something to do ... Because they have been doing it all their life, ... You are always occupied with your family. It doesn't matter if they are married, gone away, ... they are still your family ...

Two of the men noticed gender differences and their observations reflected another perspective. For example, Don noticed negative effects on retired women, in particular, their income,

Some of them do resent retirement because ... They can't go around do the things that they want to do because their income is lower. ... but now that they got ... these senior clubs, its helped them to pass their time. Men are... different because ... I'd say at least half of the men are mixed up in different societies which takes them out, takes them out of the house at least maybe twice a month ... I'm out four times a week sometimes ... when I can take my wife with me. That's when I enjoy it the best. We have a lot of

the friends that we met through different societies that we, that I belong to,...

In this case Don assumed women do not or can not participate in value-enhanced social activities on the same level as men. I suspect his lack of interest in women's activities lead to this comment or his internalization of differentiated gender roles was such that he believed women could not "pass time" as successfully as men. It would be difficult to imagine this respondent crossing over to another role as discussed by Friedan or adopting a new reality to remain at the positive side of the continuum in his eighth stage of generativity versus despair.

Among the men who gave a response on gender retirement two stated women were disadvantaged both economically and socially. Either their happiness depends on the largesse of their husbands or they are not worthy of concern. Furthermore, sentiments concerning loss of a spouse was introduced by Jean Louis as an integral part of a happy retirement whereas none of the women mentioned it specifically. Jean Louis remarked,

I don't know how women react to retirement. It probably would depend if they have a mate or not because if they have a mate they would probably do things together. If they don't have a mate ... I don't know. I see women in retirement who seem to be quite happy and others who seem very lost. Its not one of my concerns.

One respondent acknowledged the gender differences of today and was concerned for the future generation of women in retirement. Eloise compared the generations in this way.

I think men have a hard time cause they are so used to going out all the time. It will be different in the years to come I think women will probably experience retirement differently because they're out working now. In my age group I think men find it very difficult to find a place for themselves when they retire. Unless they can find lots of things to keep them occupied like my husband ... so often he has met friends that are just bored to tears

... Women I don't think...as long as they have a home to take care of ever feel that there isn't something to do. However in years to come I think the ladies going out to work now will find it quite a change to stay and have their home. They will be the same as men I think then.

Jenny was able to suggest a reason for the perceived difficulty men have in the transition to retirement. She thinks that, "It depends on what kind of job they had and if they liked what they were doing ... some men are their job. It's the only way they define themselves." The identification with their work rather than personal relationships has an impact on their ability to adjust to a new role in later life.

The only bachelor and the two spinsters diplomatically decline to respond to the gender question and Kathy's response echoed the context of the other non-responses. "There again being an old maid I have no idea about men's opinion or how they approach retirement. I really have no opinion on that. Not a clue about how men would feel about that!" I do not believe that her response was meant to imply that she never knew any members of the opposite sex but rather that as far as she was concerned the perspective of the opposite sex was not a topic or an interest for speculation.

The inclusion of a discussion on ageism in Chapter 2 in this paper was in direct response to the experiences mentioned by these subjects in their daily encounters with institutions and members of other cohorts within their community. The question on discrimination was included as an afterthought in the questionnaire but the responses of this group, both denying discrimination and the recounting of personal incidents, raised the level of conscienceness and interest of the interviewer. Also, it indicated that the unwieldy or insignificant range of reported incidents mentioned in Canadian papers is

probable not unreasonable considering the ambiguity and the understatement of the responses found in this sample.

Life Satisfaction

This last section dealt with social roles and overall life satisfaction. The people in this sample generally maintained the same activity patterns in retirement that they had in middle age. That is to say if they were outgoing and interacted with a large number of people beforehand then it continued in old age. The activity theory of maintaining the number contacts as a middle-aged person but exchanging one type for another is consistent with the responses in this sample. The major adjustment was the type of organizations that they developed contact with and some of the obstacles they encountered appeared to be socially constructed.

Francine was very modest in describing her commitments during the interview. "I must have done a little bit of every thing. I have always been active in church work, ... I have been treasurer for the women's group for so long that I'm waiting to see if I get a pension but I haven't found out yet." David was also modest in reporting his activities. However, when I verified some of the details of the information given to me by the respondents I discovered that both of these people have heavy responsibilities as committee members within their church as reported in the local, daily newspaper on February, 1996 (St-Martin, 1996).

The importance of active interaction on the senior's part is imperative to life satisfaction. Don remarked that,

to a certain extent life is what you make of it. Its what you do ... Its not what other people do...its what you do ... The wife and I, we both love the same things. We love travelling, we love eating and we love our kids ... You got to make it [life] yourself. Nobody else is goin' to make your life.

Community Involvement

Although they all expressed interest in the local community politics, the local social programs and organizations the level of involvement was strongly influenced by the quality of social interaction of the situation. The responses were varied and some of the decisions to participate were contingent on variables exterior to the individual's desires. For example, Francine does not drive and admits, "I did a lot of it, I'm interested let's say that but I don't want to be involved. I think some of this has come from transportation, you know." Helen reported a lack of sustainable interest from the younger generation.

I mean I feel now that there is another generation coming up and they don't seem to be interested in the same things any more. Even the church groups, ... it is difficult to get the younger ones involved ... I used to be quite interested in politics, in fact, I worked in all the elections and I was Returning Officer once and I was a scrutineer a lot of times.

Jean Louis mentioned the stigma of moving to a new geographic location, although well planned, is stressful particularly in becoming involved locally.

I have no objection to it and I would even welcome it. I find, however, that having moved to a small centre like Magog makes you a foreigner. You are not in the group. You are not being asked to join. If you want to join you have to force your way into it and I'm not about to do that. This is one thing that we noticed. My wife ... after 10 years with the choir is still Mrs. So and So from Montreal ... if the things are being run locally by local people day in day out one can presume that its a lot of status quo. Don't rock the boat. Strangers do have the knack of rocking the boat.

It appears that the one organization that accepted seniors unconditionally and that was not already designated as an old age group was the religious organizations.

It should be noted that within this small sample the unilingual English felt the most isolation from the formal organizations. As a minority group in the area the isolation felt is particular to the geographic location and is dependent on the availability of translated services to this group. It represents a double jeopardy to the individuals involved. First, of being elderly and secondly, unable to integrate completely in the community functions due to language disadvantage. These respondents expressed a regret at not having acquired enough conversational French to feel comfortable at meetings in the area but they were unwilling to relocate because they had good friends nearby. Eloise mentioned,

Oh I would like to participate in like go to council meetings and things like that but because of my limitation in French I just don't. Perhaps if I was in place where English was spoken all the time than I would be quite happy to participate in some of those things but that sorta limits me in this area.

Gavin also had regrets, "Well now, its pretty hard. I would like to but we have a language barrier. You go to a town meeting its all in French you don't know what they are talking about ..." Issac found it difficult to get involved.

It's pretty hard in this milieu to play an active role. I offered to be a volunteer in the hospital but down here [but] its not worthwhile because ... most of them are French ... I don't speak French at all ... or very little French. So I never say that I can speak French cause it's too fast for me. It's difficult here, ... I went to one meeting of the town council here, the only one that I ever attended, but I didn't know what was going on most of the time. So it's difficult today to involve yourself in town affairs ...

Jenny regretted not feeling comfortable in French to participate fully although she had a working knowledge of the language as she had in Spanish.

Its difficult to get involved in anything without having the language. I mean I can shop in French. I can get by, read the paper, sort of, but I can not go to a meeting and participate ... Just can't speak enough to do it. I would like to but I can't.

These four specifically identified language as a barrier to community involvement but I noted two of the respondents have an active involvement in their local church, school and service organizations which are still predominantly English speaking.

VARIETIES OF LIFE

Philosophy of Life

"after seventy it's gravy really..." (Claire)

Attitude was the most frequently mentioned variable to enjoying a happy aging process and Claire summed it up with, "You know the old saying three score years and ten after that... hehh... make the best of it. We are only passing through here." The lack of same age friendships due to moving or death was the most common negative factor mentioned by the females. Helen felt the loss more than the other respondents, "but as I say I lost several of my really close friends either from moving away from Quebec or dying. That's the way it goes because of the turmoil and upheaval so many people have [left] ..."

Don mentioned the importance of his granddaughter and good friends. "We have a lot of good friends, and we travel and we keep in touch with them. And that makes us feel young and gives us the will to go and do things. And now that we have a granddaughter which is more important to us than anything." Relationships were important to Gavin and they took precedence over all else. "I have two good children ... which is self-satisfying to begin with. Lovely wife. What more can you ask for?"

The sessions ended with a question on how these individuals would rate their life satisfaction on a scale of one to ten with ten being the highest indicator of satisfaction.

The results were overwhelmingly positive ranging from a high of ten to a low of seven. The mean for the sample was 9.0. Gender breakdown was males 9.2 and females 9.0.

Mobility and reasonably good health was related to a highly satisfied life. The respondents related good health to their autonomy rather than a specific health problem. All of the respondents were under a doctor's care for any number of ailments but Claire reported the primary importance of "being able to walk and see." Financial security was the second most mentioned consideration but as Jean Louis mentioned,

as I say earlier the health is good and ... that's the key issue. You wouldn't be able to enjoy retirement if you weren't healthy even if you had tons of money. So to me that's very important. So being healthy like I am now is a big asset and not having to worry too much about money is obviously ... a big plus.

The combination of friends, mobility and financial security contributes to satisfaction that many did not enjoy in their earlier years as David remarked, "I have lots of activities and am able to still drive a car. There's enough money so that I don't worry. And I have a peace of mind, no stress, I mean." Interestingly, those who were more financially secure than others were not necessarily more satisfied as indicated by the individual scores.

The freedom from social and financial obligations was welcomed not as an excuse to sit at home in a rocking chair but rather as a justification for their choice of lifestyle. Claire expresses the sentiment of freedom of choice, "When you have worked since you were twelve years old you get to the point, you say, I want to do what I want to do, when I want to do it ..."

The people in this sample vigorously guarded their freedom of choice regarding their activities and they concurred that they had paid their dues to society and intended to

make the best of their time remaining. Only one respondent of the sample of fifteen actually acknowledged or credited their paid work or their career for contributing to their life satisfaction in retirement. The acknowledgement related to the pension plan that he has benefited from since retiring. The remaining respondents concentrated on interaction and relationships with others for maintaining or increasing their quality of life.

Lifestyles

The transcripts from these interviews indicate five distinct lifestyles among the Eastern Township sample. A simple table allocated the subjects into the categories of liberated, volunteers, wanderers, family first, and retreaters. Ideal classification is impossible when working with human subjects within a social situation. Many of the subjects expressed two or more lifestyle interests depending on their activity level. It became necessary to rate their comments from 1 to 5 with 1 representing their most often expressed lifestyle interest and 5 their least. The fifth ranking was not chosen in this sample.

Table 5.1

Lifestyle Varieties of the Sample

| Name | "Liberated" | "Volunteers" | "Wanderers" | "Family First" | "Retreaters" |
|------------|-------------|--------------|-------------|----------------|--------------|
| Alice | | 1 | | 2 | |
| Bernice | 1 | 2 | | | |
| Claire | 1 | 3 | 2 | | |
| Don | 1 | 3 | 2 | 4 | |
| Elwin | | | | | 1 |
| David | 1 | 3 | 2 | | |
| Eloise | 1 | 3 | 2 | | |
| Francine | 1 | 2 | | | |
| Gavin | | | | 2 | 1 |
| Helen | | | | 1 | |
| Issac | | | | | 1 |
| Jenny | 1 | | 2 | 3 | |
| Kathy | 2 | 1 | | | |
| Lois | 2 | 1 | | | |
| Jean Louis | 1 | | 2 | | |
| Total | 8/2 | 3/6 | 0/6 | 1/4 | 3/0 |

The table above indicates a dominant lifestyle accompanied by one, two or three subordinate activities. There are some who straddle two or more categories but one category is dominant compared to the others.

The most popular category is the "Liberated": these subjects conform closely to the Activity/Substitution Theory. They enjoyed an active middle-age with many inter-relational contacts which through maintenance or substitution have managed to resist shrinkage of their social world. These subjects have also indicated an interest in a differ-

ent lifestyle compared to their middle ages but it is secondary or in addition to this sense of freedom.

When comparing this sample to the observations of Sheehy we find, as Sheehy expected, the group easily liberated itself from social, cultural, and economic commitments as indicated by the large "Liberated" group. The accumulation of goods is not a priority, neither is adherence to expected social roles in almost all the cases. They are determined to "do their own thing". Levinson's argument of forming significant relationships with other adults for the express purpose of advancing the adult male's aspirations does not appear in this sample. None of the subjects, except Jean Louis, expressed opinions for personal achievements or relationships related to their paid work or adult aspirations. The majority of the sample distanced themselves in varying degrees from that area of endeavour without regrets in their responses to questions 1.a-f. Relationships sought at this time of their life are based on mutual interests, exchange of services, and community activism. I believe the upper age limit of forty-five and female omission in Levinson's study had skewed in his observation in this area. The inclusion of older subjects would have influenced his results significantly if this sample is an indicator of the senior's perceptions.

The second most popular participation category is the "Volunteers": these subjects have a very strong sense of commitment to serving their community. They have always given of themselves throughout their adult lives and retirement allows them to forge more sustained roles. This is consistent with the Continuity Theory which suggests the only activity ceased was paid work. In a few cases the people that they had contact with may

have changed, most often due to geographic re-location, but the activity itself remained the same. For example, hospital volunteering in one locale was transferred to the new locale.

Those assigned #1 in this category are presently and have always been active in this area. Their lifestyle conform to the Continuity Theory of maintaining already established contacts into their old age. Furthermore, it is this group that benefits the most from the seniors as many chose this option as a subordinate lifestyle as indicated in responses to questions 1.f and 4.c-f. There is a strong willingness to participate in community services and thereby assume roles that are personally satisfying and valuable.

The third category is the "Wanderers": these subjects, newly released from external, social responsibilities start to travel. Some of them for the first time in their lives. I must admit that this group is the most animated in their conversations. This group exhibited some of the characteristics of Friedan's "Crossover Theory". That is to say, the adherence to socialized, gender roles relaxed after age 65 and exploration into other personal interests rather than social obligations were pursued. Furthermore, the older the subject the less concern for which sex is responsible for the male/female work. It was done satisfactorily by the one most interested or capable. These subjects had the most dramatic lifestyle change compared to their earlier adulthood as they engaged in an activity which many had not done previously. However, this was not the case for the majority of this sample. Of the fifteen subjects six or 40% made the "crossover" transition regarding work as work, not gender-specific work.

Among the "Wanderers" five of the six subjects embraced the "crossover" strategy that Friedan stated was necessary for a vital aging. The subjects in this category named "Liberated" as a number one choice. This is compatible with Friedan who says a person must be liberated from the rigidities of sex roles in order to find and pursue other interests. Friedan's acknowledgement of the dichotomous, social barrier of "them" and "us" was also referred to in this sample's responses to questions 3.a-c. The subjects were very aware of the distinction between them and other cohorts, particularly regarding interests and obligations. In addition, the responses of this sample concur with Friedan's observation that the elderly in the process of aging are so engaged with their own interests that the aging process occurs without a crisis or impact. When they realize they have aged...its no longer important.

This category did emerge but it did not represent the majority. This sample did not follow the "crossover" theory as a primary influence on successful aging. Only six (40%) of the fifteen are "wanderers" but among the "wanderers" the gender split is 50%. The other categories did not indicate equal distributions.

The fourth category is the "Family First": these subjects concentrate their energies and finances on retaining or reinforcing their socialized family roles which they believe is expected of them. The Socialization/Learned Theory is evident in the behaviour patterns. These people have been socialized to perform specific duties within the context of their familial relationships as grandparents and that is their role participation. This was strongly felt by Helen to the exclusion of other interests. Even her secondary interest in travelling was related specifically to family visits. The family was her life. The other

subjects in this category designated the importance of adhering to the role of grandparent as an enjoyable part-time activity rather than a full-time occupation.

The choice of "Family First" was made by one subject as a number 1 priority although it was included as a subordinate activity by four others. This suggested to me that the importance of primary socialization and role learning in early childhood does not extend to an expectation of cross cohort care in this sample. The role of the elderly has changed in its importance and its definition from the pre-second world war socializing experience of this sample. This change from the experiences of this sample's relationships to their own elderly is reflected in fewer choosing to place family first. Many remembered their own mothers taking care of elder family members and the family contact was sustained on a daily basis for those who had relatives living in the vicinity. However, this sample has not prioritized this role or status as did their grandparents.

The fifth and last category is "Retreaters": these subjects actively and consciously chose to disengage from many of their social roles. When they recognised any social pressure to relinquish a particular role they did so citing their age, too difficult to initiate new relationships, or designating the social responsibilities to their spouse. Among this sample these were the only subjects who lead noticeably reduced social worlds and they are male. However, it did not affect their life satisfaction in their responses to question 4.g. They were as satisfied with their life as the rest of the sample. Elwin, the bachelor, understood the process to be a part of this stage in his life. He accepted his diminishing social world as a norm. Gavin preferred the company of a few close personal friends rather than maintaining social contacts with acquaintances and Issac delegated his social

arrangements to his spouse saying it was her responsibility within their marriage. This group through disengagement from social contact, whether imposed externally or chosen freely by the subject, exhibited role ambiguity or a definite lack of direction.

Friedan's rejection of the disengagement theory as a common process in aging is also reflected in this sample. The "Retreaters" number three out of fifteen subjects. Therefore, it is not a common experience in this group. Those that are in this category, whether by choice or external pressure, do not complain of being dissatisfied so a reduced social world is not an impediment from their perspective.

Since the categories do not reflect the degree of life satisfaction of the sample it is impossible to report one lifestyle is more successful than another. It would appear that each choice of principle and secondary lifestyle is indicative of the individual's independence and reflects the resistance to be pressured by external social factors such as family or younger cohorts into activities not of their own choosing.

CHAPTER 6

CONCLUSIONS

The time spent interviewing the seniors has provided a glimpse at the wealth of human experience, understanding, humour and tolerance exemplified by these people. Moreover, the diversity of their lifestyles and the energy spent pursuing their chosen activities could easily be comparable to anybody of a younger generation. Nonetheless, there are certain differences in the ways in which they conduct their lives. In some aspects the responses concurred with the findings of current literature on aging but in other respects there is a divergent opinion expressed. It must be remembered that due to the small sample size it is not possible to suggest that these observations are representative of the greater population. However, this thesis represents the voices of this particular sample.

The principal findings of this particular thesis indicate that in general, they all have said that they enjoy aging specifically for the freedom from their adult social roles and assigned obligations. The result of 9.0 regarding their life satisfaction is a good indicator. The stresses of a job and family has been lifted from them and they now feel they have control over their life choices conditional of course, on being able to maintain their autonomy. Levinson, Sheehy and Friedan all agreed that life choice control was an important component of aging successfully. Sheehy states, "to engage in successful aging is actually a career choice ... Successful aging must be a conscious choice with a commitment to continuing self-education and the development of a whole set of strategies"

(Sheeny, 1995:419-20). My sample responses concurred unanimously through their statements, descriptions of their daily activities and their attitudes.

Secondly, they have shown five distinct lifestyle patterns namely, liberated, volunteers, gypsies, family first, and retreaters. The research indicates a dominate lifestyle accompanied by one, two or three subordinate activities as discussed in the previous chapter.

Third, the comments that I received from the respondents both male and female confirmed that men appeared to have a problem with the transition. However, when I examined the daily activities of the men in my sample there was not an overabundance of free time nor were they pining for the "good ol' days" at work. I concluded that their comments were a reflection of what they thought they were expected to say concerning the transition from the work force to retirement. Daniel Levinson and Gail Sheehy both discussed in their works that men have a difficulty with the transition from paid work to retirement. In addition, Friedan referred to work studying female adult development for explanations of the non-deteriorative pattern of aging. She found that when women no longer defined themselves according to society's roles of mother and housewife, there was a marked improvement in mental attitude and general outlook which carried on through old age. Personal choice of the direction of development was important in this change (Friedan, 1993:138). Men, on the other hand, have a more difficult time freeing themselves from their perceived social roles and expectations demanded of them from society. Although a change is desired in, for example, career direction or goals it appears that

it is easier for women to find or improvise purposeful projects in age...than it is for men, who have never had to improvise that way, or been free to. The problem, and the possibility, of retirement for men is finding work that they can take seriously (*ibid.*,1993:227-8).

It is possible that the gender differences of this transitional period expressed by both sexes in this sample were conformist expressions of socially acceptable behaviour. In other words, the male and female subjects of this sample do not appear to age differently but they believe that they do.

Nobody who had worked in the paid work sector prior to retirement said that they regretted leaving their job. Jean Louis who was still active on a part-time basis in his chosen career did not regret retiring from the work force. He did appreciate the opportunity of creating his own schedule and not feeling obliged to conform to other's expectations of him.

An astute comment was mentioned by Eloise concerning future generations of women. She stated, "in years to come I think the ladies going out to work now will find it quite a change to stay and have their home. They will be the same as men I think then." This point is interesting and would be worth investigating when the generation of career women and full-time, working mothers start taking retirement.

Fourth, this sample has experienced some kind of discrimination generally in the form of marginalization and ageism. I was surprised to hear that becoming a volunteer in the school and hospital organizations in the area of study was met with resistance for some. Upon re-examining the transcripts it appeared that the newcomers to the area, for example Jean Louis, his wife and Jenny, were experiencing the most difficulty. It would

be premature to assign the cause of this reaction to aging because it could also be the stigma experienced by newcomers to an established community regardless of age.

Whatever the reason, the respondents felt hurt by the rejection from the organizations they approached and that their experience, good intention and offer of their time was not valued. Jenny is a retired secondary school teacher and her offer of service for two days a week to the local school was rejected. They told her they had enough volunteers. At a time of government monetary restraints and cutbacks in the public education sector it is a waste of a resource to overlook or reject this option.

One question specifically asks if they had ever been discriminated against because of their age and I received both direct denial along with indirect confirmation. The findings indicated that although twelve of the fifteen denied experiencing any problems, four of the twelve and the remaining three respondents who expanded on their responses were able to recount incidents of institutionalized ageism or reported changes in their daily routines as a result of unpleasant encounters. Claire and Jenny both mentioned financial institutions for refusing a service, in this case insurance, because of their age but what was interesting was that Claire is married to one of the respondents who adamantly denied being subjected to discrimination of any sort.

I suspect that this ex-policeman would have no trouble recognizing discriminatory behaviour if he received it from an individual in the street. However, the fact that it was presented by a reputable institution in a civilized, polite surrounding made it palatable at the time or difficult to recognize. In addition, one is less likely to take on a large institution without serious consideration of the time, cost and energy required in the effort.

The elderly are aware that the younger generation set the elderly apart from themselves and as a consequence talk down to them or try to assume control of the decision-making. The respondents blame the negative behaviour on lack of teaching of values in the family, but they recognize the technological and economical changes have consequences on the priorities of the family unit in today's world.

On the other hand, the seniors are constantly stating that they feel young and berate the feebleness of their body. When they are made aware of either their age or frailties by others they are often surprised or annoyed that it has become obvious. There appears to be an unconscious separation of mind and body in their conversations. The body has become an object to be praised when it works well or roundly chastised when it fails to cooperate.

Fifth, this sample very mobile and this mobility takes the form of travel (which in some cases retirement is their first opportunity to do so), changing residence (to accomodate changing needs), and family visits. I had assumed that old people who had brought up their family in a particular dwelling would, given any opportunity, spend the rest of their life in that place. Not necessarily so. The respondents in my sample are on the move and not just travelling. Since retirement all but four of the people, one couple and two singles, have changed residence from one to four times for a variety of reasons. The family home of grandparents no longer is the symbolic focus of the family unit as it used to be in the past. Furthermore, even the people who are still in their original house do not see it as a gathering place for family occasions.

This privilege has been assigned to those of the next generation with children living at home. It is the grandparents who come to visit the grandchildren not the reverse. The transference of this role to the younger generation has opened options to seniors to divest themselves of homes that are no longer practical for their new lifestyle without feeling guilty for failing a familial duty. Consequently, they seek out residences that are located in a geographic area of their liking, or less of a financial burden, or lower maintenance. When a residence is no longer comfortable or located near amenities required, they move.

Lastly, there is a more fluid and less hierarchical role relationship within families. The older the person the more fluid the roles became. The expectations of practical help from family members was almost non-existent. Emotional support was expected and received but that did not translate into practical support. Practical support came from friends before family simply because friends were *in situ* and family was not. The individuals of my sample were extremely independent presently but expected the social services to be available when they needed them.

Points of Interest

Gail Sheehy emphasizes life events rather than chronological age as more important to adult development in later life. The responses I received in my data concur with this observation. Claire listed three events: the hysterectomy, receiving her pension and the birth of her grandchild as having more of an impact on her personal attitude and lifestyle than her age. Francine mentioned the death of her spouse, the year her last child

left home and the relationship with her neighbours as important mileposts rather than a specific age. In the case of both people they had difficulty remembering the age when the events took place so age could not have been a priority.

Elwin recalled events as a frame of reference rather than age. His retirement, his brother's death and his hip operation were occasions of change in his life emotionally and physically. I found the men to be more precise on the dates of the events, but as with the women, life changes were related to these events not their chronological age.

The responses of this sample agreed with the developmental progression relating personality and specific events but not Sheehy's extension of the transitional time line. This could be due to the small number of interviews. For example, Daniel Levinson's theory emphasises eras of the life cycle that overlap one another which were important for his explanation of the developmental progression because it indicated the influence of the individual's personality and specific events. Also, Sheehy elaborated on this by including the appearance of a "ten year shift" in the transitional periods extending towards the older part of the continuum in her most recent work (Sheehy, 1995:5). In other words, the transition was influenced by personality, events and lasted ten years longer than was originally projected by Levinson. This sample did not indicate the ten year extension of this transitional period. They adjusted quickly. In Gavin's situation he hated his last job with the company and that reflected on his attitude to retirement. He said, "I retired a month before just to get out of the place." Furthermore, he suggested for people who are afraid of retiring that "they should ... find a job that they hate ... for five years. This [stress] would build up and when they hit 65 they would just love [retirement]." Gavin's

job change and his reaction to it was a primary influence on his relatively quick adjustment to retirement and aging. The participant's responses appear to concur with the requirement of personality and events in the transitional periods of adult development regardless of the gender. In this aspect both Levinson and Sheehy are in accordance with the comments from the respondents in this study particularly Claire and Gavin.

The game playing and standard role maintenance of a younger, adult worker are relinquished with zest by all of the wage-earning retirees in this sample thereby concurring with Friedan. Betty Friedan stated that "mere relinquishing of youth -- roles, games, standards -- can actually liberate women and men to realize new or long deferred dreams" (Friedan, 1993:335). This relinquishing of youth roles is representative of an exchange of Levinson's "dream" of adult development accomplishment "of the kind of life they want to lead as adults" (*Levinson et al*, 1978:91). Levinson's dream of adulthood is, in a successful transition to old age, exchanged for Friedan's liberation from youth to a new dream of having "fun with my living instead of living my dying" (Friedan, 1993:335).

C.L.S.C

Finally, I have one recommendation to make regarding the medical and social service organizations although it is only based on one incident. During the course of the study I attended a course designed to provide information to those individuals who have the responsibility of being care-givers to the elderly that have loss part or all of their autonomy. It was to acquire information in order to visualize the future lifestyle for the people in my sample. I was disturbed by the case of the elderly woman who showed signs

of dementia presented in a lecture given by the medical doctor associated with the local CLSC. I assumed the omission was unintentional on the doctor's part but there was no mention made to ease the woman into the home services when it was discovered that she had been isolated from human contact for a long period of time. Instead the woman was medicated and returned to her home. In addition, I noted that of all the students in the class, half of which were responsible for in-home services, not one spoke-up, provided suggestions or questioned the doctor. This was not evidence of the cooperation needed between professionals in the health service to guarantee success of the re-organization of these medical support services.

In a time of health-care budget restrictions and re-organization of fund allocation I would suggest that there has to be a concerted effort to change the norms of the medical profession away from crisis management to preventative care in the case of the elderly. The value of the services provided in large part by volunteers and informal social networks must be acknowledged by the professionals not only in name but in an active exchange of information and referral to those in need to the proper agencies before a crisis not after.

It is not enough to acknowledge these agencies. To assume that people will inform themselves of the services provided by the professionals within the community when and if the need arises is not sufficient. People will rely on family and friends for aid whenever possible but, in the case of those who no longer have that resource nearby, it does not mean that they will necessarily approach the CLSC. If there is no recommendation from their health provider or suggestion via word of mouth or prior knowledge of

available services or mental capacity to initiate contact, clients like the women the doctor spoke of will be overlooked.

Health professionals need to educate their patients and their families as to what is available on an ongoing basis or at least provide a referral to a social worker for an in-depth consultation. Medical treatment should be used in conjunction with other measures to improve the quality of life if the expectation of living autonomously at home in old age is to succeed.

The findings of these interviews indicated the elderly have a good understanding of their position within the community. The adjustments that they made regarding their time-management after retirement was personalized to their specific interests. Eight of the fifteen used formal agendas, two used large block calendars and the balance relied on their memories. Although they did not move quickly through their daily routines I discovered that they did not stop any longer than necessary. They made a concerted effort to remain in contact with their friends on a daily basis while family contact occurred weekly.

Their roles within the community are active. Their contribution could be considered as sweat-equity as there is little or no remuneration. For instance, Meals-on-Wheels in this area benefits from the services of the younger elderly as they are kitchen helpers and drivers. The services they provide to each other and community organizations are considered from their viewpoint as enhancing their lives. It facilitates contact among peers and oftentimes is used in conjunction with CLSC services.

Compared with the seniors of my sample's recollections this group is much more active for a longer period of time. Those that had an opportunity of spending time with their grandparents remembered a slowing down of their lifestyle at the age of retirement or in some cases sooner. This sample had only two persons who admitted to slowing down and their daily activity supported this. Both were women the first being an 86 year old widow and the second an 77 year old divorcee. The former still lives alone spending six months in each of her two homes. She has had to engage help for the yard work that she used to enjoy doing herself. The latter boards at a home in the city and has suffered health deterioration which has restricted her activities on the days she has a "bad spell". Most of the seniors, however, as indicated by their daily schedules, maintain activity at a high level balancing between work projects and leisure interests. The main difference is they do what they want to do not what others expect of them.

Sheehy and Friedan maintained the importance of choice and control over their decision-making and this sample has shown that they guard this privilege. Since the time I conducted the interviews one gentleman had surgery for a brain tumour and, although he has returned home, he no longer can leave unaccompanied. His wife fell, broke her leg and was fitted with a walking cast a few weeks after his return. Their friends rallied around and when I spoke to her at the bank she commented that people were good to them. In this case the informal network of peers along with an awareness of each other within the community provided much needed service to this couple until, or if, a more permanent solution is required. The independence from care services is carefully guarded and the friend's network allowed for the couple to make a decision without feeling undue

pressure. Friends are non-judgmental and have more empathy with their peers as they themselves could be in similar circumstances. Family was not included in the process because they did not want to worry family members. The choice remained with the couple regarding the services, and their dignity was preserved at the same time.

None of the others in the sample have, at the time of this report, experienced any change in their habits so it is not possible to observe how they would react in similar circumstances.

The Future

This study brought more questions to light regarding the importance of recent policy changes in health care and management. In addition, the increase of numbers of seniors, their level of activity and diverse interests will inevitably lead to more involvement politically at all levels of government particularly on questions that directly effect seniors.

A study of the quality of life the elderly experience living in their own homes with support of the outside agencies would be a consideration for future research. The perspective of the client and the client's family in regards to the services received, frequency of contact with the social worker, expediency in complaint resolution and data gathering concerning the use of technology for crisis contact.

Another possible area of investigation would be the role of the informal caregiving networks as the government sponsored CLSC integrate or compete with the organizations providing and administering the in-home services. The question of

cooperation or serious competition between the informal and professional networks to represent the interests of the elderly requires a more in-depth analysis during and after the period of re-organization.

Lastly, there are the elderly themselves. Will they find the need to represent themselves politically in a more pro-active posture either as individuals or through their organizations in order to be heard by those in positions of power? A study of elderly, political activism in a socio-historical perspective such as pre and post adoption of social programs in Canadian society or pre and post baby-boom retirement years would be an interesting study on the effects of this cohort on Canadian social programs.

ENDNOTES

1. OLD AGE SECURITY/GUARANTEED INCOME SUPPLEMENT/SPOUSE'S ALLOWANCE/CANADIAN PENSION PLAN/QUEBEC PENSION PLAN.
2. For further reading on R. C. Peck's expansion of this theory see "Psychological Developments in the Second Half of Life", Middle Age and Aging (1968), Bernice L. Neugarten, ed., Chicago: University of Chicago Press, pp.88-92.
3. Cited in Gail Sheehy's Passages: Predictable Crisis of Adult Life (1974) from an unpublished manuscript by Dr. Levinson, "Toward a Conception of Adult Development."
4. See pp. 317-326 in The Season's of a Man's Life by Dr. Daniel J. Levinson et al.
5. For a more complete analysis of the institutional forces that are brought to bear specifically on the status of the aged in America see I. Rosow (1974). Socialization to Old Age. Berkley: University of California Press .
6. Centre Local De Services Communautaires. A system of locally situated health and social service clinics in Quebec responsible for coordinating available professional or volunteer organizations with people requiring services not provided by the hospitals.
7. This chapter contains quotes from tape-recorded interviews I have edited out any coughs, vocalizations such as um, ahh, etc. and provided clarifications within [] for easier reading and comprehension. The changes are minimal and do not in any way change the essence of the dialogue. The grammar, punctuation and in some cases spelling conforms as much as possible to the original recordings.

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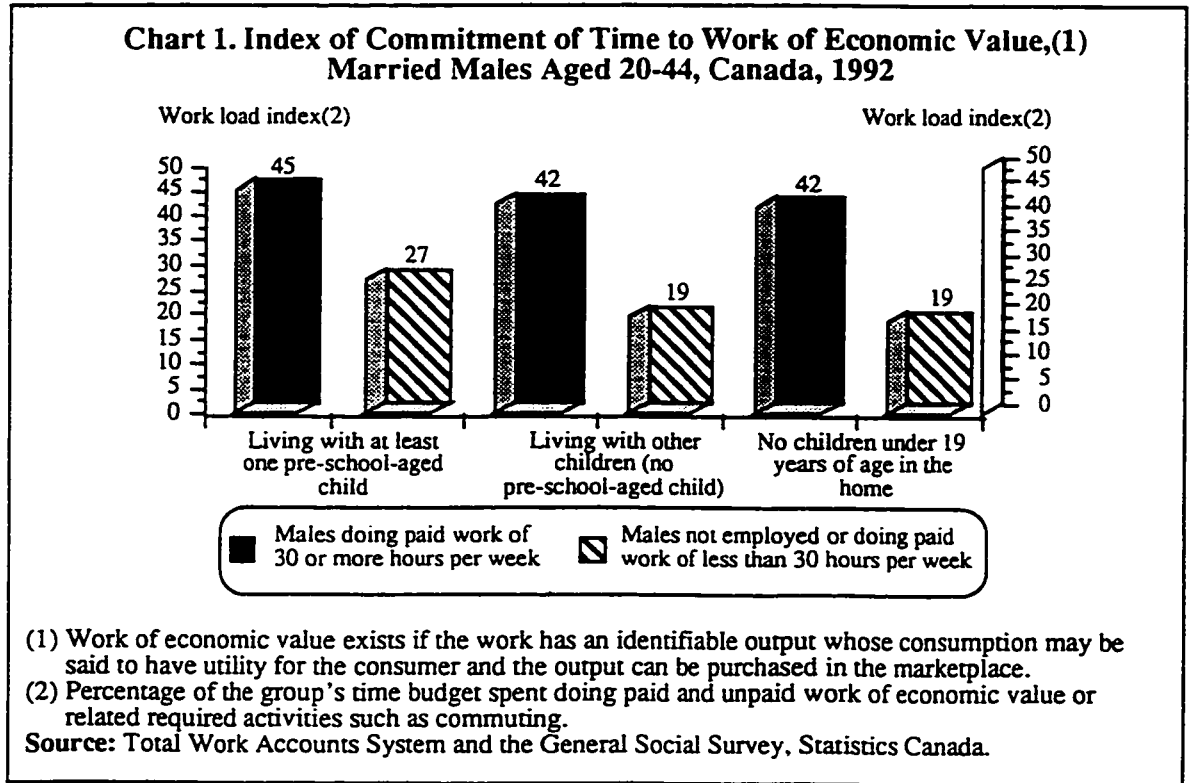
APPENDIX I

How Social Forces Determine the Status of the Elderly

| <i>Institutional Factors for Aged</i> | <i>Social-Structural Causes</i> |
|---|---|
| 1) Property Ownership | Diffusion of ownership, separation between ownership and management, and increased opportunities for the young diminish control of aged over property. |
| 2) Strategic Knowledge | Changes and increased rate of changes in technology and automation, evade the knowledge, skills, and esteem in which the elderly are held by the rest of society, reducing their authority. |
| 3) Productivity | Technology has eliminated labor shortages and made older workers' marginal (or outdated) skills unnecessary. |
| 4) Mutual Dependence | High productivity, economic growth and building, and some forms of government aid such as small business loans have increased personal independence and autonomy—this lessens need to get help from one's family. |
| 5) Tradition and Religion | Our emphases on the secular and material reduce our need to see the elderly as a link to a symbolic and meaningful past. We are present oriented. |
| 6) Kinship and Family | Occupational structure of society emphasizing mobility is best suited by nuclear family and so extended family with its concern for needs of aged declines. |
| 7) Community Life | Specialization of roles (as in labor), residential mobility, and impersonal urban relationships weaken communities that once helped integrate the aged into society. |

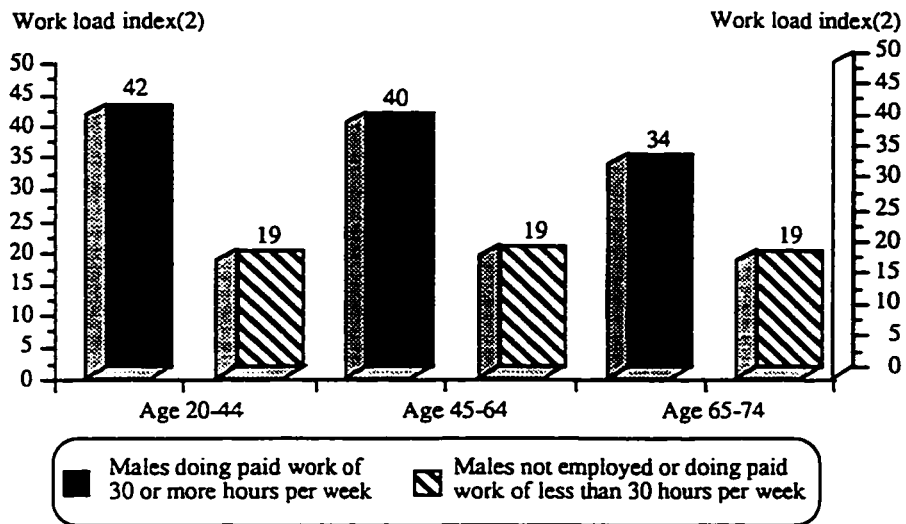
Source: J. Levin and W.C. Levin (1980:55).

APPENDIX II, CHART 1



Source: National Advisory Council on Aging in *Info-Age*, No. 10 (March) 1994, Ottawa: Family and Community Support Systems Division, Stats Can.

**Chart 2. Index of Commitment of Time to Work of Economic Value,(1)
Married Males with No Children Under 19 Years of Age at Home,
by Selected Age Groups, Canada, 1992**



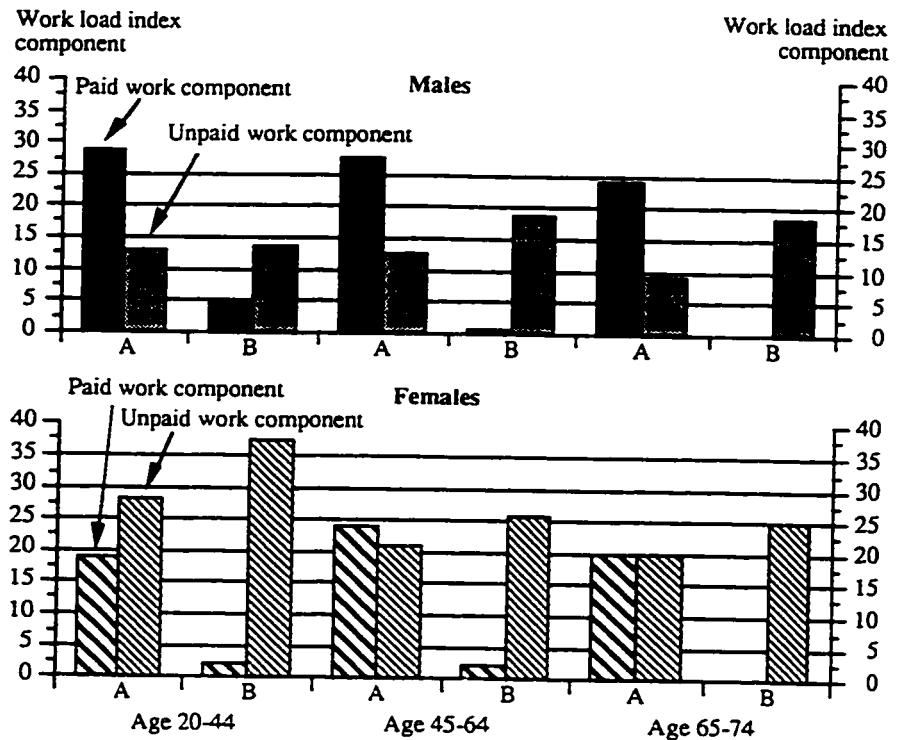
(1) Work of economic value exists if the work has an identifiable output whose consumption may be said to have utility for the consumer and the output can be purchased in the marketplace.

(2) Percentage of the group's time budget spent doing paid and unpaid work of economic value or related required activities such as commuting.

Source: Total Work Accounts System and the General Social Survey, Statistics Canada.

Source: National Advisory Council on Aging in *Info-ge*, No. 10 (March) 1994, Ottawa: Family and Community Support Systems Division, Stats Can.

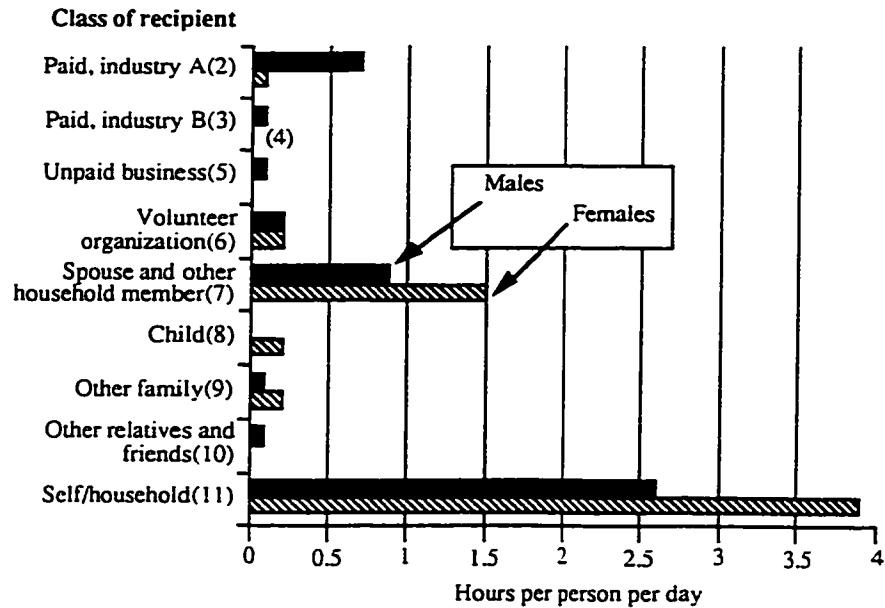
Chart 4. Paid and Unpaid Components of the Total Work Intensity Index,⁽¹⁾ Married Persons with No Child Under 19 Years of Age at Home, by Selected Age Groups, Canada, 1992



A - Persons with paid work of 30 or more hours per week.
 B - Persons not employed or with paid work of less than 30 hours per week.
 (1) See footnote (2), Chart 1.
 Source: See Chart 1.

Source: National Advisory Council on Aging in *Info-Age*, No. 10 (March) 1994, Ottawa: Family and Community Support Systems Division, Stats Can.

Chart 3. Average Hours of Work of Economic Value(1) Per Person Per Day, by Major Class of Recipient of the Work Output, Married Persons Aged 65-74 with No Child Under 19 Years of Age at Home, Canada, 1992



- (1) See footnote (1), Chart 1.
- (2) Paid work for the business sector, excluding community services.
- (3) Paid work for government and community services.
- (4) A missing bar means the estimate is too small to be shown.
- (5) Unpaid work or help for business (family or farm), hobbies and domestic home crafts for sale.
- (6) Volunteer work for organizations.
- (7) Unpaid work for spouse and other household members (including the respondent), which comprises several activities (e.g., domestic work, shopping for durable household goods, transportation assistance, care for disabled or ill) all done while the spouse is present.
- (8) Unpaid work for children, which includes not only care of children and unpaid babysitting but also certain kinds of domestic work and routine shopping while in contact with a child.
- (9) Unpaid work for other adult family members (excluding the spouse) – e.g., domestic work, adult medical care in the home, transportation assistance, care for disabled or ill and personal care to adults, all done while other family are present.
- (10) Unpaid work for other relatives and friends – e.g., meal preparation and cleanup, help and personal care to adults, transportation assistance, care for disabled or ill, all done while friends or other persons were present.
- (11) Unpaid work for self and other members of the household, including several activities done with no one else present – e.g., meal preparation and cleanup, routine shopping, automobile maintenance and repair, and other repair services.

Source: See Chart 1.

Source: National Advisory Council on Aging in *Info-Age*, No. 10 (March) 1994, Ottawa: Family and Community Support Systems Division, Stats Can.

APPENDIX III

QUESTIONNAIRE

Name:

Year of Birth:

Occupation:

Education:

Residence:

Marital Status:

1. Self perception:

- a) How do you feel about aging? What do you most enjoy about aging? What do you least enjoy?
- b) Do you feel differently about yourself compared to when you were twenty? Or forty?
- c) As you have aged how has your ideas about older people changed?
- d) Does being considered a senior citizen bother you?
- e) Do you like your life as a senior citizen?
- f) Tell me about your health, your work, your living arrangements, your income/financial security, your relationship with family and friends?

2. Perceptions of Others

- a) How do you believe others (meaning relatives, younger persons, strangers you may come in contact with) see you?
- b) Do you believe that there is a difference between their perceptions of older people and yours?
- c) Did you find others's feelings or perceptions of old people similar to what you experience?
- d) How has old age changed since you were a child?

3. Perceptions of Social Status

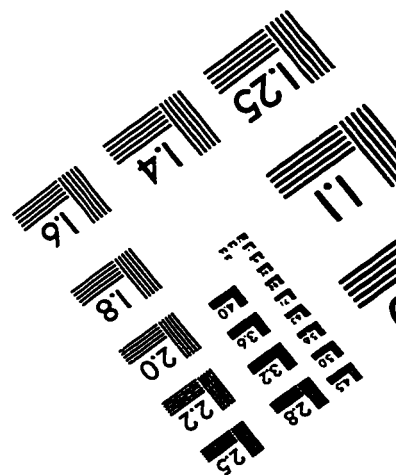
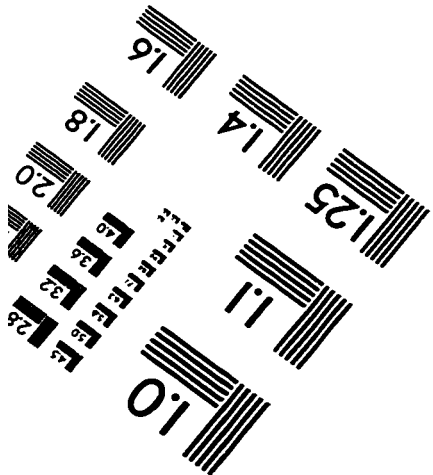
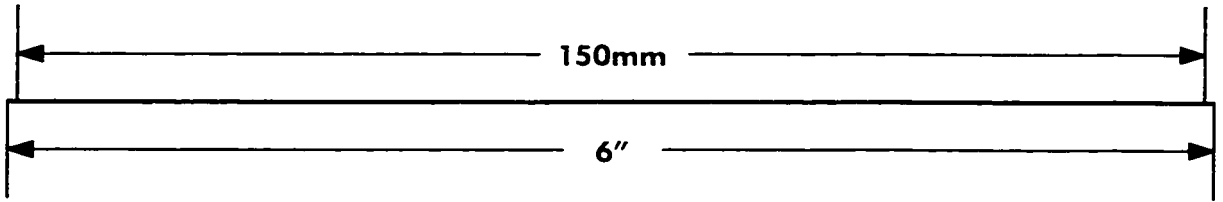
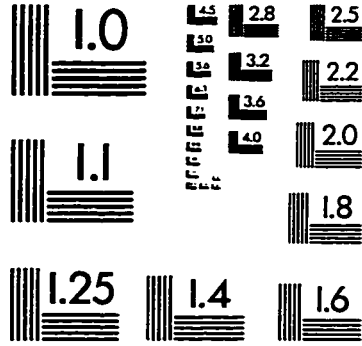
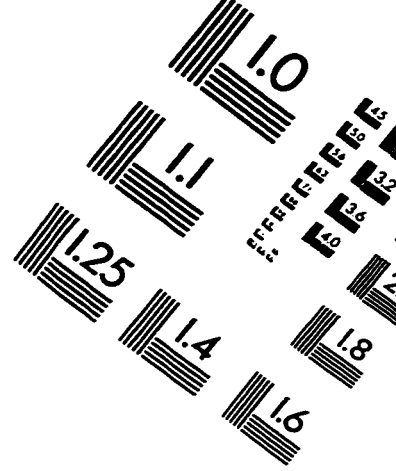
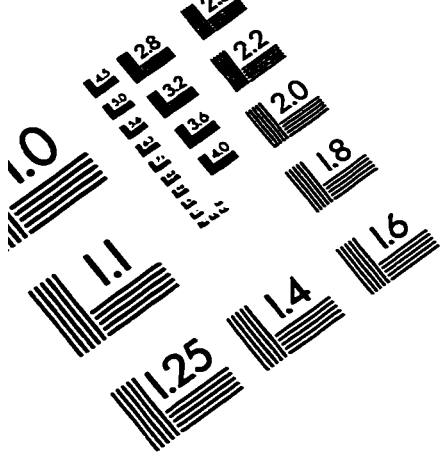
- a) Do you have any problems getting by generally? Do you believe that you are treated with respect? Within the family? By service people? In shopping centres?
- b) Are you offended when you are not treated respectfully or do you ignore the situation? Why?

- c) Do you believe that the younger generation respect their elders? Why?
- d) Have you ever been discriminated against because of your age?
- e) How do you feel about retirement?
- f) Do you believe that women experience retirement differently than men? If so, why? How?

4. Perceptions of Social Role

- a) How much contact do you have with your family? How has it changed?
- b) Do you believe friends are important to your well-being?
- c) Do you play an active role in the community? What? How long? Do you or did you enjoy it?
- d) Do you feel a responsibility to participate in community affairs?
- e) Do you believe that your participation can make a difference regarding policy-making?
- f) How do you spend your day?
- g) Are you satisfied with your life? Where do you rate yourself on a scale from 1 to 10 with 1 representing very dissatisfied and 10 representing very satisfied? Why?

TEST TARGET (QA-3)



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