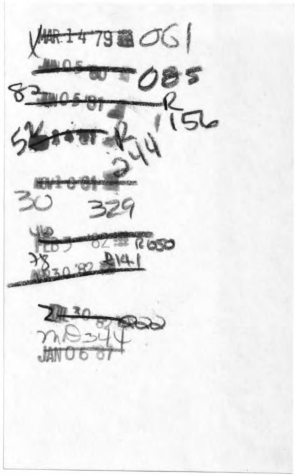
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ENVIRONMENTAL IMPACTS OF MULTIGENERATIONAL FAMILY LIFE ON THE AGING INDIVIDUAL AND THE FAMILY OF ATTACHMENT

By

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ABSTRACT

ENVIRONMENTAL IMPACTS OF MULTIGENERATIONAL FAMILY LIFE ON THE AGING INDIVIDUAL AND THE FAMILY OF ATTACHMENT

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This study was designed to provide basic data and impressions about multigenerational family life from which hypotheses could be generated for systematic testing. The three research objectives involved: 1) identification of the types and extent of Impact attributed to multigenerational family life perceived by Aging Individuals (AI) and members of Families of Attachment (FOA); 2) identification of associations between Impact Measures and selected demographic and situational variables; and 3) identification of associations between Impact Measures and alternative living arrangements perceived by respondents.

Three types of Impact (Economic, Social, and Psychological) represented three environmental arenas susceptible to Impact from this life style. Three indicators of Impact (Environmental Changes, Perceived Advantages and Disadvantages, and Human Services Delivered) formed the framework within which interview items were developed.

The data were gathered in simultaneous, separate interviews with members of a purposive sample consisting of 33 Aging Individuals and 33 Primary Care-Givers living within

a specific geo-political area. The two different but related forms of the interview schedule had three parts: 1) demographic and situational variables; 2) alternative living arrangements items; and 3) 162 separate items intended to measure Impact as described above. For each of the separate items, Impact ranged from 1 (much negative Impact) to 7 (much positive Impact), with 4 representing "no Impact."

The results indicated that Families of Attachment and Aging Individuals, alike, experienced all three types of Impact. Overall, the Impact was mildly negative for both groups.

Factor Analysis, used as a scanning technique, developed six Impact Clusters: FOA Economic Cluster, AI Economic Cluster, FOA Social - In Cluster, FOA Social - Out Cluster, AI Social Cluster, and FOA Psychological Cluster. These six measures of Impact, along with 15 additional items which were not included in the clusters but which exhibited considerable variance, were designated Impact Measures and were dependent variables used in later analyses.

Stepwise multiple regression analysis was the statistical technique used to develop responses to the second and third research objectives. For each of the 22 Impact Measures, the set of five independent variables best able to explain the variation in the dependent variable was chosen through this technique. The variables which appeared most frequently as predictors included the physical competence levels of the AI, certain measures of income, and the

alternative living arrangements scores. Tentative conclusions indicate that high physical competence in the AI is associated with positive Impact for the FOA. Low physical competence in the AI, however, is associated with positive Impact for the AI.

Positive Impact also seemed to be associated with lower per capita income and total income for both the PCG and the AI, with the exception that higher incomes tended to be related to positive Impact on social items for both segments of the sample. This may indicate that when financial resources are more abundant, attention is directed to relational needs of family members.

A general pattern was shown associating positive Impact on the various dependent variables with a decrease in cognitive dissonance (due to alternative living arrangements which are not being chosen) over time and/or the presence of few/lowly-valued alternatives at the time of the interview.

Suggestions for further research are based directly on findings from the research, possibilities suggested by the findings, methodological considerations, and theoretical implications.

ACKNOWLEDGMENTS

An interval of time spent reflecting and gaining perspective following the completion of a demanding project may alert me to important contributions which will presently go unacknowledged. In this endeavor, however, some assistance has been so critical that I have remained cognizant and appreciative of it throughout the course of the work. It is a pleasure to express gratitude for those contributions which have assured the completion of this important experience.

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Without the cooperation and interest of the Mecosta County, Michigan, residents who provided names of Multigeneration Families, or who participated as respondents in the study, the task would have been immeasurably more difficult.

Mrs. Linda Oberlin Ruble was conscientious, competent, and pleasant as the co-interviewer. I appreciate her assistance.

The greatest debt of all is to my family. The roles of mentor, critic, strategist, and realist have been assumed by Herbert W. Voege with elegance and competence equal to that with which he plays the more traditional husbandly roles. Our children, Jana R., Mark S., and Amy J. Voege, have theorized, combed card catalogs, alphabetized, proofread, and encouraged with diligence and precision. Our parents, Lois M. Mackey and the late Paul F. Mackey, Sr., and Max and Henny Voege have tolerated with patience, love, and faith the constraints imposed by a family of scholars.

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Chapter I

STATEMENT OF THE PROBLEM

The process of human aging affects not only the individual, but also important relationships between the person and the environments of family and society.

SOME EFFECTS OF AGING ON THE INDIVIDUAL

Aging has been defined as a decrease in adaptability (Heron and Chown, 1967, p. 10). One task of the student of aging is to identify and counteract those things which diminish adaptability.

Chronic Illness

Chronic illness has been identified as a deterrent to full life among well over three-quarters of the non-institutionalized population over 65 years of age. Fifteen percent of these chronically ill elderly are unable to carry on their major activity (such as work or housekeeping), and an additional 26 percent have some limitation in the amount or kind of these activities in which they can participate (Morris and Harris, 1972, p. 1089). These authors suggest that the chronically ill population is particularly difficult to provide for

> . . . because they span the medical and the social ends of the health continuum. Part of the time they require the attention of a doctor, skilled nursing, or a

> hospital. For much more time they require attention to interrupted income, special purpose housing, personal care and home maintenance and psychological counseling to maintain the thrust of physical rehabilitation and to sustain family relations. (Morris and Harris, 1972, p. 1088).

Intervention in cases of chronically ill, aging persons can take the general forms of indirect or direct support. Probably the major form of indirect aid currently being studied and recommended by persons who deal with the elderly is that of home health service which was created under Titles XVIII and XIX of the Social Security Act as amended in 1965 (Vasey, undated). The major thrust of this program was the establishment of Home Medical Care Services which could provide (in addition to medical care, nursing service, and therapy of several kinds) various social, non-nursing services needed by elderly chronically ill individuals. The funds for such programs are part of the general Medicaid budget. The motivation for providing such home health care came partly from a realization that the high costs being paid by Social Security for hospital beds and nursing homes could be considerably reduced by maintaining many old persons in their own homes.

Morris and Harris (1972, p. 1089) report, based on their Massachusetts sample, that only about 2.4 percent of the aged population requiring home health services receive them. They characterize the present condition of home care services as thinly spread, unevenly available, and not yet suitable as alternatives to nursing home care for the bulk

of the chronically ill population. They reported in 1972 that 0.3 percent of the Medicaid expenditures were currently going to home health services. By contrast, hospitals and nursing homes received 37.7 percent and 31.5 percent respectively.

Vasey, (undated, p. 9) has suggested that a more positive response to the needs of many elderly persons would be direct aid which would make available resources to be managed, perhaps in a way which would result in different arrangements in individual living situations.

Discontinuities in the Socialization Process

Many observers of the aging phenomenon have pointed out various discontinuities experienced in the late years of life. Kent (1966) identified six American values which he finds are thwarted due to aging. He lists: (1) achievement and success; (2) activity and work; (3) efficiency and practicality; (4) progress; (5) external conformity; and, (6) science and rationality. Kent suggests that social alienation results when individuals find they can no longer behave in ways that support those values. He suggests that a smoother transition through new family and work roles could help alleviate the isolation.

Autonomy and independence become very difficult to sustain in old age. Parsons (1963) cites autonomy as a fundamental American value and suggests that as the individual progresses from middle age to old age, autonomy

becomes a scarcer resource and may be characterized as a need. Lipman (1968, pp. 85-86) feels that pressure for independence is not much less strong for aging persons than it is for younger individuals. He suggests that there are two factors which can facilitate retention of an autonomous status for the elderly. The first is the reduction of environmental demands. Apparently, the stringency of the environment is not so much a factor as is the ability to cope with it.

> The independent individual is one who carries out what is expected of him in his given role performance. (This, of course, implies concensus as to what the role of the aged is or should be.) This is possible only when environmental demands do not exceed the individual's role performance resources. (Lipman, 1968, p. 83).

The second, and complementary, effort should go to raising the deficient resources of the elderly persons. These resources might be health, income, and education. One way of raising the level of resources would be to deal directly with elderly persons as individuals. In an alternative model, the environment of the aging person might be enriched with other persons who have more sufficient reserves of these critical resources.

In 1959, Erik Erikson wrote, concerning the cumulative effects of numbers of persons whose needs are thwarted:

> Where large numbers of people have been prepared in childhood to expect from life a high degree of personal autonomy, pride, and opportunity, and then in later life find themselves ruled by superhuman organizations, and machinery too difficult to understand, the result may be

> deep chronic disappointment not conducive to healthy personalities willing to grant each other a measure of autonomy. (Erikson, 1959, pp. 73-74).

One final discontinuity which bears mentioning was proposed by Parsons (1951, pp. 428-29). He suggests that for most of life, the sick role is an ascribed one, and it is temporary. However, for the aged individual, the sick role is achieved; it is arbitrarily ascribed on the basis of age; and, further, it is permanent--even terminal.

The Effects of Sensory and Perceptual Changes

Much literature is available on the physiological changes associated with aging. That literature will not be reviewed here, as it is peripheral to the present interest. An excellent review and bibliography can be found in Snyder's work (1972, pp. 6-9ff). It is sufficient to note that aging brings with it the onset of losses of vision, audition, depth perception, tactile and vibratory sensitivity, and a change in thermal preferences. To emphasize the importance of these changes to the aging person, DeLong has written:

> To expect the aged to function somewhat 'normally' under the burden of the levels of sensory involvement we are accustomed to may be a little like expecting a computer to function on the power of a flashlight battery. (DeLong, 1970, p. 80).

These changes in sensory behavior are important in that they have a profound effect on the ability of the aging individual to interact constructively with the near environment. The elderly individual may be more vulnerable

to the environment because of this decreased ability to perceive and sense.

THE AGING INDIVIDUAL AND THE ENVIRONMENT

Human aging does not occur in a vacuum. Students of the aging individual and the aging process have given considerable attention to specific aspects of the environment in which old persons live. The physical environment intercedes in activities of humankind at every age. The elderly person, however, experiences personal changes which produce a dependency on and an awareness of physical environments. Angyal indicates that the human has a tendency to resist environmental factors which result in subjugation of independence (Angyal, 1941, p. 49). Successful middle-aged persons are those who "feel that they effectively manipulate their social environment" (Neugarten, 1968, p. 98). Old age, by contrast, is a period characterized by decreasing command over the environment. The elderly individual is often faced with examples from the environment of this loss of control. The individual who perceives an inability to act as independently in relation to the environment as was once possible, may experience a lowered concept of competence.

This loss of ability to control the environment may not be readily perceived by the aging individual. Often certain explicit measures (number of nails hammered or rooms vacuumed) may not change. Instead, the individual may maintain those accustomed levels of work at the expense

of being chronically overloaded, shedding the overload, or participating in differential pacing (Welford, 1963, pp. 118-120).

Anderson (1963) suggests analyzing environments by the existence of three specific dimensions--resources, incentives, and constraints. By the term "resources," Anderson means to imply the content of the environment or the products of the group to which the person reacts. To be rich, an environment must have substantial resources to work with and content to be manipulated. Generally, the greater the store of resources, the more likely it is that the person will find satisfactory activity and relations.

"Incentives" may be defined as positive impulsions to action. They are developed in the process of group living and have the effect of encouraging individuals to respond to the values and purposes of that group. Incentives are seen as supportive devices by which the environment facilitates adjustment and accomplishment.

By contrast, "constraints" are limitations. They act as negative incentives. These are the boundaries which surround a person and prevent realization of potentialities. Some constraints are explicit prohibitions, but they may also appear as deficiencies, interferences, and inadequacies that prevent the use of personal, material, and group resources. Constraints are the limits within which people must operate.

In attempting to relate Lawton's suggestion (1970) that the perfect environment might be one in which environmental stresses never exceed the individual's capacity to respond competently, to Anderson's model (1963) for analyzing environments, it seems reasonable to point out that since an individual's capacities change during the course of development, the perfect environment will also change during the course of development.

THE AGING INDIVIDUAL, THE FAMILY, AND PUBLIC POLICY

> . . . recognition is growing that no modern industrial society can avoid policies that affect the family. The real choice is between a deliberate, coherent family policy and one of inconsistency and mischance. (Kamerman and Kahn, 1976, p. 181).

There is no such thing as a non-policy (Johnson, 1976, p. 1). Government policies are not neutral to families. Some policies are explicitly family policies (day care, some tax rules, housing policies, for example); some, such as decisions on industrial locations, immigration policies, and military and foreign service transfers, are implicitly family policies. A major problem is that of differentiating between the family as a unit and the various statuses and roles within the family.

Partly as a result of testimony before the Senate which resulted in "American Families: Trends and Pressures," the Family Impact Seminar was funded by the Foundation for

Child Development and the Lilly Endowment. The first of seven goals identified by Johnson of the Seminar, is to identify the range of public policies which may have intended or unintended effects on families. A major, overriding goal is to determine the feasibility of developing "family impact statements" which would have the purpose of specifically detailing the probable impact of existing or proposed legislation on families, as such.

The attention of the Family Impact Seminar is not focused on the problems of families with aging individuals, but, it can be hoped that some of the policy-related problems which are facts of life to the elderly and their families will become clear in the deliberations of the Seminar.

A letter from a 54-year old widow, facing the period until she would become eligible for Social Security, points to one such problem:

> My husband earned the family income and I remained home to raise three sons and take good care of my husband's parents and my mother . . . Anyone who wonders why more people don't care for their aged relatives in their home should ponder what happens to some of those who do. (Sommers, 1976, p. 64).

Most states have statutes which, if enforced, require adult children to support parents in financial need. There is considerable evidence that if such laws were enforced, young children would be deprived of the support needed for their development and education. Further,

their parents, the "generation-in-the-middle" would be unable to save for their own retirement years. This kind of enforcement (and, indeed, the existence of the law, itself) may give rise to antagonism and guilt feelings on the part of the adult generations (Kent, 1966, p. 212).

This problem can hardly help growing more acute as two generations of people survive into retirement years, while at the same time educational standards for children increase. Finding evidence that families will probably develop sound relationships and some mutual exchange of services and financial support, Kent suggests that sound national policy dictates that younger generations be free from any societally imposed responsibility for financial or other support for parents, grandparents or other relatives.

Kamerman and Kahn (1976, p. 182ff), point out that government programs pay for institutionalizing an elderly parent, but not for caring for that parent at home. Certain policies have an implicit requirement that, if long-term nursing care is needed, couples divorce or a spouse be pauperized in order to be eligible for Medicaid. Further, strangers can be paid to care for an elderly parent, but family members cannot be. Public housing for the aged is most often available only in age-segregated senior housing projects (Johnson, 1976, p. 2). Until the latest revisions in the Federal Tax Code the

"anti-grandmother" proviso allowed tax deductions for child care wages paid to non-relatives only.

Of course, dangers exist, at least potentially, when regulations become too diffused. Could standards be maintained and service provision monitored if relatives were paid to function as homemaker-home health aids for elderly family members? (Kamerman and Kahn, 1976, p. 182). Lublin (1975, p. 10) suggests that more viable home health programs could postpone or prevent the institutionalization of up to 2.5 million persons. This could save at least $200 million a year now being spent on nursing homes.

A few efforts are underway to conduct demonstration programs which could result in modification of certain policies. The National Council of Senior Citizens in 1975 endorsed a program called "Aid to Families with Dependent Parents" which would financially assist those families who presently cannot afford to have ailing, elderly parents live with them. In return for caring for their parents at home, families would receive a portion of the Medicaid nursing home allocation (Lublin, 1975, p. 10).

In spite of public policies which militate against it, many families do carry a rather heavy share of responsibility for aging members. Butler (1975, p. 2) suggests that tax relief which would allow a family to build on a room, or help pay the rent, or services such as provision of meals for the aging family member while the others are at work (perhaps allowing both adult members to remain

in the marketplace), would be reasonable supports to the family which takes on the care and support of an old person.

Townsend (1965) (who often also wrote about British elderly persons and their families) insists that for every institutionalized person, probably three or four more would need institutionalization if it were not for the care of their families. Clark and Anderson (1967, p. 275) found many cases in which aging parents had been invited to live with their children, but would have lost their welfare aid in moving across a state line to be with those children.

In regard to the family, the object of public policy should be the reinforcement of the family, and the development of family substitutes for isolated individuals. Only a minority of aging persons in the United States lack close relationships with family members.

> . . . most important theoretical conclusion is that the health and welfare services for the aged, as presently developing, are a necessary concomitant of social organization, and therefore, possibly of economic growth. The services do not undermine self-help, because they are concentrated overwhelmingly among those who have neither the capacities nor the resources to undertake the relevant functions alone. Nor, broadly, do the services conflict with the interests of the family as a social institution, because either they tend to reach people who lack a family or whose family resources are slender, or they provide specialized services the family is not equipped or qualified to undertake. (Shanas, et al., 1968, p. 129).

Old persons are not without their resources. A major task of any culture is the effective channeling of

all its resources into filling the needs of its people. Present policies segregate the aged, resulting in a loss to the culture of their skills in the industrial system, and of their potential contributions as a new leisure class in performing non-paid functions essential to the conduct of the culture (Palmore, 1969, p. 53).

Vasey (undated, p. 4) has pointed out that the industrialized nations have successfully lengthened the life span and also the period of relatively good health, but that ". . . neither our ideas nor our social arrangements are currently well adapted to making these added years the social and personal asset they should be."

> . . . the test of a successful welfare system is not only the standard of living which it makes possible, but also the freedom it confers on families to satisfy their own tastes and needs. (Streib and Shanas, 1965, p. 6).

THE MULTIGENERATION FAMILY

As the human individual ages, a number of personal changes occur which cause a decrease in the ability to adapt and respond to the environment. In contemporary western cultures, the extended family, characterized by geographical, occupational, and social propinquity, is not the dominant family form. However, the individual who does not have an active kin network is rare. Public policies act to encourage certain kinds of relationships within and between families, and to discourage others.

The multigeneration family is a hold-out in the

sense that it is poorly integrated into the mainstream of western culture. However, in the sense that nuclear families do develop patterns of mutual help, the multigenerational family may be seen creatively as a special case of the kin family network. That the multigeneraticn family usually connects parent and child, supports the notion that the flow of assistance is most frequently found between these groups. The multigeneration family provides variety, a condition which is considered essential for the viability of an ecosystem.

In The Gerontologist, Kaplan (1975, p. 385) wonders

> How do we measure the ebb and flow of interaction between the old parent and the adult child, perhaps also old? Who benefits according to what value and under what conditions? And who has more taken away under this value than that person is able to give?

STATEMENT OF THE PROBLEM

Fewer than 25 percent of older persons live with their children, and less than 3 percent reside with both children and grandchildren. This indicates that for a large number of families, multigenerational family life, as an optional living arrangement, has been unchosen. However, upwards of 2.5 million multigeneration families do exist in the United States. What characteristics of multigenerational family living deter most families? How do family members and elderly persons feel they are affected by their decision to live multigenerationally?

Very little is known about the multigenerational families which do exist. The literature cannot specify the kinds of families or the kinds of aging individuals who choose to live in multigeneration settings--or, in fact, whether anybody chooses to do so. Various elements of the decision process (such as identifying and valuing the alternatives) should be studied. It is not known if there is an "optimum" time in the life cycle of a family, or of an individual, for such an arrangement. Beyond a consideration of the demographic characteristics currently found among such families, there is a multitude of questions about the quality of life for the aging person within a family as well as for the other members of that household. Information regarding the kinds of needs which are likely to be met given certain circumstances and those which seem to require supportive services would be valuable to practitioners in the field. Medical social workers have become interested in the matter in relation to their attempts to establish on-going, multi-service home health aide programs. (Blenkner, 1969; Nielsen et al., 1972; Shanas, et al., 1968; Shanas, 1962).

In the face of rocketing medical costs to the individual as well as to government through welfare programs and Medicare, the often-maligned quality of institutional opportunities, the possibility of a national health insurance program, and, perhaps of crucial importance, the confluence of several social problems in the larger society

(inadequate housing, dual-worker families, energy shortages, and unemployment for examples) along with a discernible interest on the part of many citizens to maximize quality of life rather than the mere existence of life, it seems reasonable that other professions and agencies are interested in expanding the concept of home care of the aging.

> One thing is likely: that families will want more options in the settings and types of care available for an aged family member whose health is failing. Such institutions as nursing homes may be necessary for a part of the population, but many families may seek ways of maintaining an older person at home, either in his own household or in the child's household. (Neugarten, 1975, p. 13).

The mere presence of alternatives does not suffice. Individuals must first perceive and acknowledge them, and then choose from among them. The former is often a matter of experience; that is, having previously seen, heard of, read about the existence of that alternative. The latter case, that of assessing the relative merits of various alternatives, is somewhat more troublesome. Of particular significance is the necessity of obtaining information about the characteristics of the available alternatives. One kind of information which could be provided through research would be data on the perceived impact on the various facets of individual and family life of the competing alternatives. With these kinds of data, decision makers may be more likely to make successful choices from among alternatives.

The Purpose of the Study

The purpose of this study is to determine the kinds of impact which are involved in the home care of the aged as perceived by the Aging Individual and by the Primary Care-Giver, and to explore the effects of certain demographic characteristics on those impact levels.

The Assumptions

Two major assumptions underlie the purpose and the method and should be explicated. The first is that home care of aging family members may be a viable alternative to a significant proportion of the population.

Secondly, it is assumed that the PCG is able and willing to make assessments and responses which would not be significantly different from responses which the other members of the Family of Attachment would make.

THE RESEARCH OBJECTIVES

Three objectives were chosen for this exploratory research:

1. To identify the types and extent of impact of multigenerational family life on the Aging Individual and on the Family of Attachment, as perceived by the Aging Individual and by a spokesperson for the Family of Attachment.

2. To identify the effects of certain variables on the types and extent of impact of multigenerational family life on the Aging Individual and the Family of

Attachment, as perceived by the Aging Individual and by a spokesperson for the Family of Attachment.

3. To identify the effects of the presence of alternative living arrangements on the types and extent of impact of multigenerational family life on the Aging Individual and the Family of Attachment, as perceived by the Aging Individual and by a spokesperson for the Family of Attachment.

THE DEFINITIONS

A family is a corporate unit of interacting and interdependent personalities who have a common theme and some common goals, have a commitment over time, and share some resources and living space (Hook and Paolucci, 1970, p. 315).

For this study, the term Family of Attachment (FOA) is used to modify the above definition by identifying the constellation of which the Aging Individual has become a part. It is meant to convey that the Aging Individual is the "person at issue"; the term Family of Attachment is spoken from her/his point of view. That same entity may, of course, properly be termed a "family of reference," or a "family of procreation."

Aging Individual (AI) is the term used to describe the person identified as the elderly one. In this study, the 33 Aging Individuals were age 65 or over.

The Primary Care-Givers (PCG) are the individuals (one in each family) who provide most of the home care needed by the Aging Individual.

Chapter II

REVIEW OF THE RELATED RESEARCH

CHARACTERISTICS OF THE AGING POPULATION

As the characteristics of a given population change, so also do the demands and needs of that population. Sheer numbers, taken alone, give an idea of the scope of the problem.

> In 1970 our aging population (65 or over) had reached 20,049,592--almost 10 percent of our total population, and the rate of growth in this age group had increased by 21.1 percent in the decade between the 1960 and 1970 census years as compared with a rate of 12.5 percent in the under 65 age group. . . . Growth in the old age group (75+) occurred at a faster rate. (Special Committee on Aging, 1972, pp. 2-3).

Viewed historically, in 1900 there were three million persons in the United States aged 65 and above (Parrish, 1974), this number constituting 3 percent of the total population (Goldfarb, 1964, p. 78). Since that time, the aged population has increased sevenfold while the population as a whole has grown to three times its 1900 size (Field, 1972, p. 13). Further, all predictions are that this segment of the population will continue to grow, reaching nearly thirty million by the year 2000 (Field, 1972, p. 13; Parrish, 1974, p. 1; Lublin, 1975, p. 10).

A high birthrate during the first quarter of the century and increasing life expectancy operate together,

producing one million persons celebrating sixty-fifth birthdays each year. The effects of longer life are also seen in the fact that currently one-third of all persons 65 and over are among the "old-old"--those who are over 75. Field (1972, p. 10) indicates that more than 3,000 persons receiving Social Security benefits are over 100 years of age.

Neugarten (1975) suggests that by 2000 the number of persons in the United States aged 55-75 (her "young-old" category) will increase from its 1975 level of 32.9 million to between 35 and 40 million. At the same time, those in the 75+ category ("old-old") will number between 11 and 18 million compared with the 8.3 million counted in 1975.

The range represented in the above estimates allows for the differences between various predictions regarding the reduction in mortality rates in the interim. The lower figure reflects mortality rates based on 1968 data while the upper figure in each range allows for age-specific mortality rates to be reduced by 2 percent per year for all persons aged 20+ after 1970 (Neugarten, 1975).

In suggesting that that reduction in mortality rate is not unrealistic, Neugarten points out that the average life expectancy for persons aged 65 and over would be increased by about 5 years.

A number of further questions arise from the possibility that there will be a greater number of people and that they will live an average of 5 years longer than they would now expect to live.

Economic Status

In the past it has been necessary to discuss the economic status of individuals relative to their employment status. Thus when a person retired from active employment, his economic security diminished considerably. It is becoming less realistic to equate current income from employment with economic status. Increasingly, the aged in United States society will be able to depend on sources other than current income to provide the goods and services which they need. Such sources include in-kind transfers from the government (such as Medicare); the value of rent to homeowners who continue to live in their own homes; net worth holdings which include savings, investments and private pension plans; tax adjustments; and intra-family transfers. Government intervention (for instance, increases and major structural changes in the Social Security benefits plan, and national health insurance) and private-sector opportunities for pension and profit-sharing plans are expected to produce further improvements in the economic status of older individuals. It is also suggested that a portion of these relatively healthy aged individuals will continue to produce income (Havighurst, 1975).

This optimism, however, should be tempered by the knowledge that the elderly, while making up only 10 percent of the total population, account for 25 percent of the nation's poor (Reese, 1964). Sommers (1976, p. 59) reports that 14 percent of the elderly women and 1 percent of the

men have no income. Of those over 65 who have income, the median annual figure was $1900 for women and $3750 for men. Further, 42 percent of the women recipients of Social Security and 19 percent of the men, received less than $120 per month. All of these figures, reported in 1976, were based on 1972 data.

Palmore (1969, p. 42) suggests some additional sex differences which impact on economic well-being of aging Americans. He reports that of the men who are 65 and over, 38 percent are still employed. The corresponding employment figure for women who are 65 and over is 14 percent. Further, men earn about twice as much as women, even when number of hours and weeks worked is controlled. These conditions, no doubt, contribute to the fact that twice as many aged women as aged men are in poverty.

The U. S. Department of Commerce (1976) reports economic data on aging Americans in several different ways in order to present a more nearly complete picture. According to 1974 data, the median income of individuals not living with relatives, aged 65 or more, has doubled in the period between 1965 and 1974. However, the median was still only $2,956 in 1974.

Since families headed by older persons are usually smaller than the norm, it is also useful to compare per capita income. These figures look less unfavorable in terms of the economic plight of old persons. According to this same 1974 data, the per-person income of families with heads

65 and over was only about 18 percent below the corresponding figure for all families. When total family incomes are compared, the old families are at a 43 percent disadvantage.

When the Census Bureau data are further scrutinized, it becomes apparent that old families headed by blacks or by women are further disadvantaged. For example, income of blacks in "elderly" families is only 52 percent as large as the income for elderly families of all races. If the elderly black family is headed by a female, this drops to 45 percent (U.S. Department of Commerce, 1976, p. 53).

Finally, when the data are organized to indicate families or individuals whose income is below the poverty level, it appears that in 1974, 9.5 percent of family heads 65 and over have incomes below the poverty level. Not unexpectedly, race and sex of the family head are important factors in the poverty status of elderly families. Probably partly as a result of government intervention, as well as a general trend toward affluence

> . . . the proportion of the elderly population below the poverty level has been falling sharply in the last decade and a half. In 1974 only 16 percent of the elderly were poor, as compared with 35 percent in 1959, and for those living in families the proportions fell from 27 percent in 1959 to 8.5 percent in 1974. On the other hand, 36 percent of elderly blacks were still below the poverty level in 1974. (U.S. Department of Commerce, 1976, p. 55).

Coupled with increased economic security, and longer life expectancy, Havighurst (1975, p. 12) predicts that an increasing number of persons will opt for "early retirement" at about age 55. This will result in a relatively large

percentage of the population with "free time" (". . . time free from work for which pay is received and time not used in preparation for work or in going to and from the work place.") (Havighurst, 1975, p. 12). The choices made regarding the use of this time will depend on the interaction between two broad sets of circumstances: (1) those impinging directly on an individual such as personal health, economic resources, and familial constellation; and (2) those associated with the broader environment such as the educational, cultural, and service opportunities available.

One factor which supports these rather optimistic predictions is educational level. By the year 1990 the "young-old" individuals will be high school graduates and as they move into the old-old category, improvement will be reflected there, also. There is the further impact of adult education and various programs which are not oriented toward degrees.

In addition to the rather obvious employment-related benefits of education, students of the aging are beginning to be interested in the more oblique advantages of skills and knowledge as a form of investment in human capital.

> An elderly person with a larger stock of education . . . will be in a better position, in terms of welfare, than his counterpart who has . . . less education. (Havighurst, 1975, p. 14).

Aging persons who have the resources (skills, knowledge, health) to carry out household and personal care tasks, or who can exchange those resources with other people, will have

distinct advantages in that a greater number of choice situations will be available to them.

Health Status

The University of Chicago's Committee on Human Development, as reported by Neugarten (1975), suggests that, increasingly, aging persons will enjoy an improved health status with failing health not commencing until about age 79 for men and age 81 for women. Some reasons for this improvement are suggested:

1. With each succeeding generation, the level of poverty is diminishing.
2. Educational levels are rising.
3. There will probably be a general up-grading of various forms of public health and systems of health care.

Although the present health status in the aging population does not fit a common stereotype of age as a condition invariably associated with debility, senility, isolation and unhappiness, chronic illness is prevalent in older persons. Currently, about 80 percent of those who are 65 and older are afflicted with one or more chronic conditions. (Special Committee on Aging, 1971). Nielson (1972, p. 1099) reports that, among the non-institutionalized population aged 65 and over, 2 percent are bedfast, an additional 6 percent are housebound, and another 6 percent can go out of doors only with difficulty. This total of 14 percent of older community residents have difficulty with the physical tasks of daily

life. In that regard, Nielson points out three levels of solution tc what Blenkner (1969) has termed "the normal dependencies of aging."

On the first level is found "the self-solution" in which the individual circumscribes or mcdifies perscnal behavior to cope with daily life limitations. On the second level, "the kinship solution" takes the form of needs met by care-giving relatives. Finally, "the societal solution" develops and provides programs or arrangements to help its older members cope with those needs which are beyond the capacities of the individuals or their primary groups.

Compared with other industrialized, western nations, the United States has fostered a sparse program of organized services of the home-aide type which could be of great assistance to its aging citizens. Nielson (1972) indicates that in 1968, proportionately forty times as many Britons as Americans got home help services. Less than one-tenth of 1 percent of Americans, as compared with 4 percent of British citizens, had received these services. There is no indication in the literature that much, if any, change in those proportions has occurred.

What might be called "the free enterprise solution," in the form of nursing homes, has seen tremendous growth in the United States, and will be discussed in a following section.

Marital Status

As shown in Table II-1, most aging men are married, but aging women are more likely to be widowed than married. Several factors help to explain this phenomenon. Most importantly, there is the higher mortality rate of men as compared with women. Easily observable contributors to this situation are the fact that women outlive their male age cohorts, and that women tend to marry men older than themselves. As a result, most women outlive their husbands by several years. Currently, a woman in the United States who becomes a widow at age 65 will survive her husband by 16 years. Similarly, men who are widowed at age 70 will live 10 years longer (U.S. Department of Commerce, 1976, pp. 45-47).

Differential marriage and remarriage rates further underscore the difference in marital status for aging men and women. Widowed men, aged 65 and over, are seven times more likely to remarry than are widowed women. The reasons for this difference are several--the greater number of eligible women than men in the marriage market, the socially approved practice of marriage between older men and younger women, and, possibly, a stronger motivation to remarry on the part of the male who is usually less competent in the routine matters of daily life than is the widowed female.

As age increases, the likelihood of women being widowed tends to increase. Projections for the future also seem to indicate that fewer women will ever marry, and that fewer women over 65 will be married with husband present.

Table II-1

Marital Status of the Population 55 Years Old and Over By Age and Sex: 1975 and 1990

Marital Status and Year	Male				Female			
	55-64	65-74	75 & Over	65 & Over	55-64	65-74	75 & Over	65 & Over
1975								
Percent total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	6.5	4.3	5.5	4.7	5.1	5.8	5.8	5.8
Married	85.0	83.9	70.0	79.3	69.3	49.0	23.4	39.4
Spouse present	81.8	81.8	68.2	77.3	66.7	47.3	22.3	37.6
Spouse absent	3.2	8.0	1.8	2.0	2.6	1.8	1.1	1.5
Widowed	4.0	8.8	23.3	13.6	20.3	41.9	69.4	52.5
Divorced	4.5	3.1	1.2	2.5	5.3	3.3	1.5	2.6
1990								
Percent total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	4.4	6.7	4.4	5.9	4.5	6.8	5.7	6.3
Married, Spouse present	85.1	77.1	65.3	73.0	70.4	46.1	20.2	35.1
Other, ever married	10.5	16.2	30.2	21.1	25.1	47.1	74.2	58.6

Adapted from: Current Population Reports: Special Studies, Series p-23, No. 59, 1976, p. 46.

LIVING ARRANGEMENTS OF AGING PEOPLE

An important distinction must be made between "living arrangements" and "housing." The former is best understood as "the composition of the household," while the latter refers to the physical aspects of the environment.

In the present study, emphasis is placed on the living arrangements of older persons rather than on their housing characteristics, as such, The composition of one's household in old age is a reflection of six personal characteristics: sex; age (under 75 or over 75); marital status; health status (sick or well); parental status (living children or childless); and income large enough to permit a housing choice.

LIVING IN THE MULTIGENERATIONAL FAMILY

Neugarten's review of the relevant literature suggests that old people want to remain independent of younger family members as long as possible. However, they do expect their children to provide assistance when it is needed. Generally, that expectation is met. She also reports evidence that a complex pattern of exchange of services exists among and across the generations, along with strong ties of affection and of obligation (Neugarten, 1975, p. 6).

This is not to say, however, that the multigeneration family as a single household is an increasingly common occurrence. The day of the extended family in which the generations live together has been disappearing, aided and abetted by economic pressures which attract young families either to the city from the farm, or away from the city to the suburbs. In either case the family is limited by the absence of adequate housing, financial security, and the

interest and support of the community in maintaining older family members in a multigeneration family. In fact, there has been a rather dramatic trend toward separate households for old persons. Golant points out that in 1950, 16 percent of the population 65 and over lived in the household of a child. However, by 1970 that proportion had dropped to 9 percent (Golant, 1975, p. 16). Therefore, while there are more families with old relatives, there are fewer cases of joint residence (Field, 1972, p. v).

While the decline in both numbers and percentages of multigenerational families can be easily substantiated, it may be that the decline is more apparent than real. Most observers of the American family historically indicate it is likely that from Colonial times American aged were separated from younger generations more often than not. This pattern, followed in rural areas as well as in urban, is unlike that in most of Europe during America's early history (Clark and Anderson, 1967, pp. 14-15).

In the early twentieth century, for example, the two conjugal units, representing two distinct adult generations, often had separate, though adjoining or adjacent, dwelling space. In most of these cases the functional unity of the family was of greater importance than mere residential arrangements. In that period, the extended family was a more highly integrated economic unit, with the aged parent as the family head. Today, the economic integration of the family is considerably weaker, even when adult children help support aged parents (Nimkoff, 1962, p. 410).

Because of many subtle differences in specifying characteristics such as head of household, age, relationships, and so forth, estimates of the number of multigenerational families at any one time vary widely (Golant, 1975, p. 16; Kent, 1966, p. 217; Koller, 1968, p. 34, 288; Neugarten, 1975, p. 7; Shanas, et al., 1968, p. 184; Smith, 1965, p. 154; Special Committee on Aging, 1972, pp. 2-3; Spector, 1964, p. 53; Wilner and Walkley, 1966, p. 224). Agreement seems, however, to prevail in relation to some general conclusions. First, while never a very popular phenomenon in the United States, multigenerational family living is declining by almost any kind of measurement. Many factors have had a bearing on this trend. Some which seem to be powerful include economic factors and housing policies.

Second, in the year 2000 extended families will be large. Due to the longer life cycle of the aging population, and the shortened length of generations, the four or five generation family will be the norm. Similarly, because the effects of family planning will still not be strong, but the effects of lower morbidity and mortality will be relatively strong, old people in 2000 will have more surviving children and other relatives than the aging have had historically, and more than succeeding generations of elderly will have (Neugarten, 1975, p. 6).

In the future there will be more old people whose children are themselves old. Given a more effective network of supportive social services and home health services,

society may see an increasing number of households comprising two generations of old people. This situation was described in a Senate Committee on Aging report, in which the question is asked:

> Can we realistically expect the grandparent generation to assume the responsibility--financial and physical--for the great grandparent generation? A 1962 national survey found that among the non-institutional population 65 and over, 32 percent were great grandparents. That proportion is higher now. (The Special Committee on Aging, U.S. Senate, 1971, p. 25).

Finally, there is no conclusive evidence regarding the quality of the relationships between family members who are not living multigenerationally and those who are composing one household. Several writers have indicated that the old, patriarchal multigeneration family was frought with jealousy, strife, and hostility (Spector, 1964, p. 53). Perhaps the fewer number of families involved in this arrangement currently may experience stronger ties. Perhaps, also, those families who do not live together maintain viable support and exchange functions which are superior to those which could be maintained within a single household.

Several external factors (such as earlier marriage, smaller families, and increasing life span) affect family organization and functioning in its many aspects, including its relationships intergenerationally. For example, children have a long period out of the parental home and years of freedom before their parents need help. Bond (1960, p. 181) has suggested that this structural element of contemporary society may work against the possibility of establishing

multigenerational households. The conscious development of other structural elements (external to the family) is needed to respond to the unanswered needs of families and their older members.

In spite of the trend toward separate living arrangements for the generations, the increasing age of persons who are responsible for even older family members, and the lack of evidence of the efficacy of existing structures in responding to the needs of families, upwards of two million families live multigenerationally. These families have not been studied systematically. Therefore, it is not possible to make definitive statements about the conditions surrounding their formation or dissolution, or about the quality of life they offer to their members. To a limited extent only can the families be described.

In their study of western, industrialized nations, Shanas and her colleagues were able to identify broad types of multigenerational families by identifying the dimensions from which a descriptive matrix could be formed. The two dimensions, "Planned Duration of Household Structure" and "Aged Person's Need for Care" can be combined as shown in Table II-2.

Shanas (1968, p. 219) reports that Type II on Table II-2 is unusual in Western societies and exists mainly in rural areas when it is found. By contrast, Types I and IV are found most frequently, with Type IV found among the oldest and most frail elderly. Statistically, Type III is not

as important as the others simply because only a minority of elderly live in institutions at any one time.

Table II-2

Four Types of Household Arrangements of Elderly Parents and Adult Children

Aged Person's Need for Care	Planned Duration of Household Structure	
	Temporary	Permanent
Independence	I Parents living with children who are awaiting a new dwelling.	II The classical extended family of two or more generations living and working together.
Dependence	III Widowed or disabled parent was moved into the household of a married child while awaiting institutionalization.	IV Widowed or divorced parent sharing a household with a child who will take care of her/him, if incapacity increases.

Source: Shanas, Ethel, et al. Old People in Three Industrial Societies. 1968, p. 218.

The six salient characteristics of old people which have been indicated as important determinants of household composition of the aged, will now be explored relative to those who live in multigenerational families. It is usually not possible, from survey data, to distinguish among those who

live with an adult child, and those who live with some other relative such as a sibling. In this discussion and for the remainder of this study, "Multigeneration Family" will be used to mean the case in which an aging person resides with an adult child.

Sex Differences

More aging mothers than aging fathers live with their children (Wilner and Walkley, 1966, p. 224). Partly, of course, this is a reflection of the differing mortality rates between men and women, and the greater likelihood of remarriage for the widower than for the widow. However, there may be other reasons for the discrepancy. Clark and Anderson (1967, p. 370), in discussing the intergenerational conflict which often surfaces between parents and their adult children and offspring, indicate that older women seem to be more sensitive to the responsibility of the elderly for that conflict. They found that elderly men tend to suggest social withdrawal and age-segregation as methods of dealing with this tension. Older women, on the other hand, are more likely to suggest conciliation, compromise, and increased efforts at communication.

Palmore (1969, p. 42) indicates that aged men claim better health than do aged women. While this may be a result of cultural expectations, it may still have the effect of differential presence of men and women in the care of their adult children. He also points out, however, that older men have fewer contacts, generally, with relatives than

do older women. They live farther from families, see children less often, and exchange services less with their families. A more adequate explanation for this rather general phenomenon may have to do with the treatment of men by the family as currently structured in this culture.

Field (1972, p. 60) offers a role explanation for the preponderance of women in the homes of their children and grandchildren. She suggests that males do not hold roles which are "useful" in the contemporary, urban family. Since women have more ability to be of help with household and childrearing chores, a better approximation of a reciprocal relationship can be experienced with elderly women in the household than with elderly men. In their study of British, Danish, and U. S. multigenerational families, Shanas et al. (1968, pp. 187-188) found that the same pattern prevailed in the three cultures.

Age Differences

With advancing age and increasing incidence of widowhood, the proportion of old people living in the homes of their children increases (Shanas, 1969, p. 132). The change seems to be especially pronounced for males, who, as has been noted, are less likely than women to live with their children. If the number of men living with children at age 65-74 is taken as the base, fully three times as many move into a child's home after reaching age 75. For women, the difference in the second decade is only twice the number living multigenerationally at age 65-74.

It is important, of course, to see the effects of age as not totally separable from such other factors as sex (men simply die before reaching very advanced age), and marital status (men are more likely, at every age, to be married).

Marital Status Differences

Married older couples are not typically found living in the household of their children because separate, independent housing is the preferred pattern for married couples in the United States irrespective of age (Shanas, 1968, p. 134). No research found indicates other than the great preponderance of widowed parents living in the homes of their adult children. Shanas (1968, p. 134) indicates that "43 percent of all widowed persons who have children live in the same household with their children."

It is likely that proximity to children may be a matter of compensation for the loss of a spouse.

Health Status Differences

One of every four very sick persons (as opposed to one in seven well aged persons) lives as a widowed parent with a son or daughter (Shanas, 1962, p. 101).

Two percent of the non-institutionalized elderly population are bedfast and an additional 5 percent are housebound. Many of these persons who are unable to manage all activities of daily living independently live with their adult children who provide nursing and other care for them (Shanas, 1968, p. 134).

It seems clear that older persons tend to maintain their own homes until certain dependencies force them to rely on the help of others. Very often, it is health deterioration which forces this move.

Parental Status Differences

Those elderly persons who have no living children tend to depend on other persons in the extended family who serve much the same purposes children serve for those old people who have them. Shanas (1968, p. 136) estimates that four of ten widowed and single persons with no children live with brothers, sisters, and other relatives.

People who have no children are the oldsters who are most opposed to the idea of having parents live with their adult children. Among those with children, those who live separately from children are more likely to oppose living with a child. Those elderly already living in the household of a child are least likely to oppose this way of life (Shanas, 1962, p. 105). Whether these findings indicate that people mostly do what they want to do, or that experience with a situation makes that situation more acceptable is unknown.

Beyond the mere fact of living children, the sex of those children appears to have a large effect on the occurrence of multigenerational family living. Virtually all indications are that old parents are far more likely to reside with a daughter than with a son. This, of course, differs from the situation in a traditional agricultural

society in which a son usually remains in the parental home. Now, if an old parent lives with a child, the chances are 55 to 45 that it will be with a daughter rather than a son (Nimkoff, 1962, p. 409). Authors often point out, in explanation, that a woman "usually sets the tone" of the home and has the major responsibility for its management; therefore, it is more satisfactory for an aging person to be dependent on a daughter than on a daughter-in-law.

Economic Status Differences

As has been pointed out frequently, living with adult children is not a preferred situation for either aging parents or the children. Only under certain well-recognized circumstances is the arrangement considered routinely acceptable. Shanas (1969, p. 133) indicates that cross-culturally the evidence indicates that in a post-war period, housing shortages precipitate considerable multigenerational living, but it is usually temporary. The second circumstance which promotes this living arrangement is the economic dependence of one generation on the other. Especially in the early stages of an adult child's marriage, support may flow from parents to child. In this country, economic support from children to older parents may take the form of providing housing and maintenance for an aged parent in the child's household.

Economic dependence of the aging person seems to reinforce the pattern of living with daughters rather than sons. Presumably, daughters (as money managers) would be

inclined to be generous to aging parents who are in need of economic support.

CHARACTERISTICS OF THE KIN FAMILY NETWORKS OF AGING PERSONS

The interaction patterns developed between aging individuals and their adult children are of central concern in a study of the aged in a family context. The findings of several studies will be presented organized around the following sub-topics: Attitudes toward exchange in the kin family network; actual exchange patterns in the kin family network; and the multigeneration family as a special case of the kin family network.

Central to the selection and description of the findings included here is the conceptualization of the kin family network as composed of nuclear families bound together by affectional ties and choice (Sussman and Burchinal, 1962, p. 240). This presupposes that the dominance of the nuclear family is a myth. At minimum, the basic family group is tied to other units through a single member. Virtually all reported research which deals with patterns of exchange among individuals and family groups reaches the conclusion that patterns of kin assistance are typical in old age. Adult children help their parents, and parents help their adult children. Shanas, who reported cross-cultural data, found that one-half of U. S. parents, less than one-half of the British parents, and about one-fourth of the Danish parents helped their children (Shanas et al., 1968, p. 205).

Contradicting the assertion of some that people who are mobile do not maintain family relationships, Litwak found that a high percentage of those who are socially or geographically mobile do have extended kin ties (Litwak, 1960, pp. 385-394).

No attempt is made by students of the kin family network phenomenon to suggest that the family in contemporary western culture is no different from the extended family of agrarian cultures. The kinds of ties and help patterns are quite different between family units which are separated geographically, for example, and those who are propinquous. For example, in his review of the literature on kin family networks, Goode (1963, pp. 75-76) suggests that in contemporary families, there is a greater emphasis on the sentiments of kinship rather than on day-to-day reliance which was more the norm in earlier days. Similarly, there is more interaction with the family of the woman than with that of the man. Although it is not possible to document, it is likely that this is a shift from the situation which existed when land ownership was transferred from father to son.

It is often suggested that the element of "choice" which appears to be present in the relationships between aging individuals and their adult children sets a very positive tone for the interchanges. Current norms definitely support independence at every stage of the adult life cycle; a reciprocal, temporary exchange allows all parties to maintain independence while still giving and accepting

assistance (Duvall, 1960, p. 170). Goode suggests, however, that the element of "ascriptive friendship" which is carried in many kin family relationships may make it somewhat embarrassing to ask for help (Goode, 1963, pp. 75-76). Presumably, if the patterns of giving and receiving were not influenced by the element of choice, this embarrassment would not be present.

ATTITUDES TOWARD EXCHANGE IN THE KIN FAMILY NETWORK

Expressed attitudes do not always mirror behavior. Researchers have asked old persons, their adult children, and the general public about their attitudes toward responsibility for the needs of aging persons. As will be obvious from the ambiguities expressed in the findings, the fundamental problem of the aging is the lack of regular, institutionally sanctioned responsibilities for their care and social participation which square with both traditional values and the requirements of an industrial system (Moore, 1960, p. 176).

Attitudes of the Elderly

For the most part, elderly persons believe that the status of the aged within the family is deteriorating (Clark and Anderson, 1967, p. 303). As evidence, they are most likely to point to the growing number of old persons who are placed in nursing homes. However, oldsters favor conjugality. As individuals, rather than as members of a certain generation, they do not feel that they should come before the family

responsibilities of their adult children (Streib and Thompson, 1960, p. 480). Old people who have children do not feel neglected by them although they point out that many other old people are neglected by their children.

In his study, Bellin found that 90 percent of parents felt that after marriage an adult child's major loyalties belonged to the new family and only secondarily to the parents (Bellin, 1962). However, in Shanas' large study of old persons, children and other relatives of old persons, and the general public, there was considerable strength in the attitude that responsibility to one's parents takes precedence over other responsibilities (Shanas, 1962). In that study, respondents were presented with anecdotal situations in which they were to choose between an activity involving the aging parents and some other people or activity (such as a recreational pursuit or a professional or occupational obligation).

Attitudes Toward Help from Self Adult Children, and Government

Several studies have explored the attitudes of elderly persons regarding the source of help when old people need it. One study reported by Bond and colleagues (1960), who were associated with a governmental agency in California, had the objective of determining how old people assessed their own and their children's attitudes toward applying for Old Age Assistance. When the old persons were asked if adult children should be required by law to contribute to the

support of their aged parents who are in need, there was a marked pattern in the responses, based on whether the aged respondents currently received Old Age Assistance (OAA). Of those who were on OAA, 29 percent felt children should be required to assist their parents, while 40 percent of those who were not recipients responded affirmatively (Bond, 1960, p. 183).

Of all the people who thought children should be required to help, 42 percent reported that their children had urged them to apply for OAA. An almost identical proportion (45 percent) of those who thought children should not be required to help, reported that their children had urged them to apply. These figures seem to indicate (to the extent that the parents correctly understood and represented their children) that the opinions of the two generations have little effect on each other.

Fathers and mothers in the aging sample in Bond's report had somewhat different responses. Of those persons on OAA, three times as many women as men thought the children were able to be of assistance. For those not receiving assistance, the percentage was slightly less.

Women were more willing than men to accept help. However, more men than women think children should be required to help. In both the recipients and non-recipients groups, more women than men thought their children were willing to assist.

When the aging respondents were asked if they knew the opinions of their adult children regarding the oldsters' receiving Old Age Assistance, 39 percent said their children had expressed an opinion; of those, 45 percent of the children had urged their parents to apply, and 36 percent were willing to abide by the parents' decision to apply or not.

The higher the educational level of the parents, the more likely they were to think the children were able to assist them. As educational level of parents increased, they were more likely to report that their children urged them not to apply for Old Age Assistance.

In the 1960 Patterns of Family Change study, respondents were asked whether relatives or the government should be responsible for the economic support of the aged (Morgan, et al., 1962, p. 85). Morgan also reports a difference by socio-economic status measures. The higher the economic status the more reliance there was on the family for help when aging persons need it. In each age group, taken separately, reliance on government responsibility declines in each higher education group, and reliance on relatives for help increases.

Morgan and colleagues also found a difference by composition of the household unit. Single persons were most in favor of help from family sources; childless married couples most favored government responsibility.

Streib and Thompson (1960, pp. 480-87) found that their respondents felt both the government and the employer

should help aging persons before children are asked for assistance. The one exception was help in times of illness of the parent. In this case, the children were expected to furnish assistance.

Shanas (1962, pp. 133-141) asked: "Who do you think should take care of older people when they are no longer working?" The responses from her three groups of subjects are shown in Table II-3. Old people responded that the government should provide the help needed. Individuals who were responsible for specific old persons (often their own children) were somewhat more likely to favor assistance from children or other relatives (themselves) than from the government. The public at large followed the pattern set by the old people finding the government the most favored source of help, followed by children or relatives and then old people themselves, in that order.

Table II-3

Preferred Source of Help for Old People in Need

Respondent	Source of Help		
	Old People	Child or Relative	Government
Old People	24%	26%	41%
Individual responsible for Old People	18%	40%	34%
Cross section	17%	33%	43%

Adapted from: Shanas, Ethel. The Health of Older People. 1962.

It should be noted that the respondents called "Individual responsible for old people" are in that category at least partly because they had accepted responsibility for an old person. It does not follow that they should be seen as representative of the group of persons who might be suggested as the responsible one by a parent or some other aging person.

In light of what appear to be more frequent interactions between individuals and the federal government, these findings of reliance (or hope for reliance) on the government are not surprising. However, they are not recent developments. As early as 1954, Smith (as reported in Bischof, 1969, p. 133) found that all his respondents (aged as well as their children) felt that the government should take a greater responsibility for aiding the aged.

Attitudes about Living Arrangements

Elderly persons value their own independence, and support that of their married children. Smith (1965, p. 153), in his presentation of propositions reflecting major findings of the relationships between the aged and their adult children, includes these:

> . . . 13. Interaction between the aged and their adult children is mutually satisfying when living with or away from parents is a matter of choice and not of necessity, both for the elderly and the younger couple . . .
>
> 15. . . . Aged persons should be responsible for themselves, enjoy their children and grandchildren, and do as they wish. They should be willing to accept help from their own children or other persons when necessary.

About half the sample of parents in Bellin's study had lived with an adult child at some time, often in the early period of the marriage of the child. Fully 94 percent of these parents reported that living together was not a good practice (Bellin, 1962). An overwhelming majority of the parents (whether they had lived with their children or not) rejected the notion that parents should live with their children. The same response was given by the adult children in the sample.

In one of the earliest studies of the attitudes of persons toward multigeneration family living, although 75 percent of the respondents had had some experience living with relatives, most of them had no plans for their own living arrangements in old age. This study, completed in 1949-50, used information from 500 Pennsylvania families (Bischof, 1969, p. 133).

In his large-scale study conducted in 1958, Beyer gathered information from 5200 people over 65 years of age. His sample was based on five statistical samples representing approximately 670,000 older persons. His respondents were asked what kind of living arrangement they thought would be best for people over 65 who could take care of themselves. There were four possible responses: (1) live with their families; (2) live by themselves but near relatives; (3) live by themselves and away from relatives; and (4) some other arrangement. A majority of all persons who lived in their own households preferred not to live with families. Sixty

percent of the married couples and of the unmarried females in the sample chose the option of living alone, but near relatives. Most of the remaining 40 percent chose to live alone, but away from relatives.

The unmarried men, however, showed a different pattern. Only 38 percent of them chose to live alone but near relatives; 50 percent of them chose to live alone and away from relatives.

When data from only those older people who currently lived with their children were analyzed, the proportion who felt they should live with their families increased very significantly (Beyer, 1962, pp. 363-365).

When the question was worded such that the fictional persons were unable to care for themselves, from 38 to 44 percent of the oldsters who were living with their children reported that that would be the option chosen. This percentage was higher than that for groups of persons who were not living with their children.

Youmans reviews the research on the attitudes of rural people regarding preferred living arrangements in old age. His results are the expected ones--old people prefer to continue living in their own home with their spouse. Various studies (Youmans, 1967, p. 56) found ranges from 14 percent (Connecticut farm operators) to 6 percent (hired farm laborers) of rural persons who felt they wanted to live with their children.

Leichter and Mitchell (1967) asked a group of their clients, aged persons, and their own caseworkers to either "agree," "disagree" or indicate "no opinion" to the query: "If a mother and a married daughter live in the same household, there's usually trouble." Sixty-six percent of the aging persons agreed compared with 72 percent for both the clients and the caseworkers. To the item "A widow would usually prefer living with a married daughter," the caseworkers responded quite differently from either the aged persons or the clients. Only 28 percent of the caseworkers agreed with the item, while 68 percent of the aged and 65 percent of the clients agreed.

The concensus appears to be that old persons prefer independent living. Birren (1964, p. 36) questions whether many aged adults would live in the households of their children if reasons of inadequate health and subsistence were not present.

Kleemeier presents a review of the preferences expressed by old people on the composition of neighborhoods in which they would like most to live. The most striking finding seems to indicate a difference by age. "Young-olds" (usually classified as those 55 to 75 years) prefer to live in neighborhoods with no children. "Old-olds," on the other hand, prefer to have children in the neighborhoods in which they live. Kleemeier hypothesizes that perhaps these oldest individuals like the security of having young adults (the parents of the children) around (Kleemeier, 1964, p. 442-44).

Virtually no segment of the population reports positive attitudes toward nursing home living arrangements for aging persons. Bischof reports that old people seem to accept this option intellectually, but not emotionally (Bischof, 1969, p. 133).

Attitudes of Adult Children

Adult children of aging people picture themselves as "being between Scylla and Charybdis" in relation to their responsibilities to their aging parents and to their own children. Generally, they report that they feel they should do more for their parents, but do not know what to do (Bischof, 1969, p. 133).

Most of the adult children who responded to Shanas' questions, felt that adult sons and daughters should make "every effort" to accommodate the demands of aged parents (Shanas, 1961, p. 28).

Smith's synthesis of pertinent findings indicates that the attitudes of adult children regarding the support of their aged parents is very much dependent on the degree of hardship which is present in a given case. When arranging and providing the assistance needed by parents is difficult, adult offspring become more reluctant to support aged parents (Smith, 1965, p. 153).

Smith also reports that the norms may be more explicit in small communities. From one study he extrapolates the statement that grown children should assume responsibility for older persons who experience senility, physical or financial

distress, or who are friendless. These findings seem to be in agreement with those reported by Shanas (Smith, 1965, p. 154).

Several studies (Hart, 1941; Schorr, 1960; Smith, Britton, and Britton, 1958; Streib and Thompson, 1960) seem to indicate that an attitude favoring filial support of aged parents is "a cultural phenomenon, and varies with socio-economic status" (Smith, 1965, p. 153).

Sussman (1965, p. 80) found that both old parents and children express attitudes regarding help which are inconsistent with actual practices. His inquiries found that young marrieds expressed negative attitudes toward help from both their parents and the government. However, they accepted it. Similarly, Sussman's New Haven parents express a desire never to accept help from children, but there appears to be an element of "purchasing kinship insurance" in their giving relationship with their children.

The trends in attitudes of young adults are somewhat confusing. Sussman (1965, p. 80) reports that a survey taken in 1944 indicated that young adults preferred to have institutional sources of aid for their parents, rather than give it themselves. Shanas, however, has reported that married children seem willing to assume responsibility for aged parents, including financial aid, providing a home for them, and locating close together.

Leichter and Mitchell (1967, p. 83) found three-quarters of their Jewish sample agreeing that a family should

be willing to sacrifice some of the things they want for their children in order to help support their aged parents. However, they also felt that it was far preferable if the parents could rely on themselves.

Seventy-one percent of the sample in two Pennsylvania urban areas who were interviewed by Smith (1954) felt it was the responsibility of families either wholly or in part to help older family members.

The nationwide probability sample study of persons 65 and over directed by Shanas (1962) developed data consistent with the findings supportive of the kin family network as highly viable. In this study, interviews were conducted with old persons outside institutions along with the relatives and friends to whom they would turn when they needed help. Nine of every 10 persons interviewed would turn to children, most often to daughters. It is important to note that these middle-aged children themselves expressed willingness to "assume obligations which are traditionally associated with the relationships of aged parents and adult children" (Shanas, 1962, p. 411).

The sometimes conflicting results of these studies on the attitudes of adult children toward responsibility for the care of their aging parents suggest

> . . . the significance of the discrepancy between social norms and personal aspirations, on the one hand, and actual behavior within families in caring for their aged members. (Youmans, 1967, p. 54).

Attitudes about the Source of Help for Aged Parents

Many of the studies which probed the attitudes of old people about their preferred sources of help, also asked adult children comparable questions. Table II-3 on page 47, indicates that there were some systematic differences in the attitudes of adult children as opposed to the attitudes of older persons. Remembering that these "individuals responsible for old people" were most often adult children and were those persons who were presently involved in the care of old people, it is to be noted that these younger respondents were less inclined to rely on help from the government, and more inclined to provide the help themselves. The cross-section group of respondents (including, no doubt, some adult children who were unable/unwilling to provide assistance to their parents) was the group most likely to rely on the government for help for old persons.

In her study, published as Family Relationships of Older People, Shanas' "son, daughter and other relative" category of respondents were less convinced than the overall group that parents' needs should come before other interests of the adult child (Shanas, 1961, pp. 27-28).

In addition to governmental sources of help, the Jewish respondents in Leichter and Mitchell's study (1967, p. 83) suggested that Jewish organizations take over assistance and make sacrifices on the part of children unnecessary, thus relieving the kin relationship of some stresses.

Attitudes about Living Arrangements

In Bellin's study which included responses from both aging parents and their adult children, the younger generation agreed with the older that, following the marriage of a child, primary loyalty should go to the newly formed family. An overwhelming majority of the children rejected the notion that parents should live with their children (Bellin, 1962). However, only 7 percent of the adult children reported that they would not permit their parents to live with them under any circumstances. An additional 8 percent made no response to the question. The remaining 85 percent would permit multigenerational living under some circumstances.

Relative to institutionalization, Bischof (1969, p. 133) reports that adult children, regardless of their other hesitations, find the decision to admit parents to nursing homes "honest."

EXCHANGE IN THE KIN FAMILY NETWORK

Patterns of Exchange

The flow of various kinds of goods and services between generations goes in both directions and takes many forms.

Emerson (1970) reports considerable data which were extracted from the Survey Research Center Project 678 material. She found that the kinds of help going to old families and to young families were similar in nature, including such things as "direct income" (food, clothing,

housing), financial assistance, services, and other unspecified gifts. Generally, in times when economic stability is lacking (early in the marriage and in retirement), families give more direct income, and receive more financial assistance.

Of those persons over 65 who said that they received help during the period in question, 67 percent received it from their children, and 33 percent from other relatives. None reported receiving from their own parents or from siblings. It is interesting to note that the very youngest age group reported the mirror of this pattern: they received two-thirds of their help from their parents and one-third from other relatives. This probably indicates that "the generation-in-the-middle" was supplying support for both its parents and its newly married children.

Those respondents over 65 who reported giving to others, gave equally to children and to other relatives (42 percent in each case). They gave less frequently (4 per cent) to their own parents; and moderately (13 percent) to their siblings. These findings indicate the pervasiveness of the kin family network at all ages.

Streib (1963, pp. 569-476) found an even flow of assistance between parents and adult children when he gathered data from 291 retired males aged 69 and an adult child of each. The exception to this pattern is that financial aid is more likely to go from parents to children. The results of

Streib's larger sample which included 1300 employed and retired men were very similar (Streib, 1968).

Goode reported on the Detroit Area Study published under the title A Social Profile of Detroit in which the types of help received or given by wives were studied (Goode, 1963, p. 73). The similarities in percentages of women reporting giving and receiving help is remarkable, giving major support to the contention that the flow of assistance goes two ways.

Schorr (1960) indicates that the only discrepancy in the picture of reciprocity between the generations is the one of financial help already alluded to. However, he finds that money contributions are, on the whole, a relatively unimportant part of the pattern. Considering that this is the only kind of contribution which can be legally imposed, it appears that the giving and receiving are in large part based on spontaneity. In addition, while parents may give somewhat more to children, when the two generations live together that part of the pattern is reversed (Schorr, 1960).

The most extensive set of data on intergenerational family continuity has been gathered by Sussman and his colleagues in a series of studies (Sussman and Burchinal, 1962, 68; Sussman, 1953a, 1953b, 1954, 1955, 1959, 1960, 1965, 1968). As one of the earliest and most effective proponents of the kin family network, Sussman has gathered substantial support

for his contention that there exists an American kin family system with complicated matrices of both aid and services which link the component nuclear units into a functioning network.

Several studies (Sussman, 1953a, 1953b; Sussman and Burchinal, 1962) dealt only (or very heavily) with aid from parents to children. In Sussman's 1959 article, however, a reciprocal pattern was described.

The most widespread form of aid from children to parents was help during illness, while from parents to children, financial assistance and help during illness were equally frequent. Middle-class individuals gave significantly more financial aid, child care, advice, and valuable gifts than did the working classes. Help in illness and the direction of the flow of aid were similar in the two socio-economic strata.

This research has been criticized in that the criteria for inclusion as an incident of help given or received was one or more items of assistance within a one-month period prior to the interview. Lacking is information about the form, extensiveness or continuity of the exchange. This criticism points up the necessity for more detailed and careful data gathering, and, perhaps, for longitudinal methodology.

Similar problems exist in a study done by Sharp and Axelrod (1956, pp. 433-439). From data gathered in response

to the question: "In which of these ways have you ever given any help to relatives?" these authors develop statements about "patterns" and "frequencies" of exchange. In their study, one instance would receive equal weight with a pattern of exchanging the same resource.

Adams (1968, p. 53), who has described the shortcomings of the work of Sussman and of Sharp and Axelrod, studied the aid patterns in an urban setting. He found that the flow of aid was chiefly from parents to their young married children. The kinds of exchanges included tangible items, intangibles, and services, as has usually been the finding. Direct financial aid was relatively infrequent and most often received early in marriages (Adams, 1968, p. 51).

In this urban sample, aging parents seldom were involved in regular child care of their grandchildren, but occasionally did some babysitting. Adams found, as did Townsend in his sample of Londoners (Townsend, 1957), that a significant form of continuing mutual aid is in emergencies, such as sickness, childbirth, or death in the family.

Adams' data vary somewhat from the general pattern of reciprocity reported in most studies. The most common pattern reported by the young adults was that of never giving aid to their parents. One wonders how the parents would have responded to the question. On the other hand, the percentages of frequencies of receiving aid from parents

were rather similar. The largest group reported receiving aid several times a year; the least frequent receiving pattern was once or twice a year.

Rosow also reports data from his Cleveland sample which indicate that help from children to aging parents is not always forthcoming (Rosow, 1967, p. 149). In addition to the commonly found categories (such as help in illness, financial assistance, advice), gifts and companionship or moral support were also considered "help" in this study.

Rosow found that the presence of adult children living in the community was a strong factor in the flow of help from children to parents. He found that one-third of the parents with local children reported that they never received help from their children. Fifty-six percent of the parents whose children lived elsewhere also responded that they received no help from their children.

Of those parents who report that they do receive help from out-of-town children, most help comes in the form of moral support through visits, letters, and phone calls. There is little financial aid directly; gifts are relatively common and 8 percent receive help during illness.

Children who lived in the Cleveland community provided much more help to their parents than did children living out of town. Gifts, companionship, financial assistance, help with transportation, help in illness, shopping, domestic

affairs and housekeeping assistance ranked in that order as help received from local children.

Only 6 percent of these parents in the Rosow sample indicated that they felt they should have more help than they get. In the face of the finding that large numbers of the sample reported receiving no help at all, it appears that either parents were most unwilling to criticize their children, very eager to maintain an aura of self-sufficiency, or very much socialized to the idea of the "isolated nuclear family."

Factors Affecting the Patterns of Exchange

Certain demographic and situational variables are rather predictably used to assist in the explanation of findings regarding the exchange patterns between parents and their adult children.

Such factors are: income, social status, degree of kin relationship, geographical distance, age of old persons or age of adult children, stage of the family life cycle, length of marriage of the adult children, sex of the adult child, rural or urban residence, sex of the older person, health status of older persons, and marital status of either the older person or the adult child.

Regardless of the index used, the research strongly supports the notion of the family in industrialized nations as based in an extended kin family network which provides considerable help, contact, and moral support to the nuclear units of which it is composed.

THE MULTIGENERATION FAMILY: A SPECIAL CASE OF THE KIN FAMILY NETWORK

The multigeneration household, composed of two adult generations and, perhaps, a generation of children, is neither common nor desired. Nevertheless, at a given point in time, from 2 to 3 percent of families in the United States are three generation families. Obviously, over time, quite a considerable number of individuals experience multigenerational family life. The research reports available on multigeneration families will be briefly reviewed.

Robins (1962, p. 469) reported on his findings from interviews with 40 three-generation families. In each of the cases, he interviewed the female members of G-1 and G-2. His major objective was to discover what particular factors were associated with interpersonal tension. Table II-4 summarizes the correlations (which, of course, do not imply cause/effect relationships). None of these relationships seems to be inconsistent with other findings reported. Several other authors (Duvall, 1954; Koller, 1974, p. 35) have suggested the importance of a strong marital relationship between the adult child couple members if the multigeneration household is to be successful.

Koller's work, which was first reported in 1954, used a sample of families consisting of husband and wife who were rearing a child or children under the age of 21, and in the same living arrangement were one or both of their parents.

Koller pointed out some of the most difficult areas for each of his three generations. A common problem for the grandparent generation is that of relinquishing authority over adult children. Concurrently, the adult children experience difficulty from the real or implied threats to their authority and independence. The youngest generation appears baffled by the split in authority between the two older generations.

Table II-4

Factors Associated With Interpersonal Tension

Variable	Nature of Relationship	Applicable Class
Helpfulness with housekeeping	High help = Low tension	Upper
Health of G-1	Poor health = High tension	Upper
Negative attitude toward aging	Negative attitude = High tension	Upper and Middle
Morale of G-1	Low morale = High tension	Upper
Morale of G-2	Low morale = High tension	Upper and Lower
Social participation of G-2 women	High participation = High tension	Upper
Marital Satisfaction	High Satisfaction = Low tension	Upper and Middle

Adapted from: Robins, Arthur J. "Family Relations in Three-generation Households." 1962.

Koller (not unlike several others) identifies and describes these problems in terms of the ambiguity of roles, and the problem of role reversals for the two older

generations. When the old parent begins to live with an adult child, the two exchange old familiar roles, the aging person giving up the role of independent parent and taking on the role of dependent child. The adult offspring, on the other hand, has some motivation to give up the dependent child role which was historically played vis-a-vis the parent and to respond to the prerogatives of the role of independent parent. The role expectations in multigeneration families are not clearly defined. Each family is left to work out the details individually. Families meet with differing levels of success in this task.

After spelling out many of the psychological dangers which may be developed between old parents and their adult children in a common living setting, Frolich (1960, p. 58) summarizes by suggesting that the outcome depends on the previous relationship with a given child, previous ability to adjust to new situations, and the presence of personal interests.

Regarding the function of the family as role-provider, Weinberg (1963, pp. 231-232) has written:

> In later life, maladaptive situations may arise from improper role playing because of failure to adapt to, or recognize, a change in status. This is particularly apparent when a parent's dependency on a child in all financial matters, his living space, etc., is complete. In this reversal of the roles they had played earlier, the parent has become the child and the child the parent. Neither is quite prepared for this state of affairs and paradoxically enough, the more well-intentioned each is, the more difficult to carry out the new role properly. The child, accustomed to a set of expectations from his parents, may recognize the parent's inability to perform in the manner the child

> had learned to expect. Yet, the child, now the man, may be emotionally unable to accept any other relationship with his parent than the one he had established in childhood. He may resent the change and feel a hostility toward him because of the parent's increasing inability to measure up to that standard. Hurts and resentments may appear in either member of this relationship. The child may unconsciously act out on his parents the real or imagined angers which he believes were once perpetrated by them on himself. The parent on the other hand may be totally unable to give up his previous stand and position, or he may realize that he no longer fits his earlier conception of himself. This frustration may push him into inappropriate behavior which is likely to be misunderstood. All sorts of subtle, and not so subtle, situations may arise which help to disrupt the lines of communication that previously existed between the parent and child.

Although several other studies have produced results indicating the problems associated with role relationships in multigenerational families (Birren, 1964, p. 35; Burgess, 1960, pp. 277-78; Clark and Anderson, 1967, p. 275; Duvall, 1954, p. 308; Loether, 1967, pp. 8-14; Rose, 1967, pp. 10-11; Shanas and Streib, 1965, p. 463; Simos, 1973, p. 80; and Wilner and Walkley, 1966, p. 233), the effects upon parents and middle-aged children of these children assuming the roles of provider, nurse, comforter, and decision-maker have hardly been touched upon in the literature.

In their very small subsample of families composed of at least two generations of adults, Clark and Anderson found that the best relationships existed in the two cases in which both parent and child lacked a mate (Clark and Anderson, 1967, p. 275). This finding is consistent with the general evidence that the presence of in-law relationships is a deterrent to success in the multigeneration family. For example, Townsend (1965, p. 160) found friction in half of the cases which

involved an in-law relationship. The cases of friction occurred more commonly when there were sons and daughters-in-law than when there were daughters and sons-in-law.

There is some ambivalence in the literature regarding the personal adjustment of old persons who live with their adult children. Smith's study of three-generation families in a small urban and a rural community in Pennsylvania found a definite tendency for older persons who lived in their own homes to be better adjusted than persons who lived in the homes of their children (Smith, et al., 1958). However, Alleger's study (Alleger, 1964, p. 77), which drew a sample from seven states in the rural South, had different findings:

> In general, we found that the older people who lived in families of 4 to 6 persons, were better adjusted than others. Presumably, in such families the elderly do find satisfying family roles to fill. Also, by the presence of others they are somewhat sheltered from the stresses and strains of modern life. The younger nuclear family frequently assumes the responsibility for routine decisions and planning, thus relieving their aged relatives.

One possible explanation for Smith's findings of discontent and poor adjustment hinges on the possibility that other factors (probably the same factors which brought about the consolidated household) such as declining health, loss of spouse, or decline in income were as much responsible for the poor adjustment as was the living arrangement, per se. It could be that Alleger's design was more successful in filtering out those uncontrolled effects.

Beyer's large study (Beyer, 1962, pp. 359-362) focused on the social life of members of multigeneration

families. He found that for all segments of the sample (couples, unmarried males and unmarried females), the incidence of dinner guests and overnight guests increased if there were also children in the household. The presence of children decreased the probability of couples or unmarried females visiting with younger people in the neighborhood, but increased that possibility for unmarried males. However, unmarried males and unmarried females in the households of others visited rarely with younger neighbors.

Generally, older persons who lived in the households of others had a lower entertaining rate than did those who lived in their own households. Again, it is not possible to specify entirely the background of this difference. Probably, lack of freedom (real or perceived) in a household not one's own was a factor. However, this finding may have been influenced by the fact that people who live with their adult children are generally less well than those who continue to maintain their own homes. To the extent that individuals "disengage" as they age, the effects of disengagement may be seen in the lowered level of socializing found in persons who live in the households of their adult children.

Simos (1973, p. 82) suggested that the adult children whose parents lived with them had difficulty accepting changes in their parents' social needs with increasing age. As a result, they felt an urge to force parents into inappropriate social molds. This pressure could result in a withdrawal response on the part of the parents.

Both Dinkel (1943, pp. 412-419) and Townsend (1965, p. 161) found that the history of the family and its interactions were important predictors of success in the multigenerational setting. From his study of 50 Minnesota families, Dinkel observed that families should not live together if there is a history of generational conflict. He found that those conflicts were more common when there was dissimilarlity of beliefs and norms between the generations. Townsend found that unusual family relationships or structures (cases of desertion by fathers, army careers which separated families for periods, or cases of adult children who had deserted a spouse) were likely to produce unsuccessful multigenerational family experiences.

Cain (1968, p. 51), who was most interested in the case in which an arthritic old person lived in the household of a child, found that environments in such households could be classified as either dependent, counterdependent, or independent. Unfortunately, he found that many of the families found it difficult to allow and accept the fact that the old person was able to do some things personally. He wrote: "It is much easier to do <u>for</u> and be over-protective than to do <u>with</u> and allow restoration of independence." (Cain, 1968, p. 51).

The very pragmatic problem of adequacy of the living space itself has received considerable attention in the literature on multigenerational families. Typically, inadequate housing is seen as a structural element in the society

which has made it more difficult to take on successfully multigenerational family living (Lawton, 1970, p. 49). Wilner and Walkley (1966, p. 233) point out that, in addition to its lack of space, the modern urban home is not well-arranged to provide separate living areas for the generations. Loether (1967, p. 44) indicates the need for private space, and for space in which individual activities can be carried out. At a minimum, the old person needs a private room (Frolich, 1960, p. 58), but that is often hard to come by. Simos (1973, p. 84) found that all but five of the cases in her sample reported some difficulty with housing, with lack of space being a major one. Donahue (1954, pp. 45-46) suggested that an annex (not including kitchen facilities) could be helpful. However, in most communities, problems of zoning for single family dwellings would arise if that option were taken. A large proportion of the research reviewed to this point is not recent and, probably partly as a result of the continued decline in the numbers of multigenerational families, more recent research is not available. One study, however, conducted in 1976, and quite relevant to the interests of the present piece of research, will be reviewed.

In 1976, Newman and associates (Newman, 1976) collected data in telephone interviews with 213 respondents who were housing their parents and 133 respondents who had parents in nursing homes. Since data about families caring for old relatives in their own homes is of importance in the present work, primarily those findings will be reviewed here.

The design of Newman's study required the gathering of data from the child identified as "most knowledgeable about and responsible for the parent." This requirement resulted in reports being given by a much larger percentage of daughters than sons. This is in agreement with virtually all literature which reports that women are far more likely to be closely involved with their parents than are men to be involved with theirs.

Further, more of the old parents whose children were interviewed were female. This, of course, partly reflects the longer life span of women. However, it may also be that more sons and daughters who had surviving fathers were unwilling to participate in the project.

Income tended not to be associated with residence of the aging person--with the child or in a nursing home. This seems to be in conflict with some other indications that middle-class families who had cash assisted their parents in maintaining their own homes, while lower class families who had no cash assisted their parents by taking them into their own homes. It may be that the effects of some governmental programs have made what was formerly a distinction of less importance now.

The average length of time of the residence of parents with their adult children was 17 years (Newman, 1976, p. 49). It was unusual for an individual to be in a nursing home longer than five years.

As would be expected, both the type and the extent of the illness of the two groups of parents differed. Those oldsters who lived with their children were not likely to have any mental disability and were most likely to need no care at all. Additionally, those parents who lived with their children were able to take part in both personal daily care and social activities. Only about one-seventh of those individuals were not able to participate in any social activities. Of those parents living with children who did require extra care and were unable to be involved in social activities, however, the equivalent of full-time work hours was expended by two-fifths of their children in their care.

There did not appear to be a systematic relationship between the kinds of work done in the home by the parent and the child's satisfaction with the living arrangement, as long as the parent was healthy. This may indicate that satisfaction, at least in the case of the biological child of the old person, is far more likely to be a matter of affect than of pragmatics such as amount of work to be done in the home.

Sponsored by the Institute for Social Research at the University of Michigan, Newman's study also probed certain aspects of the living environment. Of importance to this study was the finding that it was more likely that the older parent was living with an adult child if the child's dwelling unit had six or more rooms and three or more bedrooms. The ratio of persons to rooms was important, also. If that ratio was low, it was more likely that the parent

lived in the home rather than in a nursing home (Newman, 1976, p. 79). However, when multivariate analysis was used, these two relationships were altered.

More than 82 percent of the parents who lived in nursing homes were sharing a room with at least one additional person. In stark contrast, the parents who were living with their children shared a bedroom in less than 10 percent of the cases. The family had provided this private room, in most cases, by having other members of the family share a bedroom.

This provision of a private room by re-assigning rooms among other family members was the most commonly found alteration in the dwelling unit. Almost one-third of the adult children housing a parent indicated they would like to make some changes in order to make the parent more comfortable. Among these desired changes was a move to a different dwelling unit. Usually the reason for not making the change was financial.

Adult children were also asked to report on the time use patterns of their parents. By these reports, fully 40 percent of all the parents' daily activities were involved with non-market work activities if the parent lived with his adult child. These people were three times as likely to participate in active work or leisure activities than were those living in nursing homes.

Interestingly, however, the parent's activities during the day had little effect on either the child's or the parent's satisfaction with the living arrangement (Newman, 1976, p. 98).

Other activities reported by the adult children as consuming time of the older parent included visiting, reading, watching television, or working on hobbies.

Respondents were also asked whether they, their spouse, their sons, and their daughters spent more, less, or the same amount of time at home since the parent began living with them. (This was computed only for those families in which the parent had been living in the family home for less than 5 years.) The reporting child had spent more time at home (59 percent of those respondents) since the parent had become a part of the household. A majority of the spouses did not spend more time at home, but a significant minority (40 percent) did experience an increase in the amount of time spent at home. It also appears that there was an association between the change in the child's time spent at home and the child's satisfaction with having the parent live with the family. More time at home was associated with a lower satisfaction score.

The data gathered relative to financial arrangements clearly indicated that fa milies were aware of the restrictions placed on certain government transfer payments to old persons who lived with families rather than in nursing homes.

Those respondents who were caring for their parents in their homes were twice as likely to report that they had experienced financial difficulties due to the parent. They also expected more problems in the future.

Newman and associates attempted to measure "Family Impact" through a series of questions aimed at changes in the

activities of the family, increase in strains and tensions, problems and assistance experienced, and the satisfaction levels of both the child and the parent (as reported by the child).

Three-fifths of the children whose parents lived with them reported that the presence of the parent had not caused any changes in the activities of the household. Most of the respondents who indicated a change said that it was a decrease in the opportunity to spend time away from the parent. About 10 percent of the respondents indicated positive changes such as assistance in housekeeping and child care.

Slightly fewer respondents indicated that there had not been an increase in the strains and tensions between family members. In contradiction to the common findings of tension between in-laws, only one-fifth of the adult children reported that their spouse had experienced an increase in tensions. Mostly, the increased tensions were felt by the adult child personally, or by all family members equally. It should be recalled that these data were gathered from the adult child personally. An individual is probably able to assess personal tension levels more adequately than the tension levels of other persons.

The age and health status of the aging persons were associated with the level of tensions in the expected ways: the greater the age and the more frail and in need of help the old person was, the greater were the strains and tensions experienced in the family (Newman, 1976, p. 180). The

respondents who reported these increased tensions were also likely to report that they were considering alternative living arrangements for the parents.

Slightly more than one-third of the respondents could name at least one problem in the living arrangement. In 90 percent of these cases, the problem was family-oriented; almost 10 percent had problems associated with housing, per se (usually crowding); the remainder reported financial problems.

When they were asked about advantages of the living arrangement, respondents usually reported at least one. The most common advantages were those which accrued to the family itself. For the respondents whose parents were in nursing homes, however, the advantages most often mentioned were the care the parent received.

Newman and associates attempted to measure "satisfaction with the present living arrangement" through response to a three-point satisfaction scale, ranging from "mostly satisfied" to "mostly dissatisfied," with "neither satisfied nor dissatisfied" falling between. Each adult child was asked to respond to this question personally, and for the parent. The findings indicated that the adult child tended to assess the two satisfaction levels identically.

The factors which seemed to be associated with the child's satisfaction included the age of the adult child, whether the parent helped with the housework, ability of the parent to participate in activities, the health status of the

parent, and the impact on family routines and activities and on strains and tensions of family members.

The factors associated with the parent's satisfaction (based on reports by the adult child) included: marital status of the parents, impact of the parent's presence on family routines and activities and on strains and tensions on family members.

Multiple regression analysis resulted in the following factors as predictors of the child's satisfaction: the child's age, whether the child's financial situation had worsened because of the living arrangement, crowding in the household, and the health of the parent. The most important predictor was the satisfaction of the parent.

The following factors were the best predictors of the satisfaction level of the parent: the child's age, crowding in the household, household size, effect of the parent on the financial situation, the child's income, the parent's age, and the ability of the parent to participate in activities. As was true in the prediction of the child's satisfaction, the reported satisfaction of the child was the most powerful predictor of the parent's satisfaction (Newman, 1976, p. 184).

The respondents who were housing their parents were more nearly sure they had made the best choice; the children of nursing home residents exhibited more ambivalence.

Both groups of adult children favored an adaptation in the policies of the federal government in order to permit some support to persons who care for their parents in their

own homes. Those adult children who spent large amounts of time in the care of their frail parents living with them were the most favorably disposed toward such a policy.

Finally, most adult children whose parents were living in a nursing home reported that they had considered at least one other alternative prior to placing the parent there. On the other hand, those individuals who were housing their parents were more likely to report that the only decision was over which child should take the parent.

SUMMARY OF THE RESEARCH ON MULTIGENERATION FAMILIES

Multigenerational families are not found frequently in contemporary Western society. Apparently, this is mostly due to the very high value placed on personal independence at all ages in the adult life cycle.

Most research leads to the conclusion that it is realistic to expect stress and strain in multigenerational family life. However, the benefits which can accrue to individuals may be considered adequate motivation to some families.

It is probably easier to meet the objective, physical needs of older people when they live in a family group. From the point of view of the aging person, one trades relative freedom to make decisions for some loss of independence and privacy. In return, there will be presence of immediate care in times of stress.

From a developmental point of view, it is well accepted that children who are moved from an institutional setting into one in which they receive constant "family-ing" thrive (Townsend, 1965, p. 175).

> If this is understood in the wider sense of the need to give as well as receive affection and to perform reciprocal services within a family, or quasi-family group, the same need may exist for individuals of all ages. (Townsend, 1965, p. 175).

While Townsend seems to leave open the composition of the "quasi-family group," Rosow (1967, p. 317) insists that the composition is important.

> Involvement with children and relationships with friends constitute two completely independent systems . . . friends are not functional equivalents of the family . . . whatever intergenerational supports may be built into a system for older people, this particular relationship cannot be duplicated nor can another effectively stand in its place. (Rosow, 1967, p. 317).

The literature suggests that the basic problem facing the multigenerational family in modern days is the lack of understandable roles for the oldest generation, and a lack of a definitive set of rules for the interactions between generations.

The abstract concept "role" is seen in family life through the behaviors of individuals and the interrelationships among family members. People express satisfactions and dissatisfactions with the "fit" between their conceptualization of a proper role, and the way they see an individual playing that role.

Chapter III

METHODOLOGY

INTRODUCTION

Chapters I and II identified the area of interest and reviewed the relevant research. It was shown that both the number and the proportion of multigenerational families in the United States is steadily decreasing, while, at the same time, the number and the proportion of aging individuals is rapidly increasing. Very little is known about the multigenerational families which do exist, including their assessment of the impact of their living arrangement on the various aspects of life.

This chapter will describe the sampling procedure, the resultant sample, the instrumentation, operationalization of the variables, the method of data collection, and the methods of data reduction and analysis, and limitations.

THE SAMPLING PROCEDURE

The data gathered in this study are not necessarily generalizable to a broader population since a purposive sample was used. To the extent that the characteristics of the sample in the present study correspond to the characteristics of other samples, the findings from this study would be applicable to the second sample.

The County

The sample was drawn from Mecosta County, Michigan, which is a rural area in west-central lower Michigan. The 1970 population, as reported by the Bureau of the Census, was 27,992. The same data indicated that 2,422 residents over 65 years of age lived in Mecosta County. That figure represents a 9.5 percent portion of the permanent residents of the county. Those figures indicate that the percentage of elderly residents in the Mecosta County population is somewhat larger than that for the State of Michigan as a whole, which is reported to have an 8.5 percent portion of persons 65 years of age and older. This difference is suggestive of the presence of a larger number of people faced with a decision regarding living arrangements in old age.

The Sources

During June, 1976, the researcher gathered names and addresses of multigenerational families known to be living in Mecosta County. Most fruitful sources of these names included ministers; postal service functionaries; long-time residents of the area; directors, staff, and participants in various programs for the aging; and the multigenerational families themselves.

The Criteria

In August and September, 1976, the researcher and a co-interviewer located each of the families in the potential sample. Three criteria determined eligibility for the study:

1. The presence of at least two generations of adults in the same household.
2. An earlier period of time during which those two generations of adults did not reside together, but maintained separate households.
3. The ability and willingness of both the Aging Individual and the Primary Care-Giver to respond to the items contained in the interview schedules.

Sample Reduction and Refinement

In all, 80 names and addresses had been collected. Table III-1 indicates the reasons for non-inclusion in the sample for those 42 with whom interviews were not conducted, as well as for the additional five families who were interviewed but not included in the final sample.

Seventeen of the names were found to be "false leads" in the sense that they were actually not multigeneration families under a single roof. In six of those 17 cases, the prospective AI lived in a mobile home immediately next to the home of the family. A seventh household consisted of a grandmother who was raising her school-aged granddaughter. This combination did not fit the rules for inclusion in the present case. In the remaining 10 of these families, there were apparently close relationships with aging relatives which led to the conclusion that they lived together.

A second large group (12 cases) was eliminated due to inability to schedule an appointment for the interview. It may be that a small number of these were actually refusals,

but at least nine of these twelve presented legitimate scheduling problems such as temporary illness or hospitalization of one potential respondent, or a vacation schedule of one or both respondents.

Table III-1

Basis For Sample Reduction and Refinement

Total of potential interviews not conducted			42
Not Multigenerational Families		17	
Not possible to schedule interview		12	
Seasonal consolidation only		3	
Never lived separately		3	
AI unable to respond		2	
Self-definition not appropriate		1	
In process of ending consolidation		1	
Refused interview		3	
		42	
Total of interviews conducted			38
Eliminated following interview		5	
PCG hired to care for AI	1		
AI not able to respond	2		
AI too young	1		
Oldest generation unidentified	1		
	5		
The final sample		33	
		38	
Total contacts made			80

Additionally, in three cases the consolidation was effected only in the winter seasons, a factor which would have introduced an uncontrolled variable in the present study.

Another three prospective families were eliminated because they had never lived separately. The "decision" aspects of this research precluded using those potential respondents. In two cases, the aging person was not able to respond to the questions. One family, although living under the same roof for 20 years, did not consider themselves to be a single unit and were, therefore, not interviewed. In one additional case, the family (which had been living in the grandmother's home) was in the process of moving on the day they were contacted.

Finally, a total of 3 of the 80 families contacted refused the interview. This refusal rate of 3.75 percent compares very favorably with the 15 percent rate reported by Newman of her telephone interview experiences (Newman, 1976).

A total of 38 family situations appeared to fit the requirements for inclusion in the sample for this study and were interviewed. In the early stages of analysis, five of those Multigenerational Families were eliminated for various reasons. In one case, the PCG (who was not a relative) had been hired specifically to care for the elderly person on a full-time basis. In two cases, it developed that the AI was unable to respond independently to the interview items. In a fourth case, the AI, who had no serious personal limitations, was 57 years old, which violated a rule for inclusion in the present study. Finally, in a case of a four-generation family, it was learned that

the two youngest generations were only temporarily a part of the family and would be moving upon completion of a home. The Aging Individual interview had been conducted with the person who was actually the long-term Primary Care-Giver of a still older person of whose presence the interviewers were unaware until well into the interviewing process.

In summary, of a total of 80 potential Multigenerational Families, 33 were selected to compose the sample for this study.

THE SAMPLE

The resultant sample consisted of:

1. Thirty-three (33) residents of Mecosta County, Michigan, each of whom was 65 years of age or older, and each of whom resided with a Family of Attachment. These respondents are known as the Aging Individuals in the present study; and
2. Thirty-three (33) residents of Mecosta County, Michigan, each of whom served as the Primary Care-Giver for one of the elderly persons described above, and as a representative spokesperson for the Family of Attachment. These respondents are known as the Primary Care-Givers in the present study.

The data gathered in interviews with these 66 persons were analyzed and are presented in Chapters IV and V.

THE INSTRUMENTATION

The data were gathered in structured interviews from the 66 participants. Most of the items in the interview schedule were developed for this study.

The Interview Schedules

Two forms of an interview schedule were developed to gather the data needed to respond to the three research objectives. (See copies of the Interview Schedules in Appendix A). Form A was administered to the Primary Care-Givers, and Form B to the Aging Individuals.

Clustering of interview items. The interview items can be described as falling into three clusters:

1. Those items which provided data on the demographic and situational variables.
2. Those items which provided data on the perceived alternative living arrangements.
3. Those items which contributed to the identification and measurement of Impact.

Table III-2 indicates into which cluster various items in each form of the interview schedule fall.

Table III-2

Clustering of Items From Interview Schedules

	Form A	Form B
Situational Variables	1-18; 20	1-15; 17
Alternative Living Arrangements	19, 21	16, 18
Impact Measurement	22-30	19-26

OPERATIONALIZATION OF VARIABLES

The Demographic and Situational Variables

Several demographic and situational variables were employed in this study. These variables and the rules which governed their interpretation are explicated below.

Sex. Both males and females appear as respondents in the present sample.

Blood-Marriage relationship. The relationship between the PCG and the AI was the focus of interest. Using the PCG as Ego, the AI was described as:

a. Mother
b. Mother-in-law
c. Father
d. Other

Age. The age in years of both the PCG and the AI were grouped in natural ranges, consisting of roughly equal proportions of the sample.

Marital Status. The marital status of the PCG was of primary importance. The following categories were formed:

a. Married
b. Divorced or separated
c. Widowed

Stage of family life cycle. Of interest was the stage of the family life cycle of the Family of Attachment. Two gross categories were used:

a. Expanding or Stable--those who were bearing and rearing children, and had not yet had children leave home at maturity.

b. Contracting families--those who had had at least one child leave home at maturity. Also included were families which had not borne any children, but were past a normal childbearing age, judged to be age 40 for the wife.

Employment status of PCG . The following categories were established to analyze the relationship between employment status of the PCG and the Impact Measures.

a. PCG employed full-time

b. PCG employed part-time

c. PCG unemployed

Length of time in present living arrangement. The length of time in the present living arrangement, as reported by the PCG respondents, was the measure. Responses were grouped into three roughly equivalent sized groups.

Distance between the households prior to the move. This variable was included as one measure of the extent of the adjustment. The following categories were formed:

a. Less than 25 miles

b. Both locations in Michigan

c. One location out of Michigan

Basis of the original decision. Each respondent indicated the factors surrounding the original decision to become a Multigenerational Family. Based on these responses, the decision was categorized as based on the needs of the AI, the PCG, or both.

The following categories were formed:

a. Basis as described by PCG
    1. Needs of AI only
    2. Needs of PCG only
    3. Needs of AI and PCG
b. Basis as described by AI
    1. Needs of AI only
    2. Needs of PCG only
    3. Needs of AI and PCG
c. Agreement on basis of decision
    1. Total agreement
    2. Partial agreement
    3. Total disagreement

Participation in the original decision. Patterns of response were consolidated to determine whether all adults in the potential Multigenerational Family at the time of consolidation participated in the decision. If so, it was considered a shared decision; if not, it was an unshared decision.

Income. Several measures of income were developed in order to test their relationships to the Impact Scores. These included:

a. Total money income

b. Per capita income

c. Percentage of income supplied by FOA vs. AI.

Hollingshead's Two-Factor Index of Social Position. To date, social scientists have not developed a single indicator of socio-economic status which is satisfactory in all cases. Recognizing the present impossibility of locating such a measure, an approximation was chosen. In the introduction to the Index, Hollingshead wrote:

> Occupation is presumed to reflect the skill and power individuals possess as they perform the many maintenance functions in the society. Education is believed to reflect not only knowledge, but also cultural tastes. (Hollingshead, 1957, p. 2).

By considering the occupation and education of only one household member designated "head of household," by providing a less-than-comprehensive set of rules for determining "head of household," and by failing to build in a mechanism to account for changing standards over time, the designer failed to produce an index as universally applicable and capable of prediction as might be desired.

Nevertheless, it is customary, and probably sound, to attempt to analyze the effects of socio-economic status on the dependent variables in research efforts. A set of rules was devised by which the respondents in the present study were assigned a social position:

1. The Index of Social Position was applied to the Family of Attachment only.
2. In keeping with tradition, occupation and educational level of the male were used, when an adult male was present in the Family of Attachment.
3. In the case of a conflict by generation, the occupation and education of the youngest adult (male, if present; otherwise female) were used as the basis for assigning socio-economic status.

In order to make the measure usable in several analytical models, and in varying degrees of precision, the following three categorizations were used:

a. Hollingshead's original five social classes.
b. Three social classes, based on roughly equivalent thirds of the present sample.
c. Ungrouped data from the present sample.

The Physical Competence Score. Among the independent variables studied was the physical competence of the Aging Individual. Two standardized scales were used to develop a single Physical Competence Score. (See pp. 1-3 of Form B of the Interview Schedule in Appendix A).

One of these scales, the ADL, had the purpose of assessing the extent to which the Aging Individual was able to care for personal, custodial needs. The second scale attended to the broader questions surrounding the interaction of the respondent with certain potentially troublesome aspects of the near environment.

The Index of Activities in Daily Living (ADL). The Index of ADL was developed and standardized at Benjamin Rose Hospital (Katz, et al., 1963, p. 914) and has since often been used to assess the overall performance of elderly persons. The six areas of function necessary for independence in day-to-day life include:

1. bathing
2. dressing
3. going to toilet
4. transfer
5. continence
6. feeding

Katz and his associates found complementary patterns of loss of function and of re-gaining of these functions in over 2,000 observations of 1,001 individuals, with bathing and dressing being the first functions lost and the last re-gained, and feeding and continence being the last functions lost and first re-gained.

Each of the Aging Individuals was rated either "independent" (2 points), or "dependent" (0 points) on each of the six ADL items. The total score ranged from zero (dependent on all items), to 12 (independent on all items).

The Physical Functioning Index (PF). A five-item set of questions provided more information on the functioning level of the Aging Individuals. The respondents were asked if they were able to:

1. walk up and down a flight of stairs
2. walk half a mile (about 8 ordinary blocks)
3. get to activities outside the home
4. do routine household chores
5. do harder work around the house

The possible responses for the AI were:

1. No -- not able to for any reason
2. Yes -- qualified (slowly, with effort)
3. Yes -- unqualified
4. Other answer

When used by Blenkner (Nielson, 1972, pp. 1-9), either a "Yes -- qualified" or a "Yes -- unqualified" answer was scored as positive, and the individual's Physical Functioning Score was a total of the positive responses given. Blenkner's sample, however, was drawn from a hospitalized population. To compensate for this difference, and to produce a score which differentiated physical functioning levels in the present sample, a "yes -- unqualified" response was given twice the weight of a "yes -- qualified" response. Thus, the total Physical Functioning Score ranged from zero (No -- not able to do it on all five items), to ten (Yes -- unqualified on all five items).

Combining the ADL and the PF. Working under the assumption that the ADL and the PF dealt with separate, but additive, aspects of the total functioning of the elderly respondents, the scores assigned to each of the two elements were combined to form a single indicator of Physical Competence.

The final Physical Competence Score ranged from zero (representing complete dependence on the personal custodial items and inability to perform any of the environment-oriented items) to 22 (representing complete independence on the personal custodial items and ability to perform each of the environment-oriented items).

While the two sets of items are considered additive, having them available as separate scales, each with its own score, provides the opportunity for assessing their separate as well as their combined effects on the Impact Measures.

Alternative living arrangements variables. Two items on each form provided information on the other living arrangements considered at the time of the original consolidation, and at the time of the interview.

Conceptual basis of the A.L.A. scores. The theory of Cognitive Dissonance as presented by Leon Festinger (Festinger, 1957), is employed as the conceptual orientation within which the alternatives are viewed. Cognitive Dissonance Theory holds that when an individual is confronted with a choice situation in which each of two or more alternatives exist (each with some favorable and some unfavorable qualities), the requirement is, in effect, to choose from among several "good" possibilities. Once the decision is made, the individual experiences an uneasiness representing the realization that he has had to forego the good qualities of the unchosen alternatives. Studies indicate that the more closely ranked

the alternatives are, the more of this cognitive dissonance is experienced. The less well-balanced the alternatives are, the less need there is for the individual to regret the loss of some alternatives. This cognitive dissonance is described as conflicting bits of information, attitudes, or beliefs held at the same time by the same person. The human being exhibits a strong tendency toward internal equilibrium by emphasizing the good qualities of the chosen alternative, and the bad qualities of the unchosen ones, and by de-emphasizing the bad qualities of the chosen and the good qualities of the unchosen alternatives.

A further aspect of dissonance theory requires consideration. Cognitive dissonance research has suggested that when one takes a particular course of action in the presence of no alternatives, the individual is not subject to cognitive dissonance.

The effect of the presence of alternative living arrangements on the Impact Measures was approached nine different ways:

A. Presence of alternatives at the time of the original decision.
    1. As perceived by the PCG
    2. As perceived by the AI
    3. As a joint score for the Multi-generational Family
B. Presence of alternatives at the time of the interview.
    4. As perceived by the PCG
    5. As perceived by the AI
    6. As a joint score for the Multi-generational Family

C. Change in assessment of presence of alternatives.

7. Derived from responses of the PCG

8. Derived from responses of the AI

9. As a net change score for the Multigenerational Family

Cognitive dissonance theory is used as an organizing model by means of which differences can be ordered, and through which explanations may be offered. The respondents did not specify levels of cognitive dissonance; rather, they were inferred from specific responses by the rules of the cognitive dissonance model in much the same way that social class was inferred in accordance with the rules of Hollingshead's model.

Presence of alternatives at the time of the original decision. Each respondent was asked what other living arrangements were considered at the time the families consolidated, and their responses were recorded. The respondents were not asked to indicate specifically which of the alternatives were most seriously considered. However, their comments provided sufficient evidence to enable the interviewer to make those distinctions. For both the PCG and the AI, the following numbers represent intensity of cognitive dissonance:

Rule:	Intensity
Presence of closely-ranked alternatives	2
Presence of differentially-ranked alternatives	1
No alternatives	0

In order to produce a joint score which would represent the intensity of the cognitive dissonance attributable to the living arrangement decision present in the Multigenerational Family at the time of consolidation, the intensity scores of the Aging Individual were added to those of the Family of Attachment. The availability of such a score made it possible not only to compare a given Multigenerational Family's score over time, but also to determine mean, mode, and median scores for all Multigenerational Families in the sample.

Presence of alternatives at the time of the interview. Both the PCG and the AI were asked what living arrangements they considered as possible alternatives at the time of the interview. "Qualified" answers were coded as differentially-ranked alternatives. Some responses were not hedged, and were considered closely-ranked alternatives. For both the PCG and the AI, intensity scores were assigned according to the same rules outlined above:

Rule:	Intensity
Closely-ranked alternatives	2
Differentially-ranked alternatives	1
No alternatives	0

Similarly, joint scores, composed of the intensity scores assigned to the Aging Individual and to the Family of Attachment, were developed.

Change in assessment of presence of alternatives. As an extension of the two separate assessments described above, it was important to look at the difference in perceived living

arrangement alternatives over time. Initially, it would seem that if at one of the two times a respondent had a score which differed by one point from the score assigned at the other time, one could immediately assess the change as being of the magnitude of "1" point. On further examination, however, it is obvious that the sequence in which the first two scores appeared is very important.

Table III-3 depicts the process used to arrive at a Cognitive Dissonance Change Score. The same pattern produced separate Cognitive Dissonance Change Scores for both the FOA and the AI. For example, if one moved from the condition of having "No Alternatives" at the time of the original decision, to having "Closely-ranked Alternatives" at the time of the interview, the situation had deteriorated in terms of cognitive dissonance. In the original case when no alternatives were present, there was no dissonance to be reduced. However, as alternatives were recognized, but not acted upon, dissonance appeared. Conversely, if one initially had closely-ranked alternatives, one had dissonance. If those alternatives disappeared and no others presented themselves, one has the case in which no dissonance is present, and, therefore, the situation has improved relative to the need to reduce dissonance.

A single indicator of the change in assessment of alternatives which described both the intensity of the change and its direction, was obtained by subtracting the Interview Assessment Intensity Score from the Original Assessment Intensity Score.

Table III-3

Construction of the Cognitive Dissonance Scores

Original Assessment	Interview Assessment	Original Assessment Minus Interview Assessment	Change Score
No alternatives	Closely-ranked alternatives	0 - 2	-2
No alternatives	Differentially-ranked alternatives	0 - 1	-1
Differentially-ranked alternatives	Closely-ranked alternatives	1 - 2	-1
Differentially-ranked alternatives	Differentially-ranked alternatives	1 - 2	0
No alternatives	No alternatives	0 - 0	0
Closely-ranked alternatives	Closely-ranked alternatives	0 - 0	0
Closely-ranked alternatives	Differentially-ranked alternatives	2 - 1	+1
Differentially-ranked alternatives	No alternative	1 - 0	+1
Closely-ranked alternatives	No alternatives	2 - 0	+2

Table III-3 indicates the Change Score assigned to each combination of responses. The sign of the Score (+ or -) indicates the direction of the change. "Plus" indicates that an improvement (presence of less cognitive dissonance) had occurred between the time of the original decision and the time of the interview. A "minus" (deterioration of the cognitive dissonance status) indicates that more alternatives and/or more seriously considered alternatives were present at the time of the interview than at the time of the original decision.

The intensity of the score was shown by the number (0,1,2) which represented, respectively, no dissonance, more dissonance, most dissonance. Thus, a "-2" indicated the greatest increase in dissonance, while a "+2" indicated the greatest decrease in dissonance. "Zero" represents, simply, "no change" in dissonance level, whether high, moderate, or non-existent.

Each FOA and each AI were assigned scores as outlined above, representing approaches 7 and 8 as shown on page 96. The final use to which the Alternative Living Arrangements Score was put, took the form of a net change score which represented the change in assessment of the presence of alternative living arrangements by the Multigenerational Family. Since the term "Multigenerational Family," as used in this study, means the Family of Attachment plus the Aging Individual, the Change Scores of the two were netted against each other to obtain the composite figure. The availability

of this figure allowed comparisons between Multigenerational Families and also provided for the generation of measures of central tendency.

The Impact Variables

A major concern of the present study was to ascertain the amount and kind of environmental impact of multigenerational family living on the individuals and families studied.

It was necessary to operationalize the abstract terms "environment" and "impact" into measurable, more concrete entities, and then to develop interview items which elicited appropriate data.

Environment. For purposes of this research, the environment is seen as comprising three interacting but identifiable subsystems:

1. the economic environment
2. the social environment
3. the psychologic environment

This breakdown assumes, first, that specificity is helpful to theoreticians, practitioners, and researchers alike. Knowledge of particular segments of living which are affected by multigenerational life might have consequences for family theory, and for education and counseling, as well as for further research efforts.

Secondly, this differentiation of the three subsystems assumes that rules can be developed whereby these three

categories can be made to subsume all the items which potentially could be part of the Multigenerational Family's environment. The rules devised for this research project are:

1. When the response indicates impact in terms of the use of a resource, per se, the impact is considered to be "economic."
2. When the response indicates impact in terms of relationships among individuals, matters relating to role development, or behavior, or situations affecting the group, the impact is considered to be "social".
3. When the respondent indicates impact in terms of personal knowledge, attitudes, values, behaviors, or stress, the impact is considered to be "psychologic."

In operationalizing "environment" one is responding to the query, "In what arenas of life would one be likely to see the effects of multigenerational living?" The answer provided here is that one can identify effects in the economic, social, and psychological arenas.

What remains is some notion of the "forms" impact could take. With this paradigm in hand, it is possible to construct interview items which identify the environmental arenas in which impact can be identified, and the forms in which impact might appear.

Impact. Impact, here seen as "effect on", was measured in three ways, with specific interview items developed to elicit data which could be analyzed relative

to the three environments described above; i.e., economic, social, and psychologic.

This component of the design responds to the question "What are the indicators of impact in the economic, social, or psychologic arenas? What appearance does 'impact' have?" The three indiators of impact studied here are:

1. environmental changes
2. perceived advantages and disadvantages
3. human services delivered

There were 28 dimensions of impact (20 environmental change, 2 advantages and disadvantages, 6 human services) each of which had economic, social, and psychologic attributes.

Environmental Change Items:

(1) Temperature of the house
(2) Space in the house
(3) Noise in the house
(4) Use of radio, phonograph, tapes, television
(5) Money
(6) Discipline of children
(7) Social life with non-family members in the house
(8) Social life with non-family members out of the house
(9) Private, intimate life
(10) Cleanliness
(11) Food
(12) Vacations

(13) Work done at home

(14) Furnishing and decorating the home

(15) Leisure time

(16) Time schedule

(17) Religious activities

(18) Civic activities

(19) Intellectual or educational activities

(20) Professional or occupational activities

As each of the twenty indicators was presented, the interviewer asked, "Has there been a change in _____?" If not, the next indicator was addressed. If a change was reported, the respondent was also asked to specify the type of change involved.

A researcher judgment was made as to the evaluation of the change by the respondent. This evaluation allowed for the possibility that the impact of these environmental changes could be viewed either positively or negatively in each case by the respondents. The literature suggests that environments should be sufficiently stimulating to challenge the individual but not so stimulating that the resultant coping demands too much. It is within this context that judgments were made.

Briefly, the following simple rules were applied to the data in order to assign a positive or negative evaluation to each of the environmental changes reported by the respondents:

1. If the change appeared to produce a balance between the demands of the environment and the resources of the organism, it was considered a positive change.
2. If the change appeared to produce an imbalance between the demands of the environment and the resources of the organism, it was considered a negative change.

Finally, on those dimensions for which a change was indicated, the respondent was asked to classify the change as "much," "some," or "little."

In assigning score points each of those characteristics of the change was a factor. The interviewer assigned each change, according to its nature, to one, two, or three of the categories outlined above as components of the environment; i.e., economic, social, or psychologic. Each "yes" response was modified by the intensity of the change (much, some, or little), which, in turn, was modified by its evaluation as either negative or positive. Thus, the tabulations were based on the following rules:

Score Points	Rule
1	Much change; negative evaluation
2	Some change; negative evaluation
3	Little change; negative evaluation
4	No change reported
5	Little change; positive evaluation
6	Some change; positive evaluation
7	Much change; positive evaluation

Perceived Advantages and Disadvantages Items. Each respondent was asked two open-end questions regarding the "advantages" and "disadvantages" of multigenerational family life, as it was presently being experienced. In order to compensate for the fact that some respondents were simply more verbal than others, a rule was developed which assigned score points based on the proportion of verbalized advantages to disadvantages. This rule was devised arbitrarily, based on the range of participant responses in the present study. Score points for this element were assigned as follows:

Score Points	Rule
1	3 (or over) more disadvantages than advantages
2	2 more disadvantages than advantages
3	1 more disadvantage than advantage
4	No difference in number verbalized
5	1 more advantage than disadvantage
6	2 more advantages than disadvantages
7	3 (or over) more advantages than disadvantages

In keeping with the intention of specifying type of impact, each verbalized advantage or disadvantage was categorized as economic, social, and psychological. The rules stated above were applied to each category separately, rather than to a gross count of all advantages and disadvantages. This resulted in a ratio for each of the three categories.

Human Services Delivered Items. The final set of items was designed to elicit information about exchange of human services between the Aging Individual and members of the Family of Attachment. As in the two instances just described, each item had economic, social, and psychologic consequences for the environment. The six items taken together constitute one indicator of impact--that which appears in the form of delivery of human services. The Aging Individual respondents were asked which of the tasks they performed for a member of the family. The PCG, presented the same items, was asked to indicate if each of the tasks was performed by a member of the family for the Aging Individual.

In the case of both Forms A and B, when a respondent indicated that a task was performed, the interviewer probed for an indication of the frequency of performance of the tasks. The six Human Services tasks were:

1. Physical care such as bathing, dressing, feeding.
2. Homemaking care such as special food preparation, cleaning, or laundry.
3. Medical care such as giving injections, exercising, or transporting to the doctor.
4. Intellectual care or educational care such as teaching a skill, taking to a class.
5. Social care such as having friends in, taking to a meeting.
6. Emotional care such as reassuring or just talking.

In assigning score points, each answer was weighted according to the following rules:

Score Points	Rule
1	Daily; frequently; often
2	Weekly; regularly
3	Occasionally; sometimes
4	Do not perform the task

THE METHOD OF DATA COLLECTION

Interviewer Training

In order to obtain simultaneous interviews with the AI and the PCG, a co-interviewer was hired and trained.

A total of three days prior to the first interviewing were spent in training and preparation sessions which were conducted by the researcher. The first day was spent on a general introduction to the particular study requirements--such as the criteria for inclusion in the sample. Also on that day, the Hollingshead Index was studied thoroughly, and many examples were worked out independently by the researcher and the interviewer to check for identical interpretation and coding. Finally, the mechanics of the interview situation itself were addressed. Under this topic, the matter of Identification letter and number, recording attempts at contact and notes for further contact, timing interviews, composition of interview packet materials, and familiarity with the maps of the area were given attention.

The entire second day was spent becoming familiar with the two forms of the interview schedule. An interviewer's guide for each form had been prepared by the researcher. These documents were used in conjunction with the forms to aid in understanding the intent of various items. Each interviewer was equally prepared to conduct either interview.

The final day's training was devoted to understanding and applying good interviewing techniques. In addition to techniques which apply to any helping interview situation, those which might be especially helpful when dealing with aging persons were stressed. Interviewer attitudes, such as being friendly, non-judgmental, perceptive, and firm, were discussed. The special problems associated with interviewing in the home, such as additional persons, inter-respondent communication, and the effect of the environment were explored. Finally, rehearsals in the form of role-playing completed the training sessions.

In addition to these pre-interview training sessions, several "built-in" techniques served as checks on accuracy and consistency.

1. Immediately following each interview, any uncertainties which had arisen in the course of the interview were clarified between interviewer and researcher.
2. At the end of a day's interviewing, the researcher collected all completed forms for that day for study over-night.

3. Each morning began with a review of the previous day's experiences, including interpretation of any responses which might have been unclear from the previous day's forms.
4. In one case the interviews were conducted in different locations, but with one immediately following the other. In this case, the researcher was able to judge unobtrusively the techniques of the interviewer.

Interview Methodology

The interviews which provided the data for this research were conducted during August and September, 1976.

A standardized procedure was followed in each case. If a child or an adolescent appeared at the door, the researcher asked for a parent or grandparent. When an adult appeared, the following introduction was repeated by the researcher as a printed calling card was handed to the potential respondent:

> "Hello. My name is _____ and this is _____. We are home economists who are interested in families. This summer we are talking with families in _____ County who have two generations of adults living in the same household. Are you one of those families?"

Upon an affirmative response, eligibility was established on the remaining criteria (an earlier time when they did not reside together, and the ability and willingness of the elderly person and "the person who would help if the older person needed help" to talk with us for a few minutes). In 16 of the

33 interviews used in the present analysis the interviews were conducted immediately. Four additional interviews were conducted later in the same day. The remaining 13 required from 1 to 5 additional efforts before the interviews were scheduled and completed.

Immediately on agreement to the interviews, the researcher explained that she would interview the Primary Care-Giver while the co-interviewer talked with the Aging Individual. The two teams then went to separate sections of the home for the interviews. In every case, different rooms of the house were used, and in most cases the ones used did not immediately adjoin each other. It is quite unlikely that responses were affected by the proximity of concurrent interviews.

In the interest of informality which was felt to be helpful in these situations, it was decided not to use a formal signal to indicate completion of an interview. Instead, each interview was concluded by individual interviewers with a casual question about other families which might fit the requirements. From that followed sufficient conversation to easily bridge any time gap. In the typical case, there was ten minutes or less difference in interview times, which averaged approximately 60 minutes.

METHODS OF DATA REDUCTION AND ANALYSIS

Introduction

Both descriptive and inferential statistics were used to analyze the data. The descriptive statistics were primarily

percentages and were used to describe the characteristics of the sample, and to identify the types and extent of Impact as reported by the respondents. This latter information provided the response to the first research objective.

Factor analysis yielded Impact Measures which were used as the dependent variables in stepwise regression analysis procedures designed to provide information relative to the second and third research objectives.

All information gathered during the interview procedure was encoded to numerical codes and recorded on computer coding forms by the researcher who also supervised accuracy checks. Following the punching of the codes on computer cards, a second check on accuracy was performed. The cards containing the scores for the 22 Impact Measures were computer-punched.

All analyses were implemented on the IBM 370-145 computer at the Ferris State College Computing Center.

Description of the Sample

The sample was described in terms of frequencies and percentages vis-a-vis the several demographic and situational variables described on pages 87ff. A simple computer program for questionnaire analysis, written by Sidney Sytsma at Ferris State College, SPS 15, was used for this tabulation.

Research Objective #1

The first research objective called for the identification of the type and extent of Impact, as reported by the

respondents. The 162 individual items included in the interview schedule had the purpose of satisfying this objective. It is possible to describe the direction (positive or negative) and the extent (on a scale from 1 to 7) of Impact experienced by the FOA and the AI, separately, from an analysis of the responses to these 162 items. (Appendix B contains the raw data on responses for each of these items, and in Chapter V (pages 145-156) the items are grouped into six major categories by amount and type of Impact indicated by the respondents). Frequency counts and percentages are used to describe these data, and were obtained by use of the SPS 15 computer program.

Research Objectives #2 and #3

The results obtained in gathering information about the extent and type of Impact experienced by members of Multigenerational Families indicated the presence of items with zero variance. These items make no discriminative contribution in the computation of Impact. Further, scanning the inter-item correlation matrix formed from the items, it became apparent that within some major categories there was a high number of negative correlations. These factors suggested the careful elimination of some items, leaving those which had variance and which were positively related to each other.

Factor Analysis. Kerlinger (1964, p. 650) defines factor analysis as "a method for determining the number and nature of the underlying variables among large numbers of

measures." The importance of factor analysis in the present case is that it serves the cause of scientific parsimony. Factor analysis provides a technique for limiting the number of variables with which an analysis must contend. It is generally agreed that if two (or more) items measure the same thing, their scores can be added and studied together. This should not be done if the measures are not testing the same thing. Factor analysis uses coefficients of correlation between each item and every other item arrayed as a matrix from which clusters of items with high correlations may be identified. These items which exhibit high correlations may be said to compose a cluster, and may be analyzed as a single item.

Each of the original three categories (Economic, Social, and Psychological for both the FOA and the AI) contained 27 items. Factor Analysis was used as a scanning technique to choose those items which were highly correlated with each other. High correlations would indicate that the items were tending to measure the same thing. This would support the combining of those items to form a single cluster.

Six clusters were formed through that procedure. Factor analysis of the FOA Economic items indicated a single cluster, containing 19 items. The same result was obtained with a Factor Analysis of the AI Economic items.

Factor Analysis of the FOA Social items indicated the presence of two distinct Social Impact Clusters, one dealing with relationships outside the home, the other with relationships

within the home. When the AI Social items were factor analyzed, however, a single cluster, consisting of two items, was formed.

One cluster, consisting of 22 Psychological items, was identified for the FOA. However, in the case of the AI responses, the few Psychological items which had meaningful response variation were so weakly related that no cluster could be identified.

Clusters were formed from the identified items and the reliability of each cluster was estimated by Hoyt's Analysis of Variance technique (Hoyt, 1941). The purpose of such an internal consistency measurement is the determination of the percentage of variance in the distribution of scores which can be considered "true variance." True variance can be described as that variance which is not due to the unreliability of the instrument itself, but reflects the actual variation among the scores.

Hoyt's technique produces results identical to those which would be obtained from the use of an earlier procedure referred to as the "Kuder-Richardson 20" formulation (Kuder and Richardson, 1937). Both tests rely on the use of all possible split-halves in order to reduce the possibility of mis-evaluations due to the chance selection of a biased division of the items.

The reliability coefficients obtained on the clusters ranged from .61 to .76. (See Table III-4).

Table III-4

Reliability Coefficients For Five Clusters

Cluster Name	Coefficient
Economic - FOA	.75
Economic - AI	.65
Social - In - FOA	.76
Social - Out - FOA	.61
Psychological - FOA	.73

Note that no reliability coefficient was produced for the Social - AI cluster since only two items comprise it.

Impact Cluster #1 - FOA Economic

Table III-5 presents the individual items which compose the FOA Economic Impact Cluster.

Table III-5

Items Composing the FOA Economic Impact Cluster

Item #	Item Name	Item #	Item Name
34	Vacations	19	Social - In
58	Professional/ Occupational	70	Medical Care
43	Leisure	55	Intellectual/ Educational
61	Advantages/ Disadvantages	4	Space
46	Schedule	37	Work in the home
28	Cleanliness	22	Social - Out
25	Privacy	13	Money
64	Physical Care	73	Intellectual care
1	Temperature	10	Radio/TV
67	Homemaking Care		

A measure of the reliability of the Cluster as computed by Hoyt's procedure was .75.

Impact Cluster #2 - AI Economic

Nineteen items are included in the Economic Cluster for the Aging Individuals. Those items are presented in Table III-6.

Table III-6

Items Composing the AI Economic Impact Cluster

Item #	Item Name	Item #	Item Name
145	Physical Care	148	Homemaking Care
94	Money	142	Advantages/ Disadvantages
154	Intellectual Care	151	Medical Care
124	Leisure	115	Vacations
112	Food	160	Emotional Care
109	Cleanliness	82	Temperature
121	Furnishing/ Decorating	118	Work in the home
91	Radio/TV	139	Professional/ Occupational
85	Space	127	Schedule
88	Noise		

The reliability of Impact Cluster #2 - AI Economic, as measured by Hoyt's technique was .65.

Impact Cluster #3 - FOA Social - In

Instead of one Social Cluster for the FOA, two distinct sets of items emerged in the Factor Analysis. One was clearly comprised of items which concentrated on social relationships within the home and family; the second contained items which concerned the social relationships of family members outside the home.

The items which make up the cluster called FOA Social - In are 6 in number and are presented in Table III-7.

Table III-7

Items Composing the FOA Social - In Cluster

Item #	Item Name	Item #	Item Name
3	Discipline	17	Leisure
8	Social - In	20	Radio/TV
11	Noise	44	Temperature

The test for internal consistency yielded a reliability coefficient of .76 for this cluster.

Impact Cluster #4 - FOA Social - Out

Table III-8 indicates the items which compose the fourth cluster. They seem to form a group centering on social matters outside the home.

Table III-8

Items Composing the FOA Social - Out Cluster

Item #	Item Name	Item #	Item Name
59	Professional/ Occupational	23	Social - Out
35	Vacations	50	Religion
53	Civic		

When Hoyt's test for internal consistency was applied to this cluster, a coefficient of .61 was obtained.

Impact Cluster #5 - AI Social

Analysis of the items with a social orientation in the data gathered from Aging Individuals did not have the result of developing two independent clusters as was the case for the Families of Attachment. Instead, a very small factor consisting of the two items, "Social-In" and "Social-Out" seemed to have integrity. Those two items, in fact, clung together in two separate factors, always with the highest factor loadings. In each of those two factors, any other contending items had so little variation in responses that they were of doubtful importance.

When the relationship of the Social-In and Social-Out items is checked on a correlation matrix, it is found to be .84 among the highest relationships found.

Due to the presence of only two items, no Hoyt's internal consistency test was performed on this cluster.

Impact Cluster #6 - FOA Psychological

When Factor Analysis was performed on the Psychological Impact items in the case of the Aging Individuals, no defensible factors were found. Two major conditions contributed to this situation. First, the very low correlations found between the item responses indicates that the items were not measuring the same thing. Further, a great number of the items had only minimal variation among scores. When items with low correlations and those with little variation were eliminated, no clusters were viable.

A different picture emerged, however, when the items with Psychological Impact for the Families of Attachment were Factor Analyzed. One relatively strong cluster consisting of 22 items was formed. Table III-9 lists the items making up that cluster.

Hoyt's estimation of the internal consistency of the FOA Psychological Cluster was .73.

Table III-9

Items Composing the FOA Psychological Cluster

Item #	Item Name	Item #	Item Name
45	Leisure	15	Money
27	Privacy	66	Physical Care
12	Radio/TV	81	Emotional Care
51	Religion	3	Temperature
21	Social - In	54	Civic
75	Intellectual Care	63	Advantages/ Disadvantages
18	Discipline	60	Professional/ Occupational
39	Work in the home	24	Social - Out
48	Schedule	33	Food
36	Vacations	9	Noise
6	Space	42	Furnishing/ Decorating

These clusters were analyzed in response to Research Objectives #2 and #3. The findings are presented in Chapter V.

Stepwise Regression Analysis. A regression analysis studies the relationship between a dependent variable and one or more independent variables. In this linear model, the

dependent variable(s) are to be predicted from the independent variables.

Stepwise regression analysis is a variant of multiple regression analysis which employs the following prediction equation:

$$Y_e = b_1X_1 + b_2X_2 + b_3X_3 \ . \ . \ . + a + R$$

The aim is to choose beta coefficients which will produce the smallest possible R (error or residual). The major difference introduced by the "stepwise" variation, is that the independent variables which are introduced into the equation are ordered precisely so that the greatest amount of explanation can be accomplished with the smallest number of independent variables.

This method is particularly useful in developing a set of predictor variables and especially in cases such as the present one, in which the effectiveness of the independent variables is not known.

The R^2, or coefficient of determination, is an expression of the closeness of the association between the dependent variable and the set of independent variables. In the tables included in Chapter V (pages 160-185), the R^2 values are interpreted to mean the variation in Y associated with or explained by knowledge of a set of X variables.

For this study, BMDP program P2R, revised July 17, 1970, and available through the Health Sciences Computing Facility of UCLA, was used. This program computes the

multiple linear regression in a stepwise manner. In the Regression analysis presentation in Chapter V, for each dependent variable the set of five independent variables which together best predict the dependent variable will be included.

LIMITATIONS OF THE STUDY

The present study has all the strengths and weaknesses of an exploratory study, in conjunction with the strengths and weaknesses of a study based on perceptions of the respondents.

Sample. There is no evidence that the sample was not representative of the population of Mecosta County, or that it differed significantly from national samples which have been used in other studies of multigenerational families. However, farmers and professors were probably disproportionately represented in this sample. If occupation is a salient characteristic in regard to multigenerational family life (and there is no particular evidence here that it is), then these data should not be generalized to other groups.

It is also true that the sample did not contain members of minority ethnic groups. It is likely that both the incidence and the expectations associated with multigenerational family life differs among certain ethnic groups.

Respondents. While it is a strength of this study that data were gathered from both the Aging Individual and

the Primary Care-Giver, it is possibly a weakness that data were not gathered from other members of the Family of Attachment as well. Not unexpectedly, the PCG respondents found it easier to indicate changes experienced by them personally, and services delivered by themselves than to indicate the same things for other members of the family. Conceivably, then, only (or mainly) one portion of the kin family network was depicted in the responses. An even more elaborate design would include information gathered from other members of the extended family, such as other adult children of the AI, regarding their relationships with the AI and the FOA.

Methodology. The data used in the present study were based on the perceptions of the respondents (no objective measurements were made). This information, of course, is legitimate, but it is essential to understand that it is a study of the perceptions of the respondents. Another approach to the investigation of the Impact of multigenerational family life would include the gathering of data on observed behaviors of members of such families. To the extent that observed behaviors can be considered typical, another indicator of Impact would be available.

Statistical measures. The major statistical model used in analyzing the data was stepwise multiple regression analysis. A decision was made to include the first five independent variables entered into the regression equation for

each of the dependent variables. As long as the overall F-statistic reached 3.08 (significance at the .05 level), the entire set of five was considered. Since each of the five included independent variables explains less of the variation in the dependent variable than any variable entered prior to it in a given regression some of the variables included may have been adding very little explanatory power to the set. Due to the exploratory nature of this study, it was preferable to include marginal variables rather than to exclude those which had some explanatory power. This procedure tends to exaggerate further the tendency of regression analysis to predict associations of marginal significance. Later studies, characterized by random samples and hypotheses to be tested, should use more discriminating criteria; however, the purposes of the present study were well-served by the procedures used.

CHAPTER IV

THE DESCRIPTION OF THE SAMPLE

A major purpose for describing the present sample explicitly, is that such a description will allow comparisons of this sample with others. To the extent that any other sample is similar to the present one, the findings may also be applicable to the second one.

The chapter is organized around three major sections: Characteristics of the respondents; Characteristics of the Family of Attachment; and Characteristics of the Multigenerational Family.

Characteristics of the Respondents

A summary of the personal characteristics of the AI and the PCG respondents in this study is provided in Table IV-1.

Sex of the Aging Individual. The census data presented in Chapter I and the research reviewed in Chapter II indicate that considerably more aging females than males are found living with their children. As shown in Table IV-1, the sample used in the present study had the expected female/male disparity. Of the 33 Aging Individuals included in the

Table IV-1

Characteristics of the Sample

Aging Individuals			Primary Care-Givers		
Characteristic	No.	Percent	Characteristic	No.	Percent
Sex of AI			Sex of PCG		
Male	6	18	Male	2	6
Female	27	82	Female	31	94
Total	33	100	Total	33	100
Age of AI			Age of PCG		
65-74 years	10	30	23-39 years	13	39
75-84 years	12	36	40-52 years	10	30
85-96 years	11	33	53-66 years	10	30
Total	33	99	Total	33	99

Table IV-1 (continued)

Aging Individuals			Primary Care-Givers		
Characteristic	No.	Percent	Characteristic	No.	Percent
Marital Status of AI			Marital Status of PCG		
Married	2	6	Married	20	61
Widowed	31	94	Divorced or separated	9	27
Total	33	100	Widowed	4	12
			Total	33	100
Employment Status of AI			Employment Status of PCG		
Full-time	0	0	Full-time	13	39
Part-time	1	3	Part-time	7	21
Unemployed	32	97	Unemployed	13	39
Total	33	100	Total	33	99

Table IV-1 (continued)

Aging Individuals			Primary Care-Givers		
Characteristic	No.	Percent	Characteristic	No.	Percent
Physical Competence Scores of AI*					
1-9	6	18			
10-13	12	36			
14-16	15	45			
Total	33	99			
Activities in Daily Living Score*					
2	2	6			
4	1	3			
5	7	21			
6	23	70			
Total	33	100			
Physical Functioning Score*					
1-3	4	12			
4-5	10	30			
7-8	9	27			
9-10	10	30			
Total	33	99			

* High numerical scores are indicative of greater physical competence.

sample, 6 (18 percent) were male, and the remaining 82 percent (27 individuals) were female.

Sex of the Primary Care-Giver. In 31 of the 33 cases interviewed, the Primary Care-Giver was female. In the two cases in which there were male care-givers, aging mothers were cared for by their divorced sons. In every case in which there was a female present in the home, that female was the primary source of care for the Aging Individual, regardless of the blood/marriage relationship between the two of them. In no case was there any difficulty in assigning the role of Primary Care-Giver to a specific individual.

Age of the Aging Individual. The older family members ranged in age from 65 to 96 years. For purposes of analysis, the group of 33 was divided into three approximately even age groups. The youngest group (aged 65 to 74) consisted of 10 individuals, or 30 percent of the entire sample of Aging Individuals. The second group (aged 75 to 84) constituted 36 percent of the sample (12 individuals). Finally, 11 persons (33 percent) were in the oldest category which ranged from 85 to 96 years.

Age of the Primary Care-Giver. The primary care-givers represented virtually every stage of the adult life cycle. The youngest respondent was 23 and in an early stage of family life. The oldest care-giver, at 66, was retired

from an active life and was contemplating her own advanced age and that of her 73-year-old husband. Each member of this sub-sample was assigned to one of three age categories. The youngest age cohort consisted of 13 care-givers who ranged in age from 23 to 39. These individuals (making up 39 percent of the sample of Primary Care-Givers) were those who were still in the child-bearing years and had children living in the home. The second group (those from age 40 to 52) still often had children living in the home, but were probably past the child-bearing stage. There were 10 individuals who fell into this age category.

An equal number (10) of the care-givers ranged in age from 53 to 66. This 30 percent of the sub-sample were more likely to be experiencing the "empty nest" phenomena which accompany this stage of the family life cycle. In summary, the sample contains roughly equal numbers of care-givers in each of three age groups.

Marital Status of Primary Care-Givers. There is some support in the literature (page 66) for the notion that more disharmony is to be expected in multigeneration families when there are in-law relationships with which to deal. Since there was a systematic elimination of cases characterized by adult children who had never left their parental home, the absence of in-law relationships could occur in the present sample only in cases in which the adult child was unmarried.

In 20 of the 33 cases, for a total of 61 percent, the adult child care-giver was married and living with spouse present. However, the additional 13 (39 percent) care-givers were either divorced or widowed. Of those 13, 9 were divorced. The remaining 4, or 12 percent, of the adult children were widowed. The sample contained representative numbers of cases in which child-in-law relationships were present, and others in which they were absent.

Marital Status of Aging Individuals. In two cases in which divorced daughters lived in the parental home, both parents were living. In the remaining 31 cases, or 94 percent of the sample, the AI was widowed.

Employment Status of the Primary Care-Givers. The sample contained care-givers who were employed full-time, those who worked part-time, and those who were unemployed. A total of 61 percent (20 individuals) were employed either full- or part-time. Of these 20, 13 were employed full-time at the time of the interview, and the additional care-givers worked part-time. The remaining 13 (39 percent) were not employed for pay outside the home at the time interviews were conducted.

Employment Status of the Aging Individuals. One AI respondent was employed part-time as a bookkeeper in the office of her son's business. The remaining 32 AI respondents were not employed for pay outside the home at the time of the interviews.

Physical Competency Scores of the Aging Individuals. As described earlier (see pages 91 - 94), the physical competence of the Aging Individual respondents was determined through the use of two standardized instruments, the Activities in Daily Living Scale and the Physical Functioning Scale. For the purposes of this research, the two were used separately, and were also summed to arrive at an overall Physical Competence Score.

As a total, Physical Competence was expressed as a score ranging between 0 and 16, with 0 indicating very low physical competence and 16 indicating very high physical competence. The mean score received by the 33 Aging Individual respondents was 11.9.

When divided into three natural groups, it was seen that the AI respondents were relatively healthy and independent. A total of 15 of the 33 older persons interviewed had Physical Competence Scores ranging between 14 and 16. This number represented 45 percent of the total sample. An additional 36 percent (12 persons) had mid-range scores between 10 and 13. The group having Physical Competence Scores between 1 and 9 numbered only 6, comprising 18 percent of the sample of Aging Individuals.

The Activities in Daily Living Score. One component of the Physical Competence Score was a set of items making up the ADL Score. The majority of the 33 respondents had very high scores. In fact, 23 (70 percent) had a score of 6, which was the highest possible score on this sub-scale.

Another seven individuals had scores of 5, bringing to 91 percent the proportion of the sample having scores of 5 or 6. One respondent had a score of 4, and the remaining two Aging Individuals had scores of 2. The mean ADL score was 5.5.

The Physical Functioning Score. The possible scores on the Physical Functioning scale ranged from 0 to 10. The respondents received scores from 1 to 10, with the mean score being 6.45.

Of the 33 respondents, 10 (30 percent) had scores of either 9 or 10, indicating a high level of physical functioning. Another nine Aging Individuals had scores of 7 or 8, making up an additional 27 percnet. Therefore, 57 percent of the respondents had PFI scores of 7 and above. The remaining 14 persons' scores ranged between 1 and 5. This 42 percent of the sample were those who needed the greatest amount of support in dealing with the environment.

Characteristics of the FOA

Table IV-2 summarizes the numerical data presented in the following paragraphs.

Stage of the Family Life Cycle. The "family life cycle" concept, frought with difficulties though it is, can be helpful in describing somewhat predictable experiences from family to family. For the purposes of this study, families (exclusive of any consideration of the aging person) were divided into two rough "stages". The first consisted of 15 families (or 45 percent of the sample) which were still

expanding through births of children, or which were steady--had not had any children leave home at maturity. The remaining 18 families (55 percent) either had already begun losing mature children, or had not had children but were past the normal child-bearing age.

Table IV-2

Characteristics of the FOA

Characteristic		No.	Percent
Stage of the Family Life Cycle			
Expanding or steady		15	45
Contracting		18	55
Total		33	100
Social Class Membership			
Social Class	Range of Computed Scores		
I	11-17	7	21
II	18-27	3	9
III	28-43	10	30
IV	44-60	5	15
V	61-77	8	24
Total		33	99

Hollingshead Two-Factor Index of Social Position. The Hollingshead scores had a possible range between 11 and 77. Actually, the individuals in this study did range between 11 and 77, with a mean socio-economic score of 38.64.

Hollingshead (1957, p. 10) suggested a set of breaks providing for five social classes. Table IV-2 groups the respondents in the present study according to Hollingshead's suggestion. It is readily apparent that the greatest number of respondents fell into the third, or middle, social class, which is also where the mean score is found. In fact, a roughly bell-shaped curve is developed by this distribution.

Characteristics of the Multigeneration Families

Table IV-3 includes the data described in this section on the multigeneration families.

Blood/Marriage Relationship. For purposes of data gathering and analysis, the relationship of the AI to the family was described vis-a-vis the PCG. In 20 of the 33 cases (61 percent), the Aging Individual was the mother of the Primary Care-Giver. An additional 4 (12 percent) were mothers-in-law. In six cases (the entire portion of the sample of male Aging Individuals), the older person was the father of the Primary Care-Giver. There were no cases in which the father-in-law of the PCG was living with the family. While it seems unusual that no cases were found, the absence can not be considered to be in contradiction with other findings. It was noted earlier (page 36) that older parents are far more likely to rely on their daughters than their sons for support of all kinds, including, but not limited to, multi-generational living arrangements. Further, it is clear that (especially because of the greater life expectancy of women

and their inability to remarry) more women are in need of help due to the normal dependencies of aging. Finally, the literature indicates that old men have less contact, generally, with their grown children than do older women. This difference extends to multigenerational living arrangements. It may also be that men are less willing to rely on daughters-in-law than daughters for their personal care. Since the care-giver is almost always a female, this combination of factors effectively eliminates the occurrence of multigeneration households in which the PCG is the daughter-in-law of the AI.

The remaining three blood/marriage relationships (9 percent) were classified as "Other", and included one case in which the AI was the mother-in-law from a previous marriage of the PCG; one case in which the care-giver was the step-granddaughter-in-law; and a final one in which a young divorced woman cared for her maternal grandmother.

Total Income. By summing the income reported by the Primary Care-Giver for the Family of Attachment and that reported by the Aging Individual, it was possible to arrive at a total income for the Multigenerational Family. The total income ranged from a low of $4500 to a high of $29,000. The mean income for the sample of 33 Multigenerational Families was $15,575. These figures are estimates since the categories used as responses represented ranges. To reduce the ranges to dollars, the mid-point of each range was chosen.

Table IV-3

Characteristics of the Multigeneration Families

Characteristic	No.	Percent
Blood/Marriage Relationship		
Mother	20	61
Mother-in-law	4	12
Father	6	18
Other	3	9
Total	33	100
Total Income		
$ 4,500 - $10,000	12	36
10,001 - 18,999	13	39
19,000 - 29,000	8	24
Total	33	99
Per Capita Income		
$ 900 - $ 2,500	10	30
2,501 - 5,000	11	33
5,001 - 9,666	12	36
Total	33	99
Percent of Income Contributed by FOA		
100 - 90%	11	33
89 - 80%	12	36
79 - 60%	10	30
Total	33	99
Time in Present Living Arrangement		
1 - 3 years	10	30
4 - 10 years	12	36
11 - 27 years	11	33
Total	33	99

Table IV-3 (continued)

Characteristic	No.	Percent
Distance Between Households Prior to the Consolidation		
Within 25 miles	13	39
Other in-state location	10	30
Out-of-state location	10	30
Total	33	99

For purposes of analysis, three income groupings were established. The group including the lowest income families (from $4,500 to $10,000) numbered 12, and comprised 36 percent of the sample. The middle group, which included 13 families, ranged from $10,001 to $18,999 and made up 39 percent of the sample. The remaining 8 families (24 percent) had incomes ranging from $19,000 to $29,000.

Per Capita Income. Since the total Multigeneration Family size ranged from 2 members to 11 members, per capita income may provide meaningful information in addition to that provided by total income. (There were a total of 148 Multigeneration Family members, for an average of 4.48 members per family). The per capita income for the 33 Multigenerational Families ranged from $900 to $9,666. Again, three groups, approximately equal in size, were formed. The 10 families (30 percent of the sample) in the lowest per capita income group had incomes ranging from $900 to $2500

per person. The middle group, consisting of 11 families, or 33 percent of the sample, had per capita incomes between $2501 and $5000 annually. The remaining 36 percent (12 families) reported per capita incomes of $5001 to $9666. The mean per capita income for this sample of families was $4,218.

Percent of Total Income Contributed by Family of Attachment. Assuming income reported by the Primary Care-Giver and by the Aging Individual to be "Total Income," it was of interest to determine the proportions of that total income contributed by the Family of Attachment and that contributed by the Aging Individual. Reporting those percentages from the point of view of the Family of Attachment, the range extended from 100 percent of the total income down to 60 percent, with a mean of 80 percent. The formation of equal-size groups allowed for analysis. Eleven families were included in the group characterized by contributions from the Family of Attachment ranging between 90 and 100 percent of total income. Thirty-six percent of the families (12 in number) contributed between 80 and 89 percent. The final group of families, 10, contributing between 60 and 79 percent of the total income, made up the remaining 30 percent of the sample.

Time in Present Living Arrangement. The length of time spent as a Multigeneration Family at the time of data collection is a possible predictor of responses to the items.

The range of time spent in present living arrangement varied from 1 year to 27 years. The mean time spent living together was 8.8 years.

A total of 10 families had lived multigenerationally between 1 and 3 years at the time of the interviews, representing 30 percent of the sample. An additional 12 cases, or 36 percent, had already spent between 4 and 10 years as a multigenerational family. In the remaining 11 cases, from 11 to 27 years had passed since the original decision to consolidate had been made.

Distance between the Households prior to the Consolidation. These data were gathered as a measure of required adjustment to novelty or change. As can be readily observed from Table IV-3, the sample can be rather evenly divided among the three categories. The largest number of families (13, or 39 percent) reported that they had lived within 25 miles of each other before the consolidation took place. For equal proportions of the sample, the move required a somewhat more drastic change. Ten families moved from other parts of Michigan, and the same number moved from other states. In most cases, the AI was brought to Mecosta County to live with the FOA. In one case, the FOA moved from out of Michigan; and in two additional instances, the consolidation occurred simultaneously with a move of the FOA into Mecosta County.

CHAPTER V

THE FINDINGS

The findings are presented in three major divisions in this chapter: those relative to Research Objective #1; those relative to the second and third objectives; and, those regarding the characteristics of the decision to consolidate.

RESEARCH OBJECTIVE #1

The first research objective was:

1. To identify the types and extent of Impact of multigenerational family life on the Aging Individual and on the Family of Attachment, as perceived by the Aging Individual and by a spokesperson for the Family of Attachment.

The Individual Items

The data relevant to this research objective are contained in Tables V-1, V-2, and V-3. A mean of 4 indicates that multigenerational family life had had no impact on the issue. Similarly, any mean below 4 indicated a negative impact and any mean above 4, a positive impact on the respondent. For the sake of clarity in the following discussion, the term "Items with only negative impact" is used to indicate items whose only non-4 (non-neutral) scores were negative. Similarly, "Items with only positive impact" and "Items with some positive impact" indicate those whose scores were between 5 and 7.

Table V-1

Mean Impact Scores on Economic Items For FOA and AI

Factor	FOA Item No.	FOA Mean	FOA S.D.	AI Item No.	AI Mean	AI S.D.
Temperature	1	3.55	.94	82	3.88	.48
Space	4	3.76	1.52	85	3.85	1.92
Noise	7	4.00	0.00	88	3.91	1.21
Radio/TV	10	3.88	1.29	91	4.24	.79
Money	13	4.06	1.22	94	4.88	1.62
Discipline	16	3.91	.52	97	4.00	0.00
Social/In	19	3.85	.62	100	4.00	0.00
Social/Out	22	3.94	.35	103	4.00	0.00
Privacy	25	3.79	.70	106	4.00	0.00
Cleanliness	28	3.97	1.29	109	4.06	1.39
Food	31	4.42	1.35	112	5.21	1.67
Vacations	34	3.76	1.20	115	4.00	.50
Work at home	37	3.88	.82	118	3.94	.79
Furnishing/Decorating	40	3.97	1.05	121	4.79	1.52
Leisure	43	3.73	1.01	124	4.61	1.14
Schedule	46	3.61	1.17	127	4.09	.72
Religion	49	4.00	0.00	130	4.00	0.00
Civic	52	4.00	0.00	133	4.00	0.00
Intellectual	55	4.09	.52	136	4.00	0.00
Professional/Occ.	58	3.91	1.40	139	3.94	.35
Advantages/Disad.	61	5.18	1.45	142	4.85	.94
Physical Care	64	3.09	1.13	145	3.82	.64
Homemaking Care	67	3.27	1.13	148	1.73	1.10
Medical Care	70	3.18	1.13	151	3.91	.29
Intellectual Care	73	3.64	.93	154	3.48	.71
Social Care	76	4.00	0.00	157	4.00	0.00
Emotional Care	79	4.00	0.00	160	3.97	.17

Table V-2

Mean Impact Scores on Social Items For FOA and AI

Factor	FOA Item No.	FOA Mean	FOA S.D.	AI Item No.	AI Mean	AI S.D.
Temperature	2	3.91	.52	83	4.00	0.00
Space	5	3.39	1.37	86	3.79	.70
Noise	8	3.55	1.03	89	3.82	.64
Radio/TV	11	3.64	1.27	92	3.76	.66
Money	14	4.00	0.00	95	3.94	.35
Discipline	17	3.33	1.22	98	3.94	.35
Social/In	20	3.30	1.45	101	3.45	1.13
Social/Out	23	3.73	1.74	104	3.36	1.25
Privacy	26	3.67	.82	107	4.00	0.00
Cleanliness	29	3.91	.52	110	4.00	0.00
Food	32	3.97	.64	113	4.00	0.00
Vacations	35	3.45	1.00	116	4.00	0.00
Work at home	38	4.00	0.00	119	4.00	0.00
Furnish/Decorate	41	3.94	.35	122	4.15	.51
Leisure	44	3.82	1.04	125	4.00	0.00
Schedule	47	3.91	.72	128	3.91	.52
Religion	50	3.76	.71	131	3.58	1.03
Civic	53	3.91	.91	134	3.88	.65
Intellectual/Ed.	56	4.12	.82	137	4.03	.17
Professional/Occ.	59	3.97	1.24	140	3.94	.35
Advantages/Disad.	62	4.33	1.29	143	4.85	1.00
Physical Care	65	4.00	0.00	146	4.00	0.00
Homemaking Care	68	4.00	0.00	149	4.00	0.00
Medical Care	71	4.00	0.00	152	4.00	0.00
Intellectual Care	74	3.91	.52	155	4.00	0.00
Social Care	77	2.52	1.23	158	3.36	.49
Emotional Care	80	3.94	.35	161	4.00	0.00

Table V-3

Mean Impact Scores on Psychological Items for FOA and AI

Factor	FOA Item No.	FOA Mean	FOA S.D.	AI Item No.	AI Mean	AI S.D.
Temperature	3	3.18	1.29	84	3.61	.86
Space	6	3.21	1.19	87	3.39	1.25
Noise	9	3.64	.93	90	3.55	1.54
Radio/TV	12	3.36	1.19	93	3.85	1.42
Money	15	4.00	.90	96	4.15	1.46
Discipline	18	3.39	1.46	99	4.00	0.00
Social/In	21	3.58	1.00	102	4.00	.50
Social/Out	24	3.79	1.24	105	3.97	.53
Privacy	27	3.12	1.24	108	3.70	.81
Cleanliness	30	4.00	0.00	111	4.09	.72
Food	33	4.12	.89	114	4.21	.74
Vacations	36	3.36	1.25	117	4.30	1.05
Work at home	39	4.00	.50	120	4.00	0.00
Furnish/Decorate	42	3.64	1.08	123	3.52	1.60
Leisure	45	3.61	1.43	126	4.12	.93
Schedule	48	3.73	1.07	129	3.61	1.34
Religion	51	3.64	1.06	132	3.33	1.22
Civic	54	3.82	.73	135	3.85	.62
Intellectual/Ed.	57	4.00	1.00	138	4.12	.93
Professional/Occ.	60	3.76	1.44	141	4.03	.64
Advantages/Disad.	63	3.94	1.46	144	4.24	1.00
Physical Care	66	3.91	.52	147	4.00	0.00
Homemaking Care	69	4.00	0.00	150	4.00	0.00
Medical Care	72	4.00	0.00	153	4.00	0.00
Intellectual Care	75	3.58	.90	156	3.55	.67
Social Care	78	3.97	.17	159	4.00	0.00
Emotional Care	81	2.67	1.22	162	2.42	.94

Table V-4

Number and Percent of Items With Varying Degrees of Impact

Category	Number of Items	Percent of Items
Items with minimal impact variance	65	40
Items with no variation in impact	39	24
Items with the greatest impact variance	16	10
Items with only negative impact	26	16
Items with only positive impact	0	0
Items with some positive impact	16	10
Totals	162	100

The 65 items categorized as "Items with minimal impact variance" are those for which less than 10 percent of the scores were non-neutral. Since the variation of scores on these items was small, any statements about them would have to be tenuous. Therefore, these items will not be discussed or presented in any further way.

Items with no variation in Impact. Of the 162 items, 39 (24 percent) received a score of "4." Table V-5 lists those specific items for which there was no variation.

A closer inspection of those 39 items indicates that 13 of them (33 percent) were items which applied to the Family of Attachment; the remaining 67 percent (26) were Aging Individual items.

Table V-5

Items for Which Impact Did Not Vary Among Respondents

Item #	FOA/AI	Item Name	Type of Impact
7	FOA	Noise	Economic
14	FOA	Money	Social
30	FOA	Cleanliness	Psychological
* 38	FOA	Work done in home	Social
* 49	FOA	Religion	Economic
* 52	FOA	Civic	Economic
* 65	FOA	Physical Care	Social
* 68	FOA	Homemaking Care	Social
* 69	FOA	Homemaking Care	Psychological
* 71	FOA	Medical Care	Social
* 72	FOA	Medical Care	Psychological
* 76	FOA	Social Care	Economic
79	FOA	Emotional Care	Economic
83	AI	Temperature	Social
97	AI	Discipline	Economic
99	AI	Discipline	Psychological
100	AI	Social / In	Economic
103	AI	Social / Out	Economic
106	AI	Privacy	Economic
107	AI	Privacy	Social
110	AI	Cleanliness	Social
113	AI	Food	Social
116	AI	Vacations	Social

Table V - 5 (continued)

Item #	FOA/AI	Item Name	Type of Impact
*119	AI	Work done in home	Social
120	AI	Work done in home	Psychological
125	AI	Leisure	Social
*130	AI	Religion	Economic
*133	AI	Civic	Economic
136	AI	Intellectual/ Educational	Economic
*146	AI	Physical Care	Social
147	AI	Physical Care	Psychological
*149	AI	Homemaking Care	Social
*150	AI	Homemaking Care	Psychological
*152	AI	Medical Care	Social
*153	AI	Medical Care	Psychological
155	AI	Intellectual Care	Social
*157	AI	Social Care	Economic
159	AI	Social Care	Psychological
161	AI	Emotional Care	Social

* Items whose "twin" also appears on the list.

Table V - 6 presents the number and percentage of economic, social, and psychological items for which there was no variation in impact reported. The largest category was that of social impact items for the AI. Forty-six percent of the items for which the Aging Individuals reported no

variation were in the social realm of their lives. This compares with 38 percent of the items for the FOA. Exactly the same percentage (23 percent) of the items for both the FOA and the AI respondents were psychological items. Finally, similar percentages (38 percent and 31 percent for the FOA and the AI respectively) were economic items.

Table V-6

Number and Percent of Economic, Social, and Psychological Items for Which No Variation in Impact was Reported

Respondents	Type of Impact					
	Economic		Social		Psychological	
	#	%	#	%	#	%
Family of Attachment	5	38	5	38	3	23
Aging Individual	8	31	12	46	6	23

The distribution of "no impact" items was somewhat more even for the family, with equal numbers of economic and social impact items having no variation. For both groups of respondents, the least often-occurring type of item in Table V-6 was psychological. Apparently, the respondents had experienced more personal impact from multigeneration family life than either social, or resource (economic) impact.

Since the two groups of respondents (AI and PCG) were presented with identical lists of items, it is possible to

determine if the items on which lack of impact was reported by one group corresponds with those items for which the other group had no variation. Nine of the items which appear on the Family of Attachment's list of 13 "no impact" items also appear on the list of the Aging Individual. These "twin" items are indicated by asterisks on Table V-5.

Table V - 7

Items Showing the Greatest Impact Variation

Item #	FOA/AI	Item Name	Type of Impact
5	FOA	Space	Social
31	FOA	Food	Economic
60	FOA	Professional/ Occupational	Psychological
* 62	FOA	Advantages/Disadv.	Social
* 77	FOA	Social Care	Social
87	AI	Space	Psychological
90	AI	Noise	Psychological
93	AI	Radio/TV	Psychological
95	AI	Money	Psychological
123	AI	Furnishing/Decorating	Psychological
129	AI	Schedule	Psychological
*143	AI	Advantages/Disadv.	Social
144	AI	Advantages/Disadv.	Psychological
156	AI	Intellectual Care	Psychological
*158	AI	Social Care	Social
162	AI	Emotional Care	Psychological

* Items whose "twin" also appears on the list.

Items with the greatest impact variance. If the individuals responding to a given item receive a wide range of scores for that item, it may be possible to detect response patterns associated with certain independent variables. The 16 items with the greatest response variation are shown in Table V-7.

It is clear from the list of these items which showed the greatest variation in impact that most of the items were from the data gathered from the Aging Individuals. A total of 5 (31 percent) of the items were FOA-related; the remaining 69 percent (11 items) represent responses from the AI subjects. These percentages are almost equal to the corresponding figures found for items showing no impact.

Table V-8 includes the number and percentage of economic, social, and psychological items for which there was the greatest variation in impact among the respondents.

Table V-8

Number and Percent of Economic, Social, and Psychological Items for which the Greatest Variation in Impact was Reported

Respondents	Type of Impact					
	Economic		Social		Psychological	
	#	%	#	%	#	%
Family of Attachment	1	20	3	60	1	20
Aging Individual	0	0	2	18	9	82

The most striking observation from Table V-8 is that of all the AI items showing most impact variation, 82 percent (9 individual items) were in the Psychological category. Further, the two remaining AI items on the list are Social in nature. The Aging Individuals did not report differently among themselves on Economic impact items.

Since there were only 5 FOA items which had much spread among the responses, there is a greater likelihood of spuriousness. Sixty percent of the items showing greatest variability in the FOA responses were Social in nature. The other two items were one Economic and one Psychological.

There were only two sets of "twin" items appearing on the list of items showing greatest variation in responses. These are indicated in Table V-7.

Items showing only negative impact. If 4 is considered to be a "neutral" score, then scores of 1, 2, 3 are negative scores.

Table V-9

Items for Which Only Negative Impact was Reported by Respondents

Item #	FOA/AI	Item Name	Type of Impact
* 1	FOA	Temperature	Economic
6	FOA	Space	Psychological
8	FOA	Noise	Social
9	FOA	Noise	Psychological
12	FOA	Radio/TV	Psychological
17	FOA	Discipline	Social

Table V - 9 (continued)

Item #	FOA/AI	Item Name	Type of Impact
21	FOA	Social / In	Psychological
26	FOA	Privacy	Social
* 27	FOA	Privacy	Psychological
35	FOA	Vacations	Social
* 50	FOA	Religion	Social
64	FOA	Physical Care	Economic
* 67	FOA	Homemaking Care	Economic
70	FOA	Medical Care	Economic
* 73	FOA	Intellectual Care	Economic
* 75	FOA	Intellectual Care	Psychological
81	FOA	Emotional Care	Psychological
* 82	AI	Temperature	Economic
84	AI	Temperature	Psychological
86	AI	Space	Social
92	AI	Radio/TV	Social
*108	AI	Privacy	Psychological
*131	AI	Religion	Social
132	AI	Religion	Psychological
*148	AI	Homemaking Care	Economic
*154	AI	Intellectual Care	Economic

* Items whose "twin" appears on this list also.

A total of 26 of the 162 items (16 percent) received negative scores in every case. Table V-9 lists those specific items for which every respondent indicated there had been negative impact.

More of the items which received only negative scores were items to which the PCG responded rather than the AI. Seventeen of the 26 negative items (65 percent) were FOA items; 35 percent (9 items) were AI items.

Table V-10 indicates the number and percentage of Economic, Social, and Psychological items for which only negative impact was reported.

Table V-10

Number and Percent of Economic, Social, and Psychological Items for Which Only Negative Impact was Reported

Respondents	Type of Impact					
	Economic		Social		Psychological	
	#	%	#	%	#	%
Family of Attachment	5	29	5	29	7	41
Aging Individual	3	33	3	33	3	33

Clearly, the AI respondents consistently divided negative scores among the three types of Impact. In the case of the PCG respondent, Psychological Impact was more pronounced than the other two types, which were equally strong.

There were 5 sets of "twin" items in the list of items which received only negative responses.

Items which showed only positive impact. None of the 162 items received only positive scores from either all the PCG respondents or all the AI respondents.

A total of 56 items (34 percent of the total 162) received a positive rating from at least one respondent. Eleven of these 56 are included in the list of those items which showed the greatest variability in impact among responses and have already been discussed. Further, in another 29 of the cases of those items which indicated some positive impact, 3 or fewer persons (less than 10 percent of the respondents) indicated a positive response to the items. This leaves 16 items for which between 4 and 22 respondents indicated a positive impact due to multigenerational family living. These 16 items will be discussed.

Items which received some positive scores. The 16 items which are to be considered in this section are shown in Table V-11. Seven of the 16 items which had a number of positive responses were FOA items; the remaining 9 items were AI items. The percentages were 44 percent and 56 percent for the FOA and AI groups respectively.

The three types of Impact (Economic, Social, and Psychological) were differentially represented among the group of items making positive impact. Table V-12 indicates that 71 percent of the items which were responded to by the

PCG for the FOA were Economic in nature. Similarly, 78 percent of the AI items were Economic.

Table V-11

Items for which Respondents Indicated Positive Impact

Item #	FOA/AI	Item Name	Type of Impact
* 4	FOA	Space	Economic
* 13	FOA	Money	Economic
23	FOA	Social - Out	Social
* 28	FOA	Cleanliness	Economic
58	FOA	Professional/ Occupational	Economic
* 61	FOA	Advantages/Disadv.	Economic
63	FOA	Advantages/Disadv.	Psychological
* 85	AI	Space	Economic
* 94	AI	Money	Economic
96	AI	Money	Psychological
*109	AI	Cleanliness	Economic
112	AI	Food	Economic
117	AI	Vacations	Psychological
121	AI	Furnishing/Decorating	Economic
124	AI	Leisure	Economic
*142	AI	Advantages/Disadv.	Economic

* Items for which a "twin" also appears in this list.

Table V-12

Number and Percent of Economic, Social, and Psychological Items for which Some Positive Impact was Reported

Respondents	Type of Impact					
	Economic		Social		Psychological	
	#	%	#	%	#	%
Family of Attachment	5	71	1	14	1	14
Aging Individual	7	78	0	0	2	22

Only one item on the list of those to which some positive responses were made was Social in nature. That one was an FOA item. Almost as few Psychological items appeared on this list. The Aging Individuals had two Psychological items to which at least some of them responded positively; the Families of Attachment had one.

Four sets of "twin" items appear on the list of items receiving some positive response. All of these twin sets are Economic in nature.

The Measures of Impact

As described on pages 113-115, Factor Analysis was used as a scanning technique which resulted in the development of 6 clusters of items which appear to be 6 separate, viable measures of impact. (See pages 115-120 for the rationale, components and statistical strength of these

measures). In addition, the 16 individual items described on pages 150-151 as the items with the greatest variation in impact were analyzed as indicators of impact. The fact that these items did not form a factor with other items does not detract from the possibility that they are important indicators of economic, social, or psychological impact.

Table V-13 indicates the 22 measures of impact which have been identified in the present study of multigenerational family life. The Item Mean, in the cases of the six cluster measures, is arrived at by summing the individual impact scores for each item in the cluster and then dividing by the number of respondents. This develops the cluster mean, or the average impact reported for the cluster of items. This cluster mean, when divided by the number of individual items making it up, becomes the item mean, or the average score found for individual items in that cluster.

In the 16 cases in which individual items are used by themselves as measures of impact, the item mean is a simple average of the scores received by the respondents on that item.

Through a comparison of the Item Means for each of the measures, a gross indication of the differential impact levels can be obtained. Only five Measures of Impact had an Item Mean of over 4, which would be the neutral point. Of those, AI Social Advantages and Disadvantages had the highest mean (4.8), followed by FOA Economic Food with a mean of 4.4 Each of the measures of impact with a mean score of

Table V - 13

Item Mean for Each of the 22 Measures of Impact

Measure of Impact	Item Mean
Economic Impact Measures	
Measure 1 -- FOA Economic Cluster	3.8
Measure 2 -- FOA Food Item	4.4
Measure 3 -- AI Economic Cluster	4.0
Social Impact Measures	
Measure 4 -- FOA Social - In Cluster	3.7
Measure 5 -- FOA Social - Out Cluster	3.6
Measure 6 -- FOA Advantages/ Disadvantages Item	4.3
Measure 7 -- FOA Space Item	3.4
Measure 8 -- FOA Social Care Item	(2.5)
Measure 9 -- AI Social Cluster	3.5
Measure 10 - AI Advantages/ Disadvantages Item	4.8
Measure 11 - AI Social Care Item	(3.4)
Psychological Impact Measures	
Measure 12 - FOA Psychological Cluster	3.6
Measure 13 - FOA Professional/ Occupational Item	3.8
Measure 14 - AI Space Item	3.4
Measure 15 - AI Noise Item	3.5
Measure 16 - AI Furnishing/ Decorating Item	3.5
Measure 17 - AI Schedule Item	3.6
Measure 18 - AI Advantages/ Disadvantages Item	4.2
Measure 19 - AI Intellectual Care Item	(3.5)
Measure 20 - AI Emotional Care Item	(2.4)
Measure 21 - AI Money Item	4.3
Measure 22 - AI Radio/TV Item	3.8

Note: Means in parentheses are those for items for which the possible range of impact was from 1 to 4.

above 4.0 was an individual item rather than a cluster. One cluster (AI Economic) had a mean of 4.0. In all other cases, the Cluster Item Means were below 4.0, indicating that the Impact of multigenerational family life was negative.

The four individual items whose Item Means are enclosed in parentheses are those for which, by the nature of the item, no positive impact could be measured. In three of these cases, the service at issue was delivered by the AI to members of the FOA. In the most extreme case, that of Emotional Care provided by the AI, an Impact score of 2.4 (of a possible, neutral, 4.0) was the mean. This was closely followed by the only FOA score among the four, Social Care provided by the FOA to the AI. The other two (Social Care and Intellectual Care provided by the AI) were less strongly negative.

RESEARCH OBJECTIVES #2 and #3

The two remaining research objectives were:

2. To identify the effects of certain variables on the types and extent of impact of multigenerational family life on the Aging Individual and the Family of Attachment, as perceived by the Aging Individual and by a spokesperson for the Family of Attachment.

3. To identify the effects of the presence of alternative living arrangements on the types and extent of impact of multigenerational family life on the Aging Individual and the Family of Attachment, as perceived by the Aging Individual and by a spokesperson for the Family of Attachment.

Stepwise Multiple Regression Analysis was performed, using each of the 22 Measures of Impact indicated in Table V-13 in turn, as the dependent variable to be explained, and a list of potential explanatory variables.

The number of steps reported in the regression analysis was arbitrarily set at five, as partial preliminary investigation indicated that it was unlikely that important contributions would be made by variables added later than the fifth step.

Impact Measure 1 -- FOA-Economic Cluster. Table V-14 indicates the five variables most likely to correctly predict Impact Measure 1. Included in the table are the beta coefficients for the regression equation using these five variables.

Table V-14

The Combination of Independent Variables Best Able to Predict Impact Measure 1--(FOA-Economic Cluster) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	54.63		
1	ADL Score	4.60	.3204	.3204
2	Distance Between	- 2.60	.4573	.1369
3	Age of AI	- 3.14	.4999	.0425
4	Age of PCG	3.37	.5437	.0439
5	Percapita Income	- 0.07	.5709	.0272

As a group, the five independent variables shown in Table V-14 were able to account for 57 percent of the variation in the dependent variable (Economic Cluster). However, the first two variables entered, ADL Score and the Distance

Between the households prior to the consolidation, accounted for the greatest part of the variation. The F-ratio for the fit of the regression equation relative to the FOA-Economic Cluster was 7.184 which reached significance at the .05 alpha level. Therefore, the findings from that regression analysis are presented.

The analysis indicated that positive impact as measured on the FOA-Economic Cluster variable was associated primarily with:

1. high ADL scores (indicating that the better the health status of the AI, the more positive was the economic impact on the FOA
2. low distances between the households prior to the consolidation.

Of lesser explanatory value, positive impact on the FOA-Economic Cluster was associated also with:

3. younger age of the AI
4. greater age of the PCG
5. smaller per capita income

Impact Measure 2--FOA-Economic-Food Item. The one single economic item which had variance but was not included in the Family Economic Impact Cluster was that of Food. The F-ratio for the fit of the regression equation in the case of the FOA-Economic-Food Item was 4.409. This is significant at the alpha level of .05 and indicates that the findings should be considered. Table V-15 reviews the order in which

five independent variables were grouped to best predict the dependent variable score. The observed relationships between each independent variable and the dependent are included as the beta coefficient.

Table V-15

The Combination of Independent Variables Best Able to Predict Impact Measure 2--(FOA-Economic-Food Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	1.92		
1	FOA ALA Score-Change	0.38	.1284	.1284
2	Income	- 0.10	.2489	.1206
3	Shared Decision	0.70	.3236	.0747
4	Total ALA - Original	0.51	.3877	.0641
5	Sex of AI	1.92	.4285	.0408

Approximately 43 percent of the variance in the dependent variable can be accounted for by the combination of independent variables found in Table V-15. Some statements can be made regarding the associations found between the independent variables and the impact measure at issue. Positive impact is associated primarily and equally with:

1. positive change over time relative to the alternative living arrangements perceived (indicating the presence of fewer and/or less highly valued alternatives which are not being acted upon)
2. lower incomes.

Of somewhat lesser strength, the following associations with positive impact were also found:

3. an unshared decision to consolidate
4. the presence of many and/or highly-valued alternative living arrangements at the time of the original decision to consolidate
5. the presence of a female AI.

Impact Measure 3--AI-Economic Cluster. The F-ratio for the fit of the regression equation relative to the AI-Economic Cluster was 7.885, indicating that significance was achieved at an alpha level of .05. The findings are presented below. Table V-16 presents the five independent variables which form the set most able to predict the impact on the Aging Individuals as measured by the Economic Cluster of items.

Essentially 60 percent of the variation in the dependent variable is accounted for by the set of five independent variables contained in Table V-16. However, the first variable entered in the stepwise regression accounts for almost 42 percent of that variance.

Positive Impact on the AI-Economic-Cluster Measure was associated with:

1. greater age of the PCG

The other associations were weaker, and relatively equal in strength. Positive impact was associated with:

2. greater distances between the households prior to consolidation
3. a longer period of time in the multigeneration family prior to the interview
4. positive change over time relative to the alternative living arrangements perceived (indicating the presence of fewer/less highly valued alternatives which are not being acted upon)
5. lack of agreement between AI and PCG on the basis of the agreement to consolidate.

Table V-16

The Combination of Independent Variables Best Able to Predict Impact Measure 3--(AI-Economic Cluster) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	53.22		
1	Age of PCG	4.82	.4196	.4196
2	Distance Between	2.14	.4772	.0576
3	Time in living arrangement	0.19	.5251	.0479
4	AI ALA Score-Change	1.75	.5578	.0327
5	Agreement on Decision	2.82	.5935	.0357

Impact Measure 4--FOA-Social - In Cluster. The F-ratio for the fit of the regression equation for Impact Measure 4 was 5.651 which was significant at the .05 level. The findings from that regression analysis are presented below. The set of five predictors generated by the stepwise regression technique to explain the variance in the FOA-Social-In Cluster of items can account for just over half of that variance. Further, the best single predictor of those five, Stage of the Family Life Cycle, accounts for 27 percent, which is over half of the 51 percent explanation. Table V-17 indicates those five predictors and the relationships found between each of them and the dependent variable at issue.

Table V-17

The Combination of Independent Variables Best Able to Predict Impact Measure 4--(FOA-Social-In Cluster) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	17.55		
1	Stage of Family Cycle	4.94	.2699	.2699
2	Agreement on Decision	2.24	.3422	.0723
3	Total ALA Score Change	.90	.4096	.0673
4	Sex of AI	- 3.51	.4807	.0711
5	ADL Score	- .81	.5114	.0306

Positive impact scores on the FOA-Social-In Cluster were primarily associated with:

1. the contracting stage of the family life cycle.

Of somewhat less significance, positive impact was also associated with:

2. disagreement between AI and PCG regarding the basis of the original decision to consolidate
3. positive change over time relative to the alternative living arrangements perceived (indicating the presence of fewer/less highly valued alternatives which are not being acted upon)
4. presence of a male AI
5. lower ADL scores, indicating less competence on the part of the AI.

Table V-18

The Combination of Independent Variables Best Able to Predict Impact Measure 5--(FOA-Social-Out Cluster) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	(Constant	11.80)		
1	PC Score	0.59	.2115	.2115
2	Per capita income	- 0.10	.3287	.1173
3	FOA ALA Change	1.08	.3867	.0580
4	Age of PCG	1.45	.4483	.0615
5	Hollingshead	- 0.04	.4988	.0505

Impact Measure 5--FOA-Social - Out Cluster. The F-ratio for the fit of the regression equation for the FOA-Social-Out Cluster was 5.374. This statistic is significant

at the alpha level of .05, indicating that the predictors found in the regression analysis are not likely to have had chance association with the dependent variable. Table V-18 presents the five independent variables which, as a group, best predict the score on Impact Measure 5--FOA-Social-Out.

These five independent variables are able to account for about half the variance found in the dependent variable. Further, the first two variables entered in the stepwise regression account for most of that variance.

The analysis indicated that positive impact was mainly associated with:

1. greater competence on the part of the AI
2. smaller per capita income

Somewhat weaker associations were found between positive impact and:

3. positive change over time relative to the alternative living arrangements perceived (indicating the presence of fewer and/or less highly valued alternatives on the part of the FOA which are not being acted upon)
4. greater age of the PCG
5. lower socio-economic status as measured by Hollingshead's Two Factor Index of Social Position.

Three individual items among the FOA-Social items did not become part of either of the two clusters just described, but appeared to be indicators of impact. They have been designated Impact Measures 6, 7, and 8.

Impact Measure 6--FOA-Social-Advantages/Disadvantages Ratio. The F-ratio for the fit of the regression equation involving this measure of impact was 2.422. This F-statistic does not meet the 3.08 criterion for significance at an alpha level of .05. Therefore, it is not possible to find a set of five variables from the present data which can explain the variance in the dependent variable, FOA-Social-Advantages/Disadvantages.

Impact Measure 7--FOA-Social-Space Item. The second individual item among the FOA-Social items which had variance among scores was the Space Item. The F-ratio for the fit of the regression equation developed relative to the FOA-Social-Space Item measure of impact was 3.513. This indicated that the associations found between the five independent variables

Table V-19

The Combination of Independent Variables Best Able to Predict Impact Measure 7--(FOA-Social-Space Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	7.65		
1	Sex of AI	- 1.41	.1498	.1498
2	FOA ALA Interview	- 0.42	.2940	.1442
3	Time in Living Arrangements	- 0.05	.3340	.0400
4	Shared Decision	- 0.56	.3727	.0387
5	AI ALA Interview	- 0.26	.3941	.0214

entered into the equation and the dependent variable were not likely to be "chance" associations. Therefore, the findings from the regression analysis are described below. Table V-19 presents the stepwise regression display of the five independent variables which, taken together, best explain that variation.

The first two variables entered provided approximately equally strong explanations of the variance. Positive impact on Measure 7 was mainly associated with:

1. the presence of a male AI
2. the presence of no and/or weakly regarded alternative living arrangements at the time of the interview as perceived by the PCG.

Of somewhat lesser strength were the following associations with positive impact:

3. shorter periods of time in the multigeneration living arrangement at the time of the interview.
4. a shared decision to consolidate
5. the presence of no and/or weakly regarded alternative living arrangements at the time of the interview as perceived by the AI.

Impact Measure 8--FOA-Social-Social Care Item. The final individual item among the Social FOA items which showed variance but was not included in the Social clusters was the Social Care Item. The F-ratio for this case was 4.075, significant at the alpha level of .05. Therefore, the findings relative to this regression analysis are presented below. Table V-20

depicts the set of independent variables which, as a group, were best able to explain the variance in the dependent variable.

Table V-20

The Combination of Independent Variables Best Able to Predict Impact Measure 8--(FOA-Social-Social Care Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	6.89		
1	AI ALA Change	- 0.58	.1762	.1762
2	Stage of Cycle	- 1.02	.2634	.0873
3	Shared Decision	- 0.69	.3347	.0713
4	Per capita Income	0.01	.3777	.0430
5	Age of AI	- 0.36	.4301	.0523

The best set of predictors for the dependent variable in question was able to account for 43 percent of the variance. The first independent variable entered in the regression, the AI's conception of the change in alternative living arrangements from the original consolidation to the time of the interview, the single most powerful predictor, could account for 18 percent of the variance.

The analysis indicated that the strongest association between positive impact on Measure 8 was with:

1. a negative change over time relative to the alternative living arrangements perceived (indicating the

presence of more/more highly valued alternatives which are not being acted upon.

Other associations, which were of less strength, were:

2. steady or expanding stage of the family life cycle
3. a shared original decision to consolidate
4. higher per capita incomes
5. younger age of the AI.

One cluster and two individual items from the Social AI items compose the measures of Social Impact for the Aging Individuals.

Impact Measure 9--AI-Social Cluster. The F-ratio found for Impact Measure 9 was 9.990, which was significant at the alpha level of .05. This indicated that it was unlikely

Table V-21

The Combination of Independent Variables Best Able to Predict Impact Measure 9--(AI-Social Cluster) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	3.23		
1	Total ALA Change	1.18	.3281	.3281
2	Time in Living Arrangements	1.25	.4954	.1673
3	FOA ALA Interview	1.30	.5593	.0639
4	Shared Decision	- 1.18	.6033	.0441
5	ADL Score	- 0.50	.6491	.0453

that the associations found between the dependent and the independent variables occurred by chance. Therefore, those associations are described below. Table V-21 contains the set of independent variables which, taken together, and in the order presented, are best able to predict the score on the AI Social Cluster.

Stepwise Regression Analysis generated the set of five independent variables shown above as the best set of five predictors. As a group, they are able to account for almost two-thirds of the variance in the dependent variable. The independent variable "Total ALA Change", the best single predictor of the dependent variable, accounts for one-third of the variance by itself.

The strongest association with positive impact, as measured by the AI-Social Cluster, was with:

1. positive change over time relative to the alternative living arrangements perceived (indicating the presence of fewer and/or less highly valued alternatives which are not being acted upon) when responses for both the AI and the PCG are considered.

Of moderate strength was the association with:

2. longer periods of time in the multigeneration living arrangement prior to the interview.

Of relatively low strength were these associations:

3. the presence of many highly valued alternative living arrangements at the time of the interview, as perceived by the PCG

4. a shared decision to consolidate
5. less physical competence on the part of the AI.

Impact Measure 10--AI-Social-Advantages/Disadvantages Ratio. One of the individual items used as a measure of Social Impact for the Aging Individuals was the ratio of advantages to disadvantages. The F-ratio for the fit of the regression equation relative to the AI-Social-Advantages/Disadvantages Ratio measure of impact was 3.810. This statistic is significant at the alpha level of .05 and the regression findings are explicated below. Table V-22 presents the results of the stepwise regression analysis.

Table V-22

The Combination of Independent Variables Best Able to Predict Impact Measure 10--(AI-Social-Advantages/Disadvantages Ratio) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	7.51		
1	Employment PCG	- 0.43	.2016	.2016
2	Sex of AI	- 0.91	.2756	.0740
3	Per capita Income	0.02	.3299	.0543
4	AI ALA Score Interview	- 0.29	.3812	.0513
5	Stage of Cycle	- 0.42	.4137	.0325

These five variables, together, can account for 41 percent of the variation found among scores on the dependent variable in question. The one single variable which accounted for the most variance was the "employment of the PCG" independent variable which accounted for 20 percent of the total variance.

The analysis indicated that the major association with positive impact on the AI-Social-Advantages/Disadvantages Ratio was with:

1. fulltime employment of the PCG

Of somewhat lesser explanatory importance were relationships with:

2. the presence of a male AI
3. higher per capita incomes
4. the presence of no and/or lowly rated alternative living arrangements at the time of the interview, as perceived by the AI
5. the expanding or steady stage of the family life cycle.

Impact Measure 11--AI-Social-Social Care Item. The final individual item used as a measure of Social Impact for the AI respondents was the Social Care item. The F-ratio for the fit of the regression equation was 3.174 which reaches significance at the alpha level of .05. Therefore, the findings from the regression analysis relative to the dependent variable AI-Social-Social Care follow. Table V-23 presents the set of five independent variables which as a group are best able to predict the score on the dependent variable.

Table V-23

The Combination of Independent Variables Best Able to Predict Impact Measure 11--(AI-Social-Social Care Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	4.25		
1	Per capita income	- 0.01	.1111	.1111
2	Stage of Cycle	0.23	.2576	.1465
3	AI ALA Score original	- 0.12	.3044	.0468
4	Employment PCG	- 0.13	.3404	.0360
5	ADL Score	- 0.09	.3702	.0298

No individual independent variable, and no group of five independent variables was able to provide a conclusive explanation for the variation in scores on the dependent variable being studied. The best set of five predictors accounted for 37 percent of that variation. The one single variable which provided, by itself, the greatest amount of explanation was the per capita income variable.

The strongest associations with positive impact on the AI-Social-Social Care Item were:

1. lower per capita income
2. the contracting stage of the family life cycle.

The remaining, less strong, associations were with:

3. the presence of no/lowly valued alternative living

arrangements at the time of the original decision to consolidate, as perceived by the AI

4. fulltime employment of the PCG
5. less physical competence on the part of the AI.

One cluster of FOA psychological items and one individual item are the two FOA-Psychological Impact measures found in this study.

Impact Measure 12--FOA-Psychological Cluster. The F-ratio found for the fit of the regression equation for this measure was 5.576 which is significant at the alpha level of .05. Table V-24 indicates the independent variables which, together, form the set of five variables which are best able to predict the score on the FOA-Psychological Cluster measure.

Table V-24

The Combination of Independent Variables Best Able to Predict Impact Measure 12-- FOA-Psychological Cluster) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	64.36		
1	PC Score	1.69	.1728	.1728
2	FOA ALA Interview	- 5.23	.2746	.1017
3	Sex AI	- 8.28	.3902	.1156
4	Employment PCG	3.82	.4351	.0450
5	Age PCG	3.58	.5030	.0729

When information about the five independent variables shown in Table V-24 is known, slightly over half of the variance in the dependent variable can be explained.

The analysis indicated that the first three variables entered in the regression equation each added 10 percent or more to the explanatory power of the set. Positive impact on the FOA-Psychological Cluster measure was associated most strongly with:

1. greater physical competence on the part of the AI
2. the presence of no and/or lowly evaluated alternative living arrangements at the time of the interview, as perceived by the PCG
3. the presence of a male AI.

Of somewhat lesser importance were these associations:

4. part-time employment or unemployment of the PCG
5. greater age of the PCG.

Impact Measure 13--FOA-Psychological-Professional/Occupational Item. The one individual FOA psychological item which had variance, but was not included in the cluster referred to above as Impact Measure 12, was the Professional/Occupational Item. The F-ratio for the fit of the regression equation was 5.620 which was significant at the alpha level of .05. Therefore, the findings relative to this dependent variable are not likely to be chance associations. They are described below. Table V-25 identifies the independent variables selected through the stepwise regression procedure

as the set of five variables best able to predict the score on the Impact Measure studied here.

Table V-25

The Combination of Independent Variables Best Able to Predict Impact Measure 13--(FOA-Psychological-Professional/Occupational Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	3.04		
1	ADL Score	0.52	.2521	.2521
2	Hollingshead	- 0.03	.3014	.0493
3	Age of AI	- 0.76	.3687	.0673
4	AI ALA interview	- 0.50	.4653	.0966
5	Age of PCG	0.41	.5100	.0446

Slightly over one-half of the variance in the dependent variable FOA-Psychological-Professional/Occupational Item can be accounted for by information about the five independent variables included in the table above. The single independent variable best able to explain the variation, and therefore, the first one entered in the regression equation, "ADL Score" is able alone to account for 25 percent of the variance. Positive impact as measured by this dependent variable is associated with:

1. greater physical competence of the AI.

Less than 10 percent additional explanatory power was added by any of the remaining four independent variables added into

the regression equation. They were associated with positive impact on the dependent variable in these ways:

2. lower socio-economic status as measured by the Hollingshead Two-Factor Index of Social Position
3. younger age of the AI
4. the presence of no/lowly evaluated alternative living arrangements at the time of the interview, as perceived by the AI
5. greater age of the PCG.

There was no cluster of psychological items for the AI, but nine individual items which showed variation are included here as separate measures of impact for the AI.

Table V-26

The Combination of Independent Variables Best Able to Predict Impact Measure 15--(AI-Psychological-Noise Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	5.57		
1	Agreement on Decision	- 1.06	.1599	.1599
2	Time in Living Arrangement	0.07	.2795	.1195
3	Per capita income	0.03	.3324	.0529
4	Total income	- 0.10	.3658	.0334
5	Hollingshead Score	- 0.03	.4285	.0627

Impact Measure 14--AI-Psychological-Space Item. The F-ratio for the fit of the regression equation was 2.133 which does not reach significance at the alpha level of .05. Therefore, it will not be considered further.

Impact Measure 15--AI-Psychological-Noise Item. The F-ratio for the fit of the regression equation was 4.049, indicating the set of five variables was able to explain the variance in scores on the dependent variable at an alpha level better than .05. Table V-26 depicts the set of five independent variables which, when entered into a regression equation in proper sequence, provide for the best explanation of the variance in the scores on the dependent variable.

Forty-three percent of the variance in the scores on the dependent variable being studied here can be accounted for by the set of five independent variables indicated in Table V-26.

The analysis indicated that positive impact on the AI-Psychological-Noise item was associated primarily with:

1. agreement between the AI and the PCG as to the conditions surrounding the original decision to consolidate
2. longer periods of time in the living arrangement prior to the interview.

Of somewhat lesser statistical significance, positive impact as measured by the AI-Psychological-Noise Item, was also associated with:

3. higher per capita income

4. lower total income
5. lower socio-economic status as measured by the Hollingshead Two-Factor Index of Social Position.

Impact Measure 16--AI-Psychological-Furnishing and Decorating Item. The F-ratio for the fit of the regression equation was 1.565. This is not significant at an alpha level of .05; therefore, it is not possible to find a set of five variables from the present data which can explain the variance in the dependent variable, AI-Psychological-Furnishing and Decorating.

Impact Measure 17--AI-Psychological-Schedule Item. The F-ratio for the fit of the regression equation relative to this dependent variable was 7.779. This is significant at an alpha level of .05; therefore, the five independent variables best able to explain the variance in scores on the dependent will be indicated and their relationships explicated. Table V-27 indicates those variables.

Interpretation of the Table V-27 information indicated that positive impact was associated primarily with:

1. greater age of the PCG
2. expanding or steady stage of the family life cycle
3. a decision to consolidate involving all adult members of the potential multigenerational family.

Of somewhat less explanatory value, positive impact on the AI-Psychological-Schedule measure was associated with:

4. greater percentage of total income contributed by FOA
5. lower PFI scores, indicating less physical competence on the part of the AI.

Table V-27

The Combination of Independent Variables Best Able to Predict Impact Measure 17--(AI-Psychological-Schedule Item) and the Observed Relationships

Item No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	5.07		
1	Age of PCG	1.24	.1249	.1249
2	Stage of family cycle	- 2.10	.3524	.2275
3	Shared decision	- 1.15	.4744	.1220
4	Percent of income from FOA	0.02	.5386	.0641
5	PFI Score	- 0.13	.5903	.0517

Impact Measure 18--AI-Psychological-Advantages/Disadvantages Ratio. The F-ratio for the fit of the regression equation was 2.526 which is not significant at an alpha level of .05. This indicates that it is not possible to find a set of five variables from the present data that can adequately explain the variance in the AI-Psychological-Advantages/Disadvantages Ratio as a measure of impact.

Impact Measure 19--AI-Psychological-Intellectual Care Item. The F-ratio for the fit of the regression equation was 2.429. This is not significant of the alpha level of .05 which

indicates that it is not possible to find a set of five independent variables in the present data which is capable of explaining the variation in scores received on the AI-Psychological-Intellectual Care Item.

Impact Measure 20--AI-Psychological-Emotional Care Item. The F-ratio for the fit of the regression equation involving the AI-Psychological-Emotional Care measure of impact was 2.567. This does not meet the F-ratio of 3.08 required for significance at the alpha level of .05, and will, therefore, not be discussed further. Since this F-ratio was gotten relative to the best possible combination of five independent variables, it follows that the data in the present study can not adequately explain the variance in the dependent variable being studied here.

Impact Measure 21--AI-Psychological-Money Item. The F-ratio for the fit of the regression equation was 4.318 which is significant at an alpha level of .05. The set of five independent variables which as a group are best able to predict the dependent variable in question is presented in Table V-28.

Interpretation of the data contained in Table V-28 indicates that positive impact as measured by the AI-Psychological-Money Item was positively related to:

1. the presence of no and/or lowly evaluated alternative living arrangements at the time of the interview, as perceived by the AI.

The other four relationships were weaker, but were indicative of an association between positive impact scores and:

2. greater agreement on the basis of the decision to consolidate
3. greater distance between the households prior to the consolidation
4. full-time employment of the PCG
5. lower per capita income.

Table V-28

The Combination of Independent Variables Best Able to Predict Impact Measure 21--(AI-Psychological-Money Item) and the Observed Relationships

Step No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	5.90		
1	AI ALA Interview	- 0.46	.2079	.2079
2	Agreement on Decision	- 0.75	.2802	.0723
3	Distance Between	0.60	.3498	.0696
4	Employment of PCG	- 0.40	.3803	.0306
5	Per capita income	- 0.02	.4443	.0640

Impact Measure 22--AI-Psychological-Radio/TV Item.

The F-ratio for the fit of the regression equation for this dependent variable was 9.924 which is significant at the alpha level of .05. The collection of five independent variables which serve together as the best predictor of the dependent variable in question are contained in Table V-29.

Table V-29

The Combination of Independent Variables Best Able to Predict Impact Measure 22--(AI-Psychological-Radio/TV Item) and the Observed Relationships

Item No.	Variable Name	Beta Coefficient	R^2	Increase in R^2
	Constant	9.90		
1	FOA ALA Original	- 0.87	.1677	.1677
2	Percent income from FOA	- 0.03	.3245	.1568
3	Hollingshead Score	- 0.04	.4294	.1049
4	Total income	- 0.12	.5765	.1471
5	Age of PCG	0.48	.6476	.0711

Positive impact on the AI Psychological-Radio/TV item was associated with:

1. presence of no alternatives or lowly-regarded alternatives at the time of the original consolidation
2. greater percentage of the total income contributed by the FOA
3. lower socio-economic status as measured by the Hollingshead Two-Factor Index of Social Position
4. lower total income.

The fifth independent variable contributed less than any of the other variables. It indicated that positive impact was somewhat associated with:

5. greater age of the PCG.

CHARACTERISTICS OF THE DECISION TO LIVE MULTIGENERATIONALLY

The term "the decision" as used here refers to the decision to begin living as a multigenerational family, rather than in separate households.

The Basis of the Decision. Each of the 66 respondents was asked what caused them to begin living together. Their unstructured responses were translated into categories which indicated that the decision was made based on the needs of: (1) the Aging Individual only; (2) the Family of Attachment only; or (3) the Aging Individual and the Family of Attachment.

A total of 64 percent of the PCGs (21 persons) indicated that the decision was based on the needs of the AI. An additional seven respondents (21 percent) reported that needs of both the FOA and the AI were considered. The final group of five persons who were responding on behalf of their families indicated that the needs of the Family of Attachment were responsible for the move.

Of the 33 AI respondents, 17 indicated that their own needs precipitated the arrangement. An additional nine (27 percent) indicated that needs of both themselves and the Family of Attachment were considered. The remaining seven (21 percent) reported that the needs of the Family of Attachment were the sole consideration.

Table V-30

Characteristics of the Decision to Live Multigenerationally

Characteristic	No.	Percent
Basis of Decision (as reported by PCG)		
AI's needs only	21	64
FOA's needs only	5	15
AI and FOA needs	7	21
Total	33	100
Basis of Decision (as reported by AI)		
AI's needs only	17	52
FOA's needs only	7	21
AI and PCG's needs	9	27
Total	33	100
Agreement on Basis of Decision		
Total agreement	24	73
Partial agreement	8	24
Total disagreement	1	3
Total	33	100
Participation in Decision		
Shared	22	67
Unshared	11	33
Total	33	100

In almost three-quarters of the cases (73 percent), the separate responses of the Aging Individual and of the Primary Care-Giver indicated that they saw the same bases for making the decision to live multigenerationally. In an

additional eight cases (24 percent), there was partial agreement. This occurred in cases in which one respondent indicated that needs of both the Family of Attachment and the Aging Individual were behind the decision, and the other respondent assigned the total weight to one or the other. In the one remaining case, there was total disagreement on the basis for the decision.

Participation of Adults in the Decision-Making. It was not possible to determine the decision-making participation levels for all family members since in many cases the decision was made prior to the birth of several children in given families. But it was possible to determine whether the Primary Care-Giver, the spouse of the Primary Care-Giver (if present), and the Aging Individual participated in the decision.

In 22 of the 33 cases, for a total of 67 percent, the decision was reported to have been a shared one, based on the rules outlined on page 89. In the remaining one-third of the cases (11 families), the decision was apparently not shared by all adult members.

Alternative Living Arrangements Scores

As described on pages 94-100, respondents were asked to identify alternatives to multigenerational family living which they considered at the time of the original consolidation, and those considered at the time of the interview as future living arrangements. The numerical data described below are presented in Table V-31.

Table V-31

Alternative Living Arrangements Considered by AI and FOA

Item	Aging Individual		Family of Attachment	
	No.	Percent	No.	Percent
Alternatives Originally				
None	19	58	16	48
Differentially rated alternatives	9	27	12	36
Highly rated alternatives	5	15	5	15
Total	33	100	33	99
Alternatives at Interview				
None	22	67	11	33
Differentially rated alternatives	3	9	14	42
Highly rated alternatives	8	24	8	24
Total	33	100	33	99
Change in Alternatives Perceived				
Most negative change	3	9	4	12
Some negative change	5	15	10	30
No change	17	52	10	30
Some positive change	5	15	8	24
Most positive change	3	9	1	3
Total	33	100	33	99

Alternative Living Arrangements as Perceived by the Family of Attachment. Almost half (48 percent) of the Primary Care-Givers reported that their family members had no

alternatives originally which were unchosen. In addition to these 16 cases, another 12 (36 percent) apparently had some alternatives, but they were not highly rated. Quite a small number of families, five (representing 15 percent of the sample), had highly rated alternatives at the time of the original decision upon which they did not act.

The picture of relatively few viable alternatives at the time of consolidation changes somewhat when the presence of alternatives at the time of the interview is studied. In this latter case, only 11 families, or 33 percent, report having no alternatives which they are considering. This indicates that since the time of consolidation, some viable alternatives are being recognized, but are not being acted upon. In the second category, 14 families were reported to have alternatives which were moderately highly valued. This compares with 12 who had alternatives of the same importance at the time of the original decision. The final group of families, eight in number, and constituting 24 percent of the sample, had highly valued alternatives which were not being chosen at the time of the interviews.

Both the magnitude and the direction of the change in amount of cognitive dissonance were assessed. (See p. 99). The mean change score for the families was 2.75, indicating a slight deterioration over time. There was a tendency for the families to report the presence of more highly valued alternatives at the time of the interview than they reported having had at the time of the consolidation.

The number of families and the percentage of families falling into each of the five change categories is depicted in Table V-31.

Thirty percent of the families reported that there was no difference in the way they perceived alternatives between the two points in time. An additional 30 percent found some negative change (they perceived more or more highly valued alternatives at the time of the interview). Four additional families (12 percent) had experienced great negative change. On the other end of the scale, a total of nine families reported at least some positive change, apparently experiencing a lessening of cognitive dissonance as time passed. One of those nine had considerably less dissonance at the time of the interview. The trend, then, was for the families to see more alternatives at the second point than at the first. However, as many families reported "no change" as reported "some negative change." The trend was not pronounced.

Alternative Living Arrangements as Perceived by the Aging Individual. Of the 33 AI respondents, 19 (58 percent) reported that they had no alternatives at the time the original decision was made. Twenty-seven percent (nine individuals) had some alternatives which were moderately highly valued, but not acted on. The remaining five persons (15 percent) reported having alternatives which were highly valued. Compared with the findings of the family's responses to these items, more Aging Individuals indicated that they had no alternatives originally. The same number had highly valued alternatives,

and the number having moderately prized alternatives at the time of the consolidation was greater among the families than among the older persons.

A difference can be observed when the alternatives perceived by the AIs originally are compared with those perceived at the time of the interviews. Three more persons report seeing no alternatives at the later point in time than saw no alternatives at the time of the consolidation. This raises the percentage of persons with no alternatives to 67, more than two-thirds of the Aging Individuals. The number of such persons reporting moderately interesting alternatives fell over the time period from nine to three such that at the time of the interview, only 9 percent of the older respondents were experiencing moderate levels of cognitive dissonance due to the presence of alternatives which were not being acted upon. The number perceiving very highly valued alternatives, however, increased from five to eight.

Table V-31 indicates the number and percentage of Aging Individuals who experienced given levels and directions of change in the matter of cognitive dissonance during the period of time in question. The five-point scale representing both the level and direction of change indicates that the majority of the Aging Individuals (52 percent) experienced "no change" in their perceptions of alternative living arrangements during the period of time they had lived multigenerationally. Equal numbers (five individuals in each case) indicated there had been either some negative or some positive change. This

indicates that 30 percent (10 persons) had experienced some change in the dissonance they needed to reduce. However, the number experiencing increased dissonance was exactly matched by the number experiencing decreased dissonance. Exactly the same picture appears on the extreme ends of the scale. Three individuals (9 percent) reported great amounts of increase in cognitive dissonance, and three others the same amount of decrease in dissonance.

Alternative Living Arrangements as perceived by the Multigenerational Family. If the family can be viewed as an ecosystem, then anything that impinges on one part of the family will affect all parts of the family. In that sense it is reasonable to consider the total amount of dissonance experienced within the family system. Table V-32 combines the data from the FOA and the AI. Since the dissonance for the separate components was rated either 0, 1, or 2 (see pages 94-101 for the full explanation), the combined score could be 0, 1, 2, 3, or 4, producing five levels of dissonance existing at the time of the original decision and the same number at the time of the interview. Level 1 is the equivalent of "no dissonance" and Level 5 represents a high level of dissonance. Levels 2, 3, and 4 are intermediate. As can be seen in Table V-32, the largest number of Multigeneration Families (15, or 45 percent) had a moderate amount of dissonance originally. The second largest group

Table V-32

Data on Alternative Living Arrangements Combining AI and FOA Responses

Item	No.	Percent
Alternatives Originally		
Level 1	6	18
Level 2	15	45
Level 3	10	30
Level 4	2	6
Level 5	0	0
Totals	33	99
Alternatives At Time of Interview		
Level 1	8	24
Level 2	12	36
Level 3	7	21
Level 4	1	3
Level 5	5	15
Totals	33	99
Change in Alternatives Perceived		
1	1	3
2	2	6
3	3	9
4	7	21
5	10	30
6	6	18
7	3	9
8	1	3
9	0	0
Totals	33	99

Note: Level 1 represents "No dissonance" and the dissonance increases in each succeeding level.

(10 cases, or 30 percent) had a slightly greater number of alternatives or more highly regarded ones. This produced a total of 75 percent of the Multigeneration Families who had intermediate amounts of dissonance to reduce, due to the decision to live multigenerationally. No Multigeneration Families had Level 5 dissonance to reduce. The remaining two families with some dissonance were at Level 4. Finally, six Multigeneration Families (18 percent) had no reports of alternatives to multigenerational family life at the time of the consolidation.

The pattern of levels of dissonance at the time of the interview varies somewhat from the earlier one. As was the case at the time of the consolidation, the greatest number of Multigeneration Families had Level 2 dissonance intensity. The number reporting no alternatives, however, increased, and the number reporting a very high level of dissonance increased from zero to five. This seems to indicate that both extreme levels of dissonance are found at the later point in time.

A nearly perfect normal distribution is found when the Change Score for the Multigeneration Family is studied. The greatest number of families fall at Level 5 (of nine levels), and the numbers fall off predictably toward the extremes. This indicates that, taken as a whole, about the same proportions of families have experienced an increase in dissonance as have experienced a decrease over the period of time they have been living multigenerationally.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

The major conclusions related to the three research objectives will be presented and discussed in the first section of this chapter. In the final section, implications for research and theory will be presented.

CONCLUSIONS

Both groups of respondents reported relatively mild amounts of impact from their multigenerational life style. Of the items whose possible impact levels ranged from 1 (much negative impact) to 7 (much positive impact) with a neutral point at 4, the actual range for the FOAs was between 3.12 and 5.18. The comparable impact scores for the AI respondents ranged between 3.33 and 5.21.

This finding appears not to be consistent with the literature, which suggests that considerable stress and strain can be expected in the course of multigenerational family life. However, much of the literature is not based on specific attempts to measure impact. Newman and associates (Newman, 1976) centered attention relative to impact on two rather broad items: changes in routines and activities, and increased strains and tensions. Nearly three-fifth of

Newman's children who housed their older parents reported that the parent's presence had not changed the family's routines and activities. Similarly, somewhat less than three-fifths of respondents indicated that the parent's presence had not led to any increase in strains or tensions between family members. Although the measures are not identical, there is some basis for comparing that finding of Newman's to the finding in the present study that on 64 percent of the individual items involved, either no impact or minimal impact was reported.

Some authors have speculated that the greater scope of choice available to families (since the growth of nursing homes, retirement homes, and specially-designed housing for older persons) may provide an atmosphere more conducive to lower levels of stress and strain than were found under conditions found earlier. Perhaps these findings from the present study substantiate that observation and provide motivation for additional systematic investigation.

For both groups of respondents, the measurable impact was negative. In the case of the FOA responses, of all the non-4 scores received, a total of seven indicated the presence of positive impact, while 58 items indicated negative impact. The evidence was not quite as biased when the scores of the Aging Individuals was studied, but the direction was the same. Of the 81 individual AI items, 18 indicated positive impact and 34 were found to be associated with negative impact due to multigenerational family life.

This is in substantial agreement with the findings from the Newman study which reported that among their respondents who indicated that a change in routines and activities had occurred, more than 90 percent noted that the effect of the change was to restrict the amount of time family members spent away from the parent and, therefore, from the house. Newman's definition of positive impact relative to routines and activities provided for cases in which the aging parent helped with household chores and increased the freedom of other family members. About 10 percent of her sample which indicated changes in this arena noted positive impact of this type.

Newman's second indicator, increased strains and tensions, is one-sided in that it does not provide for increased harmony. Somewhat less than three-fifths of her sample reported that the "parent's presence had not led to any increase in strains or tensions between family members" (Newman, 1976, p. 179).

While the two studies do not measure impact in identical ways, both reach the conclusion that measured impact is negative.

For both groups of respondents, Economic, Social, and Psychological Impact can be identified. There were 27 items in each of the three (Economic, Social, and Psychological) areas of impact studied for both the FOA and the AI. As indicated in Table VI-1, in every case, at least 15 of the items was an indicator of impact; that is, there was at

least one non-4 response.

Table VI-1

Items For Which Impact Was Noted By Number and Percent

Family of Attachment			Aging Individual		
Impact Type	Number	Percent	Impact Type	Number	Percent
Economic	22	81	Economic	17	62
Social	22	81	Social	15	55
Psychological	21	77	Psychological	20	74

It is immediately noticeable that in every case, fewer AI items than FOA items were indicators of impact. The items used in this study as probes for impact seemed to elicit evidence of the presence of impact more readily for the FOA members than for the AI respondents. This may have been the case simply because the impact of multigenerational family life is felt more by family members than by the elderly person. The possibility should not be overlooked, however, that the particular items used in this study may not have been successful in measuring the impact actually experienced by the Aging Individual respondents.

One observation of potential interest to the theoretician is found when the percentage of AI Social items found to indicate impact is studied. Just slightly over half the

AI Social items were successful in eliciting evidence of impact (either positive or negative) from even one AI respondent. An objective count of the possible changes in social interaction for the aging person who leaves familiar surroundings to live with a group of persons would seem to indicate that this might be one of the most significant areas of impact of multigenerational family life. A possible explanation lies in the on-going discussion related to the competing theories of aging: the disengagement theory and the activity theory.

To the extent that aging brings a mutual withdrawal of the individual and the environment from each other, one might expect to find that social matters are less salient features of the aging person's environment. It is interesting to note that the greatest percentage of items eliciting impact-present responses from the aging persons was the set of Psychological items. Disengagement theory contends that as the aging person withdraws from his larger environment, interest centers on intimate, personal, self-oriented matters.

The general finding of mild, negative Economic, Social, and Psychological Impact for both groups of respondents is not obscured when the 162 individual items are consolidated into 22 Measures of Impact. Of the 22 derived measures, only five indicated positive impact. Three of these were AI measures and the other two were composed of FOA items. Three of the five were the "Advantages/Disadvantages"

ratio measures. Similarly, Newman reported some evidence that her "satisfaction" measure seemed to reflect the respondents' "feelings" about the living arrangement, not the extra resource allocation required to care for an aging parent. In this connection, it can be noted that in the Economic arena, the Advantages/Disadvantages ratio became a part of the cluster for both the AI and the FOA, indicating that it was measuring the same thing the other items were. On the other hand, the Social Advantages/Disadvantages ratio indicated positive impact for both groups of respondents, varying from the slightly negative rating found for most of the other Social items. Similarly, the Aging Individuals reported positive Psychological Impact on the Advantages/Disadvantages item, again differing from the general picture of mild, negative impact.

Cognitive dissonance, as inferred from data on alternative living arrangements, appeared to be an important indicator of all types of impact for both groups of respondents. An attempt was made to assess the respondents' perceptions of the alternative living arrangements considered at the time of the original consolidation and at the time of the interview. By extrapolation, then, the direction and extent of the change in perception of alternative living arrangements could be deduced. In recognition of the difficulties involved in attempting to recall alternatives over long periods of time, cognitive dissonance theory was used

as the conceptual framework within which explanations were offered.

Within the 16 stepwise multiple regressions which resulted in F-statistics of 3.08 or over (and had, therefore, found better than chance explanations for the variance in the dependent variables), there were 16 instances of some measure of the alternative living arrangements being included among the five independent variables which, as a set, best predicted the dependent variable. In 13 of the 16 regressions, at least one measure of alternative living arrangements was included; this seems to indicate that overall, it is reasonable to expect to find associations between impact scores and perceptions of alternative living arrangements.

Several statements can be made regarding the specific associations found in this exploratory study. First, of the nine possible measures of alternative living arrangements (FOA, AI, and Total scores couched in three time dimensions: time of original consolidation, time of interview, and change over time), fully eight were represented in the regression equations. The only measure which was not used was the Total-Interview measure. Very tentatively, then, it appears that there is evidence that the model used is viable.

All possible kinds of Impact Measures were associated with the alternative living arrangements variables. Nine of the 16 cases of association were with FOA impact measures; seven were AI impact measures. Three measures of Economic Impact, nine of Social Impact, and four measures of Psychological

Impact were associated with the alternative living arrangements scores.

Positive Impact appeared to be associated with low cognitive dissonance, or a decrease in cognitive dissonance over time. Perhaps the observation most nearly approaching that of a "pattern" in the observed associations is related to the nature of the association between positive impact scores and the alternative living arrangements. In 13 of the 16 cases, positive impact was associated with low cognitive dissonance, or a decrease in cognitive dissonance over time. There were, however, three cases in which the finding was different; positive impact was associated with an increase over time in cognitive dissonance due to alternative living arrangements, or to a greater amount of dissonance at one time or the other. The dependent variables in these three cases were: (1) AI-Social Cluster; (2) FOA-Economic-Food; and (3) FOA-Social-Social Care. On the surface, there does not appear to be a commonality among the three which would permit an explanation of the association between increased dissonance (or a greater number of possible alternatives) and positive impact on those measures. However, closer inspection indicates that positive impact on those three specific measures is indicative of well-being in the AI. The Aging Individuals who were well were more likely to indicate improvement in their social lives than were those who were ill. Similarly, those families who were housing relatively well aging persons

were likely to report considerable help from those aging persons in terms of food preparation, which resulted in positive impact on the measure called "FOA-Economic-Food. Finally, a relatively high positive impact score on the FOA-Social-Social Care Item indicated the flow of little social care from family members to the Aging Individual. This situation was characteristic of multigeneration families which contained a competent Aging Individual rather than one who was less well.

This finding seems to indicate that there was a tendency for both Aging Individual respondents and Primary Care-Giver respondents to perceive more alternatives on which they are not acting (and, therefore, experiencing more cognitive dissonance) when the AI is relatively well. These conditions may occur when an elderly person has adjusted creatively to widowhood; has recovered from an illness or surgery; or when a formerly married adult child has gained some measure of financial or emotional security and the parent is well.

The findings indicate that certain measures of alternative living arrangements are associated with the Impact Measures used in this study with considerable frequency. A tentative pattern emerged indicating that in the typical case, positive impact was associated with low levels of cognitive dissonance (as inferred from the presence of few and/or weakly valued alternatives or a change over time characterized by the loss of alternative living arrangements). In

cases characterized by relatively healthy aging persons, however, there may be a counter tendency to perceive more and/or more highly valued alternative living arrangements at the same time one is experiencing positive impact on certain measures.

The frequency of the various alternative living arrangement scores as explanatory variables, as well as the conceptual "soundness" of the associations lend credence to the models' use in this study.

Positive Impact for the Family of Attachment was associated with high physical competence scores for the Aging Individual. However, positive Impact for the Aging Individual was predicted by low physical competence scores. The three indicators of the well-being of the AI were included in the regression equations eight times which may indicate that this is an important explanatory variable. A pattern emerges when these eight instances are explored more thoroughly. In four of the cases, positive impact is associated with high competence or well-being of the AI; in the other four cases, positive impact is associated with lack of well-being, or less competence. In the set of cases in which positive impact was associated with greater competence, it is further noted that the presence of a relatively old PCG was another of the explanatory variables entered into the regression equation. In two of the four cases, the AI's relative young age was also a variable used. These variables

taken together may indicate that the combination of a relatively young and well AI and a relatively old PCG who has possibly entered the "empty nest stage" may be viewed positively. Further, it should be noted, that in each of these four cases, the impact measure at issue is an FOA measure. (The specific measures are: FOA-Economic Cluster; FOA-Social-Out; FOA-Psychological Cluster; and FOA-Psychological-Professional/Occupational).

Finally, in each of these four cases in which positive impact is associated with greater competence in the AI, this independent variable was the first one entered into the regression equation, indicating that it was the single most important explanatory variable for that impact measure.

The contrasts between the set of conditions just described and those found when examining the four cases in which positive impact is associated with <u>low</u> competence scores for the AI are evident. First, in each of the four cases, the independent variable (competence of the AI) was the last of the five entered into the regression equation. This indicates, at the very least, that the independent variable was not the most important single explanatory variable in the set. Three of the four impact measures (AI-Social Cluster; AI-Social Care Item; and AI-Psychological-Schedule) were measures dealing with Aging Individual responses, while the fourth (FOA-Social-In Cluster) was a PCG measure. It is also clear that three of the four were Social Impact items, probably indicating an area of greatest

concern. It was not possible to discern a clear pattern between low competence and other specific variables such as age of respondents as was the case in the earlier discussion. In summary, high competence levels in the AI respondents seem to be related to positive impact for the FOA, especially when the PCG is relatively old. This positive impact appears to extend across all three types of impact studied. On the other hand, low competence levels in the AI were seen to be associated)although more weakly) with positive impact for the Aging Individual respondents.

The first finding may be best explained through an examination of roles, while the second seems to indicate that Aging Individuals who rated themselves as less independent also reported positive impact from the experience of multigenerational family life.

Various income measures appeared to be important as predictors of impact, but the nature of the associations is not clear. Three measures of family income (total income, per capita income, and percent of total income contributed by the FOA) were used as independent variables. Together, they appeared 12 times in the regression equations, but it is not possible to make definitive statements regarding their associations with the dependent variables. Some tentative conclusions can be cited.

A measure of income was an explanatory variable for four FOA dependent variables: FOA-Economic Cluster;

FOA-Social-Out Cluster; FOA-Social Care Item; and FOA-Economic-Food Item. In the first three cases, per capita income was the measure; in the fourth, total income was an explanatory variable. Smaller per capita incomes and lower total income were associated with positive impact on the FOA-Social-Social Care item. A possible explanation which could account for the four cases is that when resource levels are generally low, attention is focused on those economic matters. The addition of a person and associated resources may bring relief to a family. On the other hand, those families who had higher per capita or total incomes and were less in need of/aware of economic resources, did not profit (experience positive impact) from the addition of the aging person. The indication that families with higher per capita incomes apparently were less involved in social care of the aging person may indicate that their resource level permitted the AI to be involved in social activities outside the home, thereby reducing dependence on the family members.

Of the eight AI Impact Measures which were at least partly explained by a measure of income, fully six were AI-Psychological measures. In two cases, two different measures of income were entered into a single regression equation. The AI-Psychological-Noise item was one of those, having both per capita income and total income suggested as explanatory variables. In this case, higher per capita incomes, but lower total incomes were associated with positive impact on

this noise item. This may indicate that the presence of fewer family members was the overriding factor. Low total income, but high per capita income could indicate retirement incomes, "empty nest families," and widowhood in the FOA. It seems logical that these would be associated with relatively low noise levels which are presumed to be desired by the AI respondents.

The second case in which two measures of income were entered as explanatory variables was the AI-Psychological-Radio/TV item. Positive impact on this measure was associated with lower total incomes, and a greater percentage contribution by the FOA. Possibly this indicates an aging person who had no access to radio or television prior to the consolidation, but who considers the addition of this activity a positive aspect of multigeneration family life.

The remaining two AI-Psychological Impact Measures which were associated with measures of income are: AI-Psychological-Schedule and AI-Psychological-Money. Neither of them was explained largely by the measure of income. Positive impact on the money item was associated with lower per capita income; positive impact on the schedule item was associated with a greater percentage of the total income from the FOA. Neither of these associations is easily explained and may not represent data which would be found in another sample.

Finally, in addition to the six psychological items, two social items were predicted, in part, by measures of

income. The first, AI-Social-Advantages/Disadvantages was associated positively with higher per capita incomes. In the second case, positive impact on the AI-Social-Social Care was associated with lower per capita incomes. It will be recalled that the FOA-Social-Social Care item was also associated with per capita income. In the case of the family, it appeared that higher incomes allowed the aging person to engage in outside-the-home social activities. In the case of the old person's measure, lower incomes are associated with a relative absence of social care going from the AI to members of the family. This, too, might be explained by recognizing that when resources are relatively scarce, one performs maintenance functions before addressing relational needs.

In summary, while by mere count income appears to be important as an explanatory variable vis-a-vis the dependent variables in this study, it is not possible to suggest the nature of the associations from the data in the present study. The tentative associations described here should be further studied.

IMPLICATIONS FOR FURTHER STUDY

A major purpose of the exploratory study is the gathering of data and development of initial conjectures which can serve as the foundation for further study.

Implications for research and theory, based on this study, are presented in the following section.

DEMOGRAPHIC AND SITUATIONAL VARIABLES

Personal Characteristics of the Aging Individuals. The Aging Individual respondents in this study were overwhelmingly unemployed, widowed females, reflecting the literature available relative to aging persons who live with their children (Newman, 1976; U.S. Department of Commerce, 1976). However, these respondents were in relatively good health. Since most of the literature suggests that elderly persons who live with their children are among the most frail uninstitutionalized elderly, the finding in the present study should be accepted only cautiously. The sample selection and reduction procedures may have systematically eliminated those most frail elderly among the potential respondents.

In should be noted, also, that no observations were made of the AI performing the functions incorporated in the measures. The data were in the form of verbal responses regarding performance.

In summary, it may be that both the composition of this particular sample, and the methodology of data gathering produced higher physical competence scores than would have been found in another sample or with another methodology.

Personal Characteristics of the Primary Care-Givers. Differing rules for sample selection resulted in different sets of demographic findings relative to the adult child respondents in the Newman study and the present one. In both cases, the adult child respondent was more often a female than a male, but the rules which led to this result were quite different between the two studies.

These findings seem to give support to the notion that kin family networks are maintained and held viable through females rather than through males. In neither study is there definitive evidence of the total number and sex of children of the aging persons, but it appears to be clear that daughters and daughters-in-law are perceived as being more knowledgeable, responsible, and helpful vis-a-vis the elderly than are sons. Sons-in-law really did not appear in either study.

If it should be the case that neither sons-in-law nor fathers-in-law hold prominent positions in the kin family networks which involve aging individuals, a myriad of questions about the structure and the function of such networks should be addressed.

There were cases of married adult sons providing information for the Newman study. Based on the finding in the present study that women were designated as Primary Care-Giver regardless of the blood/marriage relationship between them and the AI, it would be interesting to know whether the information provided by the male adult child

respondents in the Newman study had come to them "second-hand" from their wives who were, in actuality, more knowledgeable about and responsible for the aged parents.

If the sample selection techniques employed in this study had not systematically eliminated those cases in which the adult child had never lived away from the parental home, there would have been a set of "never marrieds" among the PCGs. With a carefully structured sample, a three-way comparison could be made of the types and extent of impact experienced in multigeneration families with FOAs which contained "marrieds," "never marrieds," and "formerly marrieds" as the adult children. Resource exchange as a function of the kin family network in three systematically differing environments could then be studied specifically.

Socio-economic Status. The rules used in the present study simply formalize a set of decisions made in response to a number of problems associated with the use of the Hollingshead Index. The result is that there is no measure of the socio-economic status of the AI respondents in the present study, and, probably, inadequate measures of the social class of the Families of Attachment. Several potentially important conclusions are, therefore, impossible to make. For example, the nature and extent of the difference in social class between the two generations might be a strong explanatory variable relative to some measures of impact and should be examined.

Income of the Multigeneration Families. The findings seem to indicate tentatively that "two-parent families" who take on the care of an aging relative do not profit financially from the consolidation, while those families characterized by divorce, separation, or death in the FOA do seem to be assisted economically by the consolidation.

Newman found that the families in her sample which had an aged parent living with them were more than twice as likely to report that their financial condition had worsened due to the presence of the aging person, than were the families who had placed the aging person in a nursing home. Her data indicate that this difference is due to the differential availability of certain transfer funds which discriminate against the aging person who is cared for in a child's home in favor of those who are cared for in a nursing home)Newman, 1976, p. 102). Evidence of this anti-family policy from these two studies should not be ignored. The public policy implications merit further study.

Length of Time in Present Living Arrangement. The rather wide range of time found in Newman's study and the present one presents a methodological problem which should be addressed in subsequent investigations. Adjustments, changes, advantages, and disadvantages are all difficult to remember and evaluate over a period of time. Newman and associates attempted to deal with this problem by asking a certain battery of questions only to those adult children who had

cared for their parents for 5 years or less. While this filter does acknowledge a legitimate problem, it is likely that this time span is not sufficiently restrictive. Attention to this methodological problem should probably result in a more intricate "nesting" of items for particular sub-samples, and also to items which could investigate both long-term and short-term implications of multigenerational family life.

CHARACTERISTICS OF THE DECISION TO LIVE MULTIGENERATIONALLY

Because the present study was designed broadly, the possibility that the needs of the FOA, at least in part, could have motivated the consolidation was explored. No doubt the constellation of the present sample (including cases in which fairly young formerly married adult children and their off-spring resided with the older generation) was largely responsible for the presence of a number of cases in which the needs all seemed to be on the part of the FOA. However, there were a number of cases (seven or nine, depending on the source of the report) in which the basis of the decision reflected the needs of both generations. These cases were not likely to be only those including a formerly married adult child.

The literature does not typically report on the persons who assisted in making the decision to live

multigenerationally. The present data, which indicate that in two-thirds of the cases all adults involved helped make the decision, should be taken as tentative findings until more tightly-based data are available on the subject.

In summary, the characteristics of the decision-making process are not typical components of the few studies available on multigenerational families. Further research to refine or correct information presented here should be encouraged, as well as attempts to determine whether the process used in arriving at this specific decision is a prototype for subsequent decisions made in the multigenerational family.

ALTERNATIVE LIVING ARRANGEMENTS

Cognitive Dissonance Theory as an Explanatory Model. Both the present study and Newman's attempted to investigate the matter of alternative living arrangements. In the present case, emphasis was put on the cognitive processes operating over the period of time between the consolidation and the interview.

Since a large number of the respondents in the present study (as in Newman's) indicated that they had no alternatives to the present multigenerational living arrangement, it is of further interest to explore the reasons for these responses. The following explanations may be offered:

1. There were actually no alternatives. This might have been due to the lack of nursing homes, the

absence of long-term hospital care facilities, or economic inability to pay for institutional care.

2. The prevailing attitudes were so strongly against any existing alternatives that they, effectively, did not exist as viable alternatives.
3. Cognitive dissonance reduction had taken the form of denial that other alternatives existed. If this was the case for some respondents, then it is likely that there were closely-ranked alternatives which were not chosen. In order to reduce the dissonance caused by choosing multigenerational family life, the respondents denied the presence of alternatives, an action which should leave them with no dissonance.

If the first explanation above is the correct one, then it is proper to assume that there is no effect on the Impact Measures which should be attributed to dissonance reduction. If it is true that the respondents had some alternatives, but did not seriously consider them due to their low appeal, then there would be only minor, if any, dissonance reduction reflected in the Impact Measures.

If, however, the third alternative explanation above is applicable to the respondents, then the assumption that the Impact Measures would not reflect any dissonance reduction may be questioned. The actions taken to reduce

dissonance may have altered the perceptions of the respondents relative to the kinds of impact studied. However, the present data are such that extrapolation to those or other alternative explanations is not justified.

Traditional cognitive dissonance research has concentrated on very limited time spans, and decisions of less magnitude than the decision to live multigenerationally. These factors make it unsound to attempt to extrapolate from the data available to the present concern. There is, however, no reason to doubt the efficacy of the cognitive dissonance model as a conceptual framework within which the issue of perceived alternative living arrangements could be further studied.

Associations between Alternative Living Arrangement Scores and the Impact Measures. This study also attempted to determine whether there was a predictable association between the perceptions of alternative ways of living held by either group of respondents, and the scores on the Impact Measures. There was an association between positive impact and the lessening of cognitive dissonance. This finding, however, raises additional questions: To what extent is the decrease in perception of alternative living arrangements a reflection of actual, objective improvements in the living arrangement over time, and to what extent is it a reflection of dissonance reduction as a kind of defense mechanism?

THE TYPES AND EXTENT OF IMPACT

The data from this study show that Economic, Social, and Psychological Impact are all identified by both Primary Care-Givers and Aging Individuals. These results naturally lead to conceptual, theoretical, and methodological questions which should be answered in order for the full implications of the present findings to be clear. For example, can the tri-partite conceptualization of Impact be substantiated with other samples, and, perhaps, with other sets of items or other methodologies; could some form of exchange theory be used to test whether, over time or with different resources, some form of reciprocity exists in multigenerational families; and would a methodology imposing objective measurements of changes and services delivered also indicate the presence of Economic, Social, and Psychological Impact?

The data from the present study differed from conventional literature and wisdom, but seemed to reflect the findings of other recent investigations in that the measured impact was quite mild. Both families and elderly persons reported data which was interpreted to indicate the presence of little effect due to multigenerational family life. As has been suggested, it may be that it is difficult to overcome the effects of processes of adaptation. Probably data gathering timed within the first three months after consolidation would reduce or eliminate these effects.

Finally, the measured impact was negative for both sets of respondents. Families and aging persons reported changes and delivery of services which tended to disrupt a balance between the organism and the environments rather than to report that more effective balances had been developed. A variation from this pattern was that both groups tended to verbalize advantages more frequently than disadvantages when presented with an open-end item. How much these individuals were conditioned by the need to give socially-approved responses is, of course, not known. Methodologies based on objectively gathered data could be implemented in order to reduce the possibility of this contamination.

ASSOCIATIONS BETWEEN SITUATIONAL AND DEMOGRAPHIC VARIABLES AND THE IMPACT MEASURES

In this study, Physical Competence Scores of the Aging Individuals and several measures of income seemed to produce the most defensible associations with the Impact Measures. Relative well-being of the Aging Individual seemed to be associated with positive impact for the FOA when the PCG was relatively old. In contrast, positive impact on the Impact Measures for the AI seemed to be associated with <u>low</u> physical competence scores.

These two findings, taken together, open the possibility that longitudinal research or some variation of it, with multigenerational families could reveal the presence of reciprocal patterns of aid extending over long periods of the life cycle and with differing exchange patterns characterizing various periods of the cycle. Perhaps a model which incorporated a broad spectrum of "exchangeables" including the very abstract kinds of "advantages and disadvantages" the respondents in the present study volunteered could provide some enlargement for the conceptual background typically used in kin family network studies.

The income measures appeared to indicate that high incomes were not associated with positive impact for the families or the aging individuals in the present study. This may simply indicate that the level of resources needed to support an aging person (especially with some public support such as Social Security or Medicare) is not high. Before accepting that explanation, however, an observation should be made. Diligent efforts were required to emphasize that the intent of the items was to objectively measure changes and services delivered between individuals. It seems that it was easier for the better educated respondents to have less difficulty with this problem. This sample had a number of college-oriented persons with relatively high incomes who were also familiar with the research process. Their ability to respond relatively

objectively may have shown up in an involuted way as an association between lower incomes and positive impact. Some other data gathering techniques (such as time sampling to get a measure of activities and their characteristics) might be able to get more objective measures of change and services exchanged.

Some other explanation, of course, may be superior. The individuals with lower incomes, for example, may simply expect less from life than the persons with higher incomes and may be less affected by changes and inconveniences.

METHODOLOGICAL CONTRIBUTIONS

The concurrent interviewing of two members of a given Multigenerational Family is considered a major contribution of this study. Most other reported studies have gathered data from a single person who is sometimes asked to supply information for other members. In other cases, the data are meant to reflect only the report of the individual interviewed. It is generally conceded that different individuals may view the same situation quite differently, but it is not often that this understanding is carried into methodological considerations.

Newman's (1976) findings that the variable most associated with the child's satisfaction with the present living arrangement was that child's perception of the parent's

satisfaction with the present living arrangement, seems to underscore the commonly accepted view that when an individual likes another, there is a tendency to rate that person as similar to the self. While it is no doubt true that one's own satisfaction level is influenced by one's perceptions of others' satisfactions, Newman's methodology seems to exaggerate the interrelatedness of the two variables.

In this study, Impact is seen as being multidimensional. Specifically, the Economic, Social, and Psychological dimensions of Impact are isolated and investigated separately. The ability to specify the characteristic of a resource or of an exchange which is associated with Impact is seen as a refinement on the general idea of Impact, which is a contribution of this study.

The initial steps required for the development of a standardized instrument designed to measure types and extent of Impact in Multigenerational Families have been taken. It should now be possible to refine that instrument, dropping those items which seem not to be contributing, and adding those suggested by experience.

This exploratory study has generated data from which a number of hypotheses could be developed for testing on larger samples.

APPENDIX A

THE INSTRUMENTS

Form A/p.1

PCG Interviewer_____

AI Interviewer_____

Family Number _____

HOUSEHOLD COMPOSITION:

Rel. to PCG	Sex	Age	M.S.	Occupation	Status E U R	Level F P

INCOME					EDUCATION		
Total	Wages Salary	Retire-ment Funds	Gov't. Trans.	Other	Level	No	Yes/specify

Religious preference?

____ Fundamentalist Protestant

____ Other Protestant

____ Roman Catholic

____None

____Other

Importance of religious affiliation:

____ Very imp.

____ Somewhat imp.

____ Not important

____Very unimp.

____Somewhat Unimportant

Location:

___City

___Town

___Village

___Rural area

Type of housing:

___Single family

___Apartment

___Mobile home

___Other

Length of time together:

___Less than 1 year

___More than 1 year;

specify: _____

Ownership of residence:

___PCG and/or spouse

___AI

___Unrelated landlord

___Other, _____

Distance between prior:

___On same plot of land

___In same community

___Within 25 miles

___In another county; more than 25 miles away.

___In another state

How did it happen that you began to live together?

What other alternatives were there?

Who made the decision?	Yes	No	What living arrangement would be chosen now?
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

Any other individuals;

please specify:

There aren't any perfect living arrangements. Usually, though, people can think of some good things about the way they live. Would you please tell me some of the benefits of having (AI) live here with you instead of living someplace else? Try to answer the question for you, your spouse, and your children.

(PROBE: Use words such as advantages and gains)

Most families like yours also find that there are some problems. Perhaps you can tell me what disadvantages, or costs, your family has found. Try to think of the losses you, your spouse, and your children have experienced.

(PROBE: Use words such as disadvantages; what has been bad about this arrangement?

ITEM	Change? Yes	No	Kind of Change	How much Change? M	S	L	Who affected? PCG, SP, Other
Temperature of house							
Space in house							
Noise in house							
Radio, phonograph Tapes, TV							
Money							
Discipline							
Social life with non-family members in house							
Social life with non-family members out of house							

	Change?	Kind of Change?	How much Change?	Who affected
	Yes No		M S L	PCG, SP., Other
Private, intimate life				
Cleanliness				
Food				
Family Vacations				
Work done at home				
Furnishing and decorating the home				
Individual's leisure time				
The time schedule				

	Change?		Kind of Change?	How much Change?			Who affected
	Yes	No		M	S	L	PCG, SP., Other
Religious activities							
Civic activities							
Intellectual or educational activities							
Professional or occupational activities							

TASK	Task Performed		By Whom	How Frequently
	Yes	No	PCG, SP., Other	Daily, Weekly, Occasionally
Physical care (Bathing, dressing)				
Homemaking care (special laundry)				
Medical care (injections)				
Intellectual or educational care (teaching a skill)				
Social care (taking to a meeting)				
Emotional care (reassuring)				

AI Interviewer_____

PCG Interviewer_____

Individual Number_____

1. Are you able to walk up and down a flight of stairs?

____no--not able to for any reason

____yes--qualified (with effort, slowly)

____yes--unqualified

____Other answer

____question not asked

2. Are you able to walk half a mile (8 blks)

____no--not able to for any reason

____yes--qualified (with effort, slowly)

____yes--unqualified

____Other answer

____question not asked

3. IF AI IS SEVERELY DISABLED, ASK:

Have you been getting out in the past month?

If no, indicate "other" below. If yes, ask:

Do you have someone with you?

OTHER AIS ASK:

Do you need any help in getting places, such as getting to some shopping place, or to church, or getting out to visit?

___no--don't need help

___yes--needs assistance

___other-can't or doesn't go anywhere

___other answer

4. Would you say that you are healthy enough to do routine household chores that most people do around a house?

____no--not able to do this (next question also is automatically unfavorable).

____yes--able to do it, with qualifications (e.g., slowly, with effort)

____yes--unqualified

____other answer

____question not asked

5. What about harder work like washing the inside windows around the house? Would you say that you are healthy enough to do this?

____no--not able to do this (including unfavorable from earlier question).

____yes--able to do it, with qualifications

____yes--unqualified

____other answer

____question not asked

6. Are you managing most of your personal care by yourself? Does anyone help you to get in and out of the bathtub or shower? (in past two weeks)

PROBE: How do you bathe? In a shower? Tub? or sponge bath? Does anyone help you bathe?

1. Independent
   a. bathes self completely, or
   b. gets assistance, support, or supervision in bathing a single part (as back or disabled extremity), or
   c. sponge bath only--by self

2. Dependent
   a. gets assistance, support or supervision in bathing more than one part of the body, or
   b. gets assistance getting in or out of the tub, or
   c. does not bathe self

3. Not able to get information

7. How do you manage your dressing? (in past two weeks)

PROBE: Does anyone help you get dressed?
Do you get dressed every day?

1. Independent
   a. gets clothes from closets and drawers, and
   b. puts on braces every day (if necessary), and
   c. puts on clothes, outer garments, stockings,and shoes, manages fasteners; act of tying shoes is excluded.

2. Dependent
   a. does not dress self, or
   b. remains partly undressed, e.g., shoes off, in bathrobe over pajamas

3. Not able to get information

8. How about toileting (in past two weeks)

PROBE: How do you go to the bathroom?
Does anyone help you with your toileting?

1. Independent
   a. gets to toilet room, and
   b. gets on and off toilet, and
   c. arranges clothes; cleans organs of excretion, or
   d. may manage own bedpan or commode at night only, and empties it,
   e. may or may not be using mechanical supports.

2. Dependent
   a. uses bedpan or commode and does not empty it, or
   b. receives assistance in getting to and using toilet (see a, b, c above)

3. Not able to get information

9. Do you need any help in eating? (in last two weeks)

1. Independent
   a. gets food from plate (or equivalent) into mouth, and
   b. may receive assistance in preparation of food such as precutting of meat and buttering of bread

2. Dependent
   a. assistance in act of feeding, or
   b. does not eat at all or intravenous feeding

10. Can you get in and out of bed by Yourself and/or in and out of chairs (in past two weeks)

PROBE: How do you get out of bed?

1. Independent
   a. moves in and out of bed and chairs independently, and
   b. may or may not be using a mechanical support.

2. Dependent

   a. assistance in moving in or out of bed and/or chair, or
   b. does not move from bed or chair

3. Not able to get information

11. Do certain foods bother you when you eat them? Do you have any problems with elimination?

PROBE: Are you constipated often or do you have problems with diarrhea?

Do you have to go to the toilet at frequent intervals

Do you have accidents?

1. Independent
   a. urination and defecation entirely self-controlled.

2. Dependent
   a. partial or total incontinence in urination or defecation, or
   b. partial or total control by enemas (administered by another), catheters, or use of urinals and/or bedpans, or colostomy (regulated by another)

3. Not able to get information

12. Letter from card representing INCOME.

    PROBE: Social security, private pension plans, rent.

    _____

13. Religious preference

    ___Fundamentalist Protestant

    ___Other Protestant

    ___Roman Catholic

    ___Other, specify

    ___None

14. Importance of religious affiliation to you?

    ___Very important

    ___Somewhat important

    ___Not important

    ___Somewhat unimportant

    ___Very unimportant

15. How did it happen that you began to live with this family?

16. What other alternatives were there then?

17. Who made the decision?

18. If you were making the decision now, for the future, what living arrangement would you choose?

19. There aren't any perfect living situations. Usually, though, people can think of some good things about the way they live. Would you please tell me some of the benefits of living here with the family instead of living someplace else? Tell me what benefits there are for you.

    PROBE: Use words such as "advantages" and "gains".

20. Most individuals like you also find that there are some problems. Perhaps you can tell me what disadvantages, or costs, you have found in this living arrangement. Try to think of the losses you have experienced.

    PROBE: Use words such as "disadvantages". What has been bad about this arrangement.

ITEM	Change? Yes	No	Kind of Change?	How much Change? M	S	L
Temperature in the house						
Space in the house						
Noise in the house						
Radio, phonograph, tapes, TV						
Money						
Discipline of children						
Social life with non-family members in house						
Social life with non-family members out of house						

ITEM	Change? Yes	No	Kind of Change?	How much Change? M	S	L
Private, intimate life						
Cleanliness						
Food						
Vacations						
Work done at home						
Furnishing and decorating the home						
Your leisure time						
Your time schedule						

ITEM	Change? Yes	Change? No	Kind of Change?	How much Change? M	S	L
Religious activities						
Civic activities						
Intellectual or educational activities						
Professional or occupational activities						

	Task Performed?		For Whom?		How Frequently?
TASK	Yes	No	PCG, SP	Other	Daily, Weekly, Often
Physical care (bathing, dressing)					
Homemaking care (mending, cooking)					
Medical care (exercising)					
Intellectual or educational care (homework help)					
Social care (giving a party)					
Emotional care (just talking)					

APPENDIX B

IMPACT SCORES ON THE INDIVIDUAL ITEMS

Appendix B

IMPACT SCORES ON EACH OF THE 162 INDIVIDUAL ITEMS BY FREQUENCY AND PERCENTAGE

FOA (FAMILY OF ATTACHMENT)

ITEM	SCORE	NUMBER	PER CENT
1 - FOA Temperature Economic	1	2	6.06
	2	4	12.12
	3	1	3.03
	4	26	78.79
2 - FOA Temperature Social	1	1	3.03
	4	32	96.97
3 - FOA Temperature Psychological	1	4	12.12
	2	8	24.24
	3	2	6.06
	4	17	51.52
	5	1	3.03
	6	1	3.03
4 - FOA Space Economic	1	4	12.12
	2	3	9.09
	4	22	66.67
	5	1	3.03
	7	3	9.09
5 - FOA Space Social	1	6	18.18
	2	2	6.06
	3	1	3.03
	4	23	69.70
	7	1	3.03
6 - FOA Space Psychological	1	6	18.18
	2	2	6.06
	3	4	12.12
	4	21	63.64

ITEM	SCORE	NUMBER	PER CENT
7 - FOA Noise Economic	4	33	100.00
8 - FOA Noise Social	1	4	12.12
	2	1	3.03
	3	1	3.03
	4	27	81.82
9 - FOA Noise Psychological	1	3	9.09
	2	1	3.03
	3	1	3.03
	4	28	84.85
10 - FOA Radio-TV Economic	1	3	9.09
	2	1	3.03
	3	1	3.03
	4	25	75.76
	6	1	3.03
	7	2	6.06
11 - FOA Radio-TV Social	1	5	15.15
	3	1	3.03
	4	25	75.76
	5	1	3.03
	7	1	3.03
12 - FOA Radio-TV Psychological	1	6	18.18
	2	1	3.03
	3	1	3.03
	4	25	75.76
13 - FOA Money Economic	1	1	3.03
	2	3	9.09
	3	1	3.03
	4	22	66.67
	5	1	3.03
	6	4	12.12
	7	1	3.03
14 - FOA Money Social	4	33	100.00

ITEM	SCORE	NUMBER	PER CENT
15 - FOA	1	1	3.03
Money	2	1	3.03
Psychological	4	29	87.88
	6	1	3.03
	7	1	3.03
16 - FOA	1	1	3.03
Discipline	3	32	96.97
Economic			
17 - FOA	1	6	18.18
Discipline	2	2	6.06
Social	4	25	75.76
18 - FOA	1	6	18.18
Discipline	2	3	9.09
Psychological	3	1	3.03
	4	21	63.64
	6	1	3.03
	7	1	3.03
19 - FOA	1	1	3.03
Social-In	2	1	3.03
Economic	4	31	93.94
20 - FOA	1	8	24.24
Social-In	3	2	6.06
Social	4	22	66.67
	7	1	3.03
21 - FOA	1	4	12.12
Social-In	3	2	6.06
Psychological	4	27	81.82
22 - FOA	2	1	3.03
Social-Out	4	32	96.97
Economic			
23 - FOA	1	5	15.15
Social-Out	2	3	9.09
Social	3	2	6.06
	4	18	54.55
	6	1	3.03
	7	4	12.12

ITEM	SCORE	NUMBER	PER CENT
24 - FOA	1	3	9.09
Social-Out	2	1	3.03
Psychological	3	2	6.06
	4	25	75.76
	7	2	6.06
25 - FOA	1	1	3.03
Privacy	2	2	6.06
Economic	4	30	90.91
26 - FOA	1	1	3.03
Privacy	2	4	12.12
Social	4	28	84.85
27 - FOA	1	6	18.18
Privacy	2	5	15.15
Psychological	3	1	3.03
	4	21	63.64
28 - FOA	1	3	9.09
Cleanliness	3	2	6.06
Economic	4	23	69.70
	5	2	6.06
	6	1	3.03
	7	2	6.06
29 - FOA	1	1	3.03
Cleanliness	4	32	96.97
Social			
30 - FOA	4	33	100.00
Cleanliness			
Psychological			
31 - FOA	2	3	9.09
Food	3	2	6.06
Economic	4	17	51.52
	5	3	9.09
	6	5	15.15
	7	3	9.09
32 - FOA	1	1	3.03
Food	4	31	93.94
Social	6	1	3.03

ITEM	SCORE	NUMBER	PER CENT
33 - FOA	1	1	3.03
Food	4	29	87.88
Psychological	6	2	6.06
	7	1	3.03
34 - FOA	1	3	9.09
Vacation	2	2	6.06
Economic	4	26	78.79
	6	1	3.03
	7	1	3.03
35 - FOA	1	4	12.12
Vacation	2	3	9.09
Social	4	26	78.79
36 - FOA	1	6	18.18
Vacation	2	2	6.06
Psychological	4	24	72.73
	5	1	3.03
37 - FOA	1	2	6.06
Work in the Home	3	30	90.91
Economic	6	1	3.03
38 - FOA	4	33	100.00
Work in the Home			
Social			
39 - FOA	2	1	3.03
Work in the Home	4	31	93.94
Psychological	6	1	3.03
40 - FOA	1	1	3.03
Furnishing/Decorating	2	1	3.03
Economic	3	3	9.09
	4	25	75.76
	5	1	3.03
	7	2	6.06
41 - FOA	2	1	3.03
Furnishing/Decorating	4	32	96.97
Social			

ITEM	SCORE	NUMBER	PER CENT
42 - FOA	1	2	6.06
Furnishing/Decorating	2	3	9.09
Psychological	3	3	9.09
	4	24	72.73
	7	1	3.03
43 - FOA	1	3	9.09
Leisure	2	1	3.03
Economic	4	28	84.85
	6	1	3.03
44 - FOA	1	3	9.09
Leisure	4	29	87.88
Social	7	1	3.03
45 - FOA	1	5	15.15
Leisure	2	2	6.06
Psychological	4	24	72.73
	7	2	6.06
46 - FOA	1	3	9.09
Schedule	2	3	9.09
Economic	3	1	3.03
	4	25	75.76
	7	1	3.03
47 - FOA	1	1	3.03
Schedule	2	1	3.03
Social	4	30	90.91
	6	1	3.03
48 - FOA	1	2	6.06
Schedule	2	3	9.09
Psychological	4	27	81.82
	7	1	3.03
49 - FOA	4	33	100.00
Religion			
Economic			
50 - FOA	1	1	3.03
Religion	2	2	6.06
Social	3	1	3.03
	4	29	87.88

ITEM	SCORE	NUMBER	PER CENT
51 - FOA	1	3	9.09
Religion	2	2	6.06
Psychological	3	1	3.03
	4	26	78.79
	6	1	3.03
52 - FOA	4	33	100.00
Civic			
Economic			
53 - FOA	1	2	6.06
Civic	3	1	3.03
Social	4	28	84.85
	6	2	6.06
54 - FOA	1	2	6.06
Civic	4	31	93.94
Psychological			
55 - FOA	4	32	96.97
Intellectual/Educational	7	1	3.03
Economic			
56 - FOA	2	1	3.03
Intellectual/Educational	4	30	90.91
Social	7	2	6.06
57 - FOA	1	1	3.03
Intellectual/Educational	2	1	3.03
Psychological	3	1	3.03
	4	28	84.85
	7	2	6.06
58 - FOA	1	4	12.12
Professional/Occupational	3	1	3.03
Economic	4	24	72.73
	6	2	6.06
	7	2	6.06

ITEM	SCORE	NUMBER	PER CENT
59 - FOA	1	3	9.09
Professional/Occupational	4	27	81.82
Social	6	1	3.03
	7	2	6.06
60 - FOA	1	5	15.15
Professional/Occupational	3	1	3.03
Psychological	4	24	72.73
	6	1	3.03
	7	2	6.06
61 - FOA	3	6	18.18
Advantages/Disadvantages	4	5	15.15
Economic	5	7	21.21
	6	7	21.21
	7	8	24.24
62 - FOA	1	1	3.03
Advantages/Disadvantages	2	1	3.03
Social	3	5	15.15
	4	12	36.36
	5	9	27.27
	6	3	9.09
	7	2	6.06
63 - FOA	1	2	6.06
Advantages/Disadvantages	2	3	9.09
Psychological	3	7	21.21
	4	10	30.30
	5	6	18.18
	6	4	12.12
	7	1	3.03
64 - FOA	1	3	9.09
Physical Care	2	10	30.30
Economic	3	1	3.03
	4	19	57.58
65 - FOA	4	33	100.00
Physical Care			
Social			

ITEM	SCORE	NUMBER	PER CENT
66 - FOA Physical Care Psychological	1	1	3.03
	4	32	96.97
67 - FOA Homemaking Care Economic	1	4	12.12
	2	5	15.15
	3	2	6.06
	4	22	66.67
68 - FOA Homemaking Care Social	4	33	100.00
69 - FOA Homemaking Care Psychological	4	33	100.00
70 - FOA Medical Care Economic	1	5	15.15
	2	3	9.09
	3	6	18.18
	4	19	57.58
71 - FOA Medical Care Social	4	33	100.00
72 - FOA Medical Care Psychological	4	33	100.00
73 - FOA Intellectual Care Economic	1	3	9.09
	2	1	3.03
	3	1	3.03
	4	28	84.85
74 - FOA Intellectual Care Social	1	1	3.03
	4	32	96.97

ITEM	SCORE	NUMBER	PER CENT
75 - FOA	1	3	9.09
Intellectual Care	3	5	15.15
Psychological	4	25	75.76
76 - FOA	4	33	100.00
Social Care			
Economic			
77 - FOA	1	10	30.30
Social Care	2	6	18.18
Social	3	7	21.21
	4	10	30.30
78 - FOA	3	1	3.03
Social Care	4	32	96.97
Psychological			
79 - FOA	4	33	100.00
Emotional Care			
Economic			
80 - FOA	2	1	3.03
Emotional Care	4	32	96.97
Social			
81 - FOA	1	8	24.24
Emotional Care	2	7	21.21
Psychological	3	6	18.18
	4	12	36.36

AI (AGING INDIVIDUAL)

ITEM	SCORE	NUMBER	PER CENT
82 - AI	2	2	6.06
Temperature	4	31	93.94
Economic			
83 - AI	4	33	100.00
Temperature			
Social			
84 - AI	1	1	3.03
Temperature	2	5	15.15
Psychological			81.82
85 - AI	1	6	18.18
Space	2	3	9.09
Economic	3	2	6.06
	4	13	39.39
	6	6	18.18
	7	3	9.09
86 - AI	1	1	3.03
Space	2	2	6.06
Social	4	30	90.91
87 - AI	1	5	15.15
Space	2	3	9.09
Psychological	3	1	3.03
	4	23	69.70
	6	1	3.03
88 - AI	1	2	6.06
Noise	2	1	3.03
Economic	3	3	9.09
	4	24	72.73
	6	1	3.03
	7	2	6.06

ITEM	SCORE	NUMBER	PER CENT
89 - AI	1	1	3.03
Noise	2	1	3.03
Social	3	1	3.03
	4	30	90.91
90 - AI	1	6	18.18
Noise	2	1	3.03
Psychological	3	3	9.09
	4	20	60.61
	6	1	3.03
	7	2	6.06
91 - AI	4	30	90.91
Radio-TV	6	1	3.03
Economic	7	2	6.06
92 - AI	1	1	3.03
Radio-TV	2	1	3.03
Social	3	3	9.09
	4	28	84.85
93 - AI	1	4	12.12
Radio-TV	3	2	6.06
Psychological	4	24	72.73
	7	3	9.09
94 - AI			
Money			
Economic	1	1	3.03
	2	2	6.06
	4	15	45.45
	5	1	3.03
	6	7	21.21
	7	7	21.21
95 - AI	2	1	3.03
Money	4	32	96.97
Social			

ITEM	SCORE	NUMBER	PER CENT
96 - AI Money Psychological	1	1	3.03
	2	1	3.03
	3	1	3.03
	4	25	75.76
	6	1	3.03
	7	4	12.12
97 - AI Discipline Economic	4	33	100.00
98 - AI Discipline Social	2	1	3.03
	4	32	96.97
99 - AI Discipline Social	4	33	100.00
100 - AI Social-In Economic	4	33	100.00
101 - AI Social-In Social	1	4	12.12
	2	3	9.09
	3	2	6.06
	4	23	69.70
	6	1	3.03
102 - AI Social-In Psychological	2	1	3.03
	4	31	93.94
	6	1	3.03
103 - AI Social-Out Economic	4	33	100.00

ITEM	SCORE	NUMBER	PER CENT
104 - AI Social-Out Social	1	5	15.15
	2	3	9.09
	3	2	6.06
	4	22	66.67
	6	1	3.03
105 - AI Social-Out Psychological	2	1	3.03
	3	1	3.03
	4	30	90.91
	6	1	3.03
106 - AI Privacy Economic	4	33	100.00
107 - AI Privacy Social	4	33	100.00
108 - AI Privacy Psychological	1	2	6.06
	2	1	3.03
	3	2	6.06
	4	28	84.85
109 - AI Cleanliness Economic	1	2	6.06
	2	2	6.06
	4	25	75.76
	7	4	12.12
110 - AI Cleanliness Social	4	33	100.00
111 - AI Cleanliness Psychological	2	1	3.03
	4	30	90.91
	6	1	3.03
	7	1	3.03

ITEM	SCORE	NUMBER	PER CENT
112 - AI	1	1	3.03
Food	2	1	3.03
Economic	4	14	42.42
	5	1	3.03
	6	4	12.12
	7	12	36.36
113 - AI	4	33	100.00
Food			
Social			
114 - AI	4	30	90.91
Food	5	1	3.03
Psychological	7	2	6.06
115 - AI	2	1	3.03
Vacation	3	31	93.94
Economic	6	1	3.03
116 - AI	4	33	100.00
Vacation			
Social			
117 - AI	2	1	3.03
Vacation	3	1	3.03
Psychological	4	25	75.76
	5	2	6.06
	6	1	3.03
	7	3	9.09
118 - AI	1	1	3.03
Work in the Home	3	2	6.06
Economic	4	29	87.88
	7	1	3.03
119 - AI	4	33	100.00
Work in the Home			
Social			

ITEM	SCORE	NUMBER	PER CENT
120 - AI Work in the Home Psychological	4	33	100.00
121 - AI Furnishing/Decorating Economic	1	1	3.03
	3	1	3.03
	4	20	60.61
	6	3	9.09
	7	8	24.24
122 - AI Furnishing/Decorating Social	4	30	90.91
	5	1	3.03
	6	2	6.06
123 - AI Furnishing/Decorating Psychological	1	7	21.21
	2	1	3.03
	3	1	3.03
	4	21	63.64
	6	1	3.03
	7	2	6.06
124 - AI Leisure Economic	3	1	3.03
	4	23	69.70
	5	1	3.03
	6	4	12.12
	7	4	12.12
125 - AI Leisure Social	4	33	100.00
126 - AI Leisure Psychological	1	1	3.03
	4	29	87.88
	5	1	3.03
	7	2	6.06
127 - AI Schedule Economic	2	1	3.03
	4	30	90.91
	6	1	3.03
	7	1	3.03

ITEM	SCORE	NUMBER	PER CENT
128 - AI Schedule Social	1	1	3.03
	4	32	96.97
129 - AI Schedule Psychological	1	4	12.12
	2	3	9.09
	3	1	3.03
	4	22	66.67
	5	1	3.03
	6	1	3.03
	7	1	3.03
130 - AI Religion Economic	4	33	100.00
131 - AI Religion Social	1	4	12.12
	2	1	3.03
	4	28	84.85
132 - AI Religion Psychological	1	6	18.18
	2	2	6.06
	4	25	75.76
133 - AI Civic Economic	4	33	100.00
134 - AI Civic Social	1	1	3.03
	2	1	3.03
	4	30	90.91
	5	1	3.03
135 - AI Civic Psychological	1	1	3.03
	2	1	3.03
	4	31	93.94
136 - AI Intellectual/Educational Economic	4	33	100.00

ITEM	SCORE	NUMBER	PER CENT
137 - AI	4	32	96.97
Intellectual/Educational	5	1	3.03
Social			
138 - AI	1	1	3.03
Intellectual/Educational	4	29	87.88
Psychological	5	1	3.03
	7	2	6.06
139 - AI	2	1	3.03
Professional/Occupational	4	32	96.97
Economic			
140 - AI	2	1	3.03
Professional/Occupational	4	32	96.97
Social			
141 - AI	2	1	3.03
Professional/Occupational	4	31	93.94
Psychological	7	1	3.03
142 - AI	3	2	6.06
Advantages/Disadvantages	4	9	27.27
Economic	5	16	48.48
	6	4	12.12
	7	2	6.06
143 - AI	2	1	3.03
Advantages/Disadvantages	3	2	6.06
Social	4	6	18.18
	5	17	51.52
	6	6	18.18
	7	1	3.03
144 - AI	2	1	3.03
Advantages/Disadvantages	3	7	21.21
Psychological	4	10	30.30
	5	14	42.42
	7	1	3.03

ITEM	SCORE	NUMBER	PER CENT
145 - AI Physical Care Economic	1 2 3 4	1 1 1 30	3.03 3.03 3.03 90.91
146 - AI Physical Care Social	4	33	100.00
147 - AI Physical Care Psychological	4	33	100.00
148 - AI Homemaking Care Economic	1 2 3 4	22 1 7 3	66.67 3.03 21.21 9.09
149 - AI Homemaking Care Social	4	33	100.00
150 - AI Homemaking Care Psychological	4	33	100.00
151 - AI Medical Care Economic	3 4	3 30	9.09 90.91
152 - AI Medical Care Social	4	33	100.00
153 - AI Medical Care Psychological	4	33	100.00

ITEM	SCORE	NUMBER	PER CENT
154 - AI Intellectual Care Economic	1 2 3 4	1 1 12 19	3.03 3.03 36.36 57.58
155 - AI Intellectual Care Social	4	33	100.00
156 - AI Intellectual Care Psychological	1 3 4	1 12 20	3.03 36.36 60.61
157 - AI Social Care Economic	4	33	100.00
158 - AI Social Care Social	3 4	21 12	63.64 36.36
159 - AI Social Care Psychological	4	33	100.00
160 - AI Emotional Care Economic	3 4	1 32	3.03 96.97
161 - AI Emotional Care Social	4	33	100.00
162 - AI Emotional Care Psychological	1 2 3 4	7 8 15 3	21.21 24.24 45.45 9.09

LIST OF REFERENCES

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Adams, Bert N. Kinship in an urban setting. Chicago: Markham Publishing Co., 1968.

Alleger, Daniel E. Anomia among the aged. In Daniel E. Alleger (Ed.), Social change and aging in the twentieth century: Institute of Gerontology Series 13. Gainesville: University of Florida Press, 1964.

Anderson, John E. Environment and meaningful activity. In Richard H. Williams, Clark Tibbitts, & Wilma Donahue (Eds.), Processes of aging: social and psychological perspectives (Vol. 1). New York: Atherton Press, 1963.

Angyal, A. Foundations for a science of personality. New York: The Commonwealth Fund, 1941.

Bellin, Seymour S. Family and kinship in later years. New York: New York State Department of Mental Hygiene, Mental Health Research Unit Publications, 1960.

Bellin, Seymour S. Extended family relations in later years of life. Unpublished doctoral dissertation, Columbia University, 1962.

Beyer, Glenn H. Living arrangements, attitudes and preferences. In Clark Tibbitts & Wilma Donahue (Eds.), Aging around the world: social and psychological aspects of aging. New York: Columbia University Press, 1962.

Birren, James E. The psychology of aging. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1964.

Bischof, L. J. Adult psychology. New York: Harper and Row, 1969.

Blenkner, Margaret. Environmental change and the aging individual. Gerontologist, 1967, 7, 101-105.

Blenkner, Margaret. The normal dependencies of aging. In Richard Kalish (Ed.), The dependencies of old people. No. 6 of occasional papers in gerontology. University of Michigan, Ann Arbor and Wayne State University, Detroit: Institute of Gerontology, 1969.

Bond, Floyd et al. Financial support of parents: some attitudes and opinions from California. In Clark Tibbitts & Wilma Donahue (Eds.), Aging in today's society. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960.

Butler, Robert N., M. D. Caring families. Submitted for publication in Op-Ed Column, The New York Times, September 3, 1975.

Cain, Jeannette. Comments. In O. B. Thomason (Ed.), Potentialities for later living: Institute of Gerontology Series 17. Gainesville: University of Florida Press, 1968.

Clark, Margaret & Anderson, Barbara G. Culture and aging. Springfield, Ill.: Charles C. Thomas, 1967.

DeLong, A. J. The micro-spatial structure of the older person: some implications of planning the social and spatial environment. In L. A. Pastalan and D. H. Carson (Eds.), Spatial behavior of older people. Ann Arbor: University of Michigan, 1970.

Dinkel, Robert M. Parental-child conflict in Minnesota families. American Sociological Review, 1943, 8, 412-419.

Dixon, W. J. (Ed.). BMDP Biomedical Computer Programs. Berkeley: University of California Press, 1975.

Donahue, Wilma (Ed.). Housing the aging. Ann Arbor: University of Michigan Press, 1954.

Duvall, Evelyn M. In laws, pro and con: an original study of interpersonal relations. New York: Association Press, 1954.

Duvall, Evelyn M. New family roles in middle life. In Clark Tibbitts & Wilma Donahue (Eds.), Aging in today's society. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960.

Emerson, Marian Ruth. Relationship of family economic help patterns to specific family characteristics. Unpublished doctoral dissertation, Michigan State University, 1970.

Erikson, Erik H. Identify and the life cycle. Psychological issues monograph. 1959, 1, New York: International Universities Press.

Festinger, Leon. A theory of cognitive dissonance. Stanford, Calif.: Stanford University Press, 1957.

Field, Minna. The aged, the family and the community. New York: Columbia University, 1972.

Frolich, Moses M., M. D. Mental hygiene of old age. In Clark Tibbitts & Wilma Donahue (Eds.), Aging in today's society. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960.

Golant, Stephen M. Residential concentrations of the future elderly. The Gerontologist, 1975, 14, 16-23.

Goldfarb, Alvin I. Responsibilities to our aged. American Journal of Nursing, 1964.

Goode, William J. World revolution and family patterns. Glencoe, Ill.: The Free Press, 1963.

Havighurst, Robert J. The future aged: the use of time and money. The Gerontologist, 1975, 14, 10-15.

Heron, Alastair & Chown, Sheila. Age and function. London: J. & A. Churchill Ltd., 1967.

Hollingshead, August B. Two-factor index of social position. Unpublished manuscript, 1957. (Available from 1965 Yale Station, New Haven, Conn.).

Hook, Nancy & Paolucci, Beatrice. The family as an ecosystem. Journal of Home Economics, 1970, 62, 315-318.

Hoyt, Cyril J. Test reliability estimated by analysis of variance. In William A. Mehrens & Robert L. Ebel (Eds.), Principles of Educational and Psychological Measurement. Chicago: Rand McNally and Company, 1967.

Johnson, A. Sidney. Toward family impact analyses: some first steps. Mimeographed paper. Washington, D. C.: Family Impact Seminar Meeting, November 16-17, 1976.

Kamerman, Sheila B & Kahn, Alfred J. Explorations in family policy. Social Work, 1976, 21, 181-186.

Kaplan, Jerome. The family in aging. The Gerontologist, 1975, 14, 385.

Katz, Sidney; Ford, Amasa B.; Moskowitz, Roland W.; Jackson, Beverly A.; and Jaffe, Marjorie W. Studies of illness in the aged - the index of ADL: a standardized measure of biological and psychosocial function. Journal of American Medical Association, 1963, 185, 914-919.

Kent, Donald P. Social services and social policy. In John C. McKinney & Frank T. deVyves (Eds.), Aging and social policy. New York: Appleton-Century-Crofts, 1966.

Kerlinger, Fred N. Foundations of behavioral research. New York: Holt, Rinehart and Winston, Inc., 1964.

Koller, Marvin R. Social gerontology. New York: Random House, 1968.

Koller, Marvin R. Families: a multigenerational approach. New York: McGraw-Hill, 1974.

Kuder, G. Frederic & Richardson, Marion W. The theory of the estimation of test reliability. In William A. Mehrens & Robert L. Ebel, (Eds.), Principles of educational and psychological measurement. Chicago: Rand McNally and Company, 1967.

Lawton, M. P. Ecology and aging. In L.A. Pastalan & D. H. Carson (Eds.), Spatial behavior of older people. Ann Arbor: University of Michigan, 1970.

Lawton, M. P. & Badar, Jeanne. Wish for privacy by young and old. Journal of Gerontology, 1970, 25, 48-54.

Leichter, Hope & Mitchell, William E. Kinship and casework. New York: Russell Sage Foundation, 1967.

Lipman, A. Concerted services for the aged. In O. B. Thomason (Ed.), Potentialities for later living: Institute of Gerontology Series 17. Gainesville: University of Florida Press, 1968.

Litwak, Eugene. Geographic mobility and extended family cohesion. American Sociological Review, 1960, 25, 385-394.

Loether, Herman J. Problems of aging. Belmont, California: Dickenson Publishing Co., 1967.

Lublin, Joann S. Alternatives to nursing homes. Wall Street Journal, April 4, 1975, 55, 10.

Morgan, James N., et al. Income and welfare in the United States. New York: McGraw-Hill Book Co., Inc., 1962.

Moore, Wilbert. Changing family patterns: why: In Clark Tibbitts & Wilma Donahue (Eds.), Aging in today's society. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960.

Morris, Robert & Harris, Elizabeth. Home health services in Massachusetts, 1971: their role in care of the long-term sick. American Journal of Public Health, 1972, 62, 1088-1093.

Neugarten, Bernice (Ed.). Middle age and aging. Chicago: University of Chicago Press, 1968.

Neugarten, Bernice. The future and the young-old. The Gerontologist, 1975, 14, 4-9.

Newman, Sandra. Housing adjustments of older people. Institute for Social Research, The University of Michigan. 1976.

Nielsen, Margaret; Blenkner, Margaret; Bloom, Martin; Downs, Thomas; & Beggs, Helen. Older persons after hospitalization: a controlled study of home aide service. American Journal of Public Health, 1972, 62, 8.

Nimkoff, M. O. Changing family relationships of older people in the United States during the last fifty years. In Clark Tibbitts & Wilma Donahue (Eds.), Aging around the world: social and psychological aspects of aging. New York: Columbia University Press, 1962.

Palmore, Erdman. Sociological aspects of aging. In Ewald W. Busse & Eric Pfeiffer (Eds.), Behavior and adaptation in late life. Boston: Little, Brown and Co., 1969.

Parrish, Charles J. Policy-making and the aged: problems for the future. Paper presented at the Annual Meeting of the American Association for Public Administration, Syracuse University, May 1974, distributed by Institute of Gerontology, University of Michigan, Ann Arbor-Wayne State University, Detroit.

Parsons, Talcott. The social system. Glencoe, Ill.: The Free Press, 1951.

Parsons, Talcott. Social change and medical organization in the United States: a sociological perspective. Annals of the American Academy of political and social science, 1963, 363, 22.

Reese, M. Lisle. Voluntary health agencies and the aging. In Daniel E. Alleger (Ed.), Social change and aging in the twentieth century: Institute of Gerontology Series 13. Gainesville: University of Florida Press, 1964.

Robins, Arthur J. Family relations in three-generation households. In Clark Tibbitts & Wilma Donahue (Eds.), Aging around the world: social and psychological aspects of aging. New York: Columbia University Press, 1962.

Rose, Arnold M. Perspectives on the rural aged. In E. Grant Youmans (Ed.), Older rural Americans: a sociological perspective. Lexington: University of Kentucky Press, 1967.

Rosow, Irving. Social integration of the aged. New York: New York: Free Press, 1967.

Schorr, Alvin L. Filial responsibility in the American family. The United States Department of Health, Education and Welfare. Social Security Administration. Washington, D. C., 1960.

Shanas, Ethel. Family relationships of older people. Health Information Foundation, 1961.

Shanas, Ethel. Living arrangements of older people in the United States. In Clark Tibbitts & Wilma Donahue (Eds.), Aging around the world: social and psychological aspects of aging. New York: Columbia University Press, 1962.

Shanas, Ethel. The health of older people: a social survey. Cambridge, Massachusetts: Harvard University Press, 1962.

Shanas, Ethel. Living arrangements and housing of older people. In E. W. Busse & Eric Pfeiffer (Eds.), Behavior and adaptation in late life. Boston: LIttle, Brown, and Co., 1969.

Shanas, Ethel & Streib, Gordon F. (Eds.). Social structure and the family: generational relations. Englewood Cliffs, N. J.: Prentice Hall, Inc., 1965.

Shanas, Ethel; Townsend, Peter; Wedderburn, Dorothy; Friis, Henning; Milhoj, Poul; & Stehouwer, Jan. Old people in three industrial societies. New York: Atherton Press, 1968.

Sharp, Harry & Axelrod, Morris. Mutual aid among relatives in an urban population. In Ronald Freedman, et al., (Eds.), Principles of Sociology. New York: Reinhart and Winston, Inc., 1956.

Simos, Bertha G. Adult children and their aging parents. Social Work, 1973, 77-85.

Smith, H. E. Family interaction patterns of the aged: a review. In Arnold M. Rose & Warren A. Peterson (Eds.), Older people and their social world. Philadelphia: Davis Co., 1965.

Smith, W. M. Family plans for later years. Marriage and Family Living, 1954, 16, 36-40.

Smith, William M. Jr., Britton Joseph H., & Britton, Jean O. Relationships with three-generation families. The Pennsylvania State University, College of Home Economics Research Publication 155., 1958.

Snyder, Lorraine Hiatt. The environmental challenge and the aging individual. (Exchange bibliography No. 254). Monticello, Ill.: Council of Planning Librarians, January, 1972.

Sommers, Tish. Social security: a feminist critique. In The economics of aging: toward 2000. Institute of Gerontology, University of Michigan, Ann Arbor-Wayne State University, Detroit, 1976.

Special Committee on Aging. Home health services in the United States: A report to the special committee on aging - U. S. Senate. U.S. Government Printing Office, Washington: 1972

Special Committee on Aging. Evaluation of AOA and White House Conference on the Aging. Joint hearings before the Senate special committee on the aging and subcommittee on the aging of the committee on labor and public welfare, 92nd Congress, 1st Session. 1971

Spector, Sidney. The need for housing specially designed for senior citizens. In Daniel Alleger (Ed.), Social change and aging in the twentieth century: Institute of Gerontology Series 17, Gainesville: University of Florida Press, 1964.

Streib, Gordon F. Longitudianl studies in social gerontology. In Richard H. Williams, Clark Tibbitts, & Wilma Donahue (Eds.), Processes of aging: social and psychological perspectives (Vol. 2). New York: Atherton Press, 1963.

Streib, GordonR., & Thompson, Wayne E. The older person in a family context. In Clark Tibbitts (Ed.), Handbook of social gerontology. Chicago: University of Chicago Press, 1960.

Sussman, Marvin B. The help pattern in the middle-class family. American Sociological Review, 1953, 18, 22-28.

Sussman, Marvin B. Parental participation in mate selection and its effect upon family continuity. Social Forces, 1953, 32, 76-81.

Sussman, Marvin B. Family continuity: selective factors which affect relationships between families at generational levels. Marriage and Family Living, 1954, 26.

Sussman, Marvin B. Activity patterns of post-parental couples and their relationship to family continuity. Marriage and Family Living, 1955, 27, 338-341.

Sussman, Marvin B. The isolated nuclear family: fact or fiction. Social Problems, 1959, 6, 333-340.

Sussman, Marvin B. Intergenerational family relationships and social role change in middle age. Journal of Gerontology, 1960, 15, 71-75.

Sussman, Marvin B. Relationships of adult children with their parents in the U. S. In Ethel Shanas & Gordon F. Streib (Eds.), Social structure and the family: generational relations. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1965.

Sussman, Marvin B. Sourcebook in marriage and the family (3rd edition). Boston: Houghton-Mifflin & Co., 1968.

Sussman, Marvin B. & Burchinal, Lee. Parental aid to married children: implications for family functioning. Marriage and Family Living, 1962, 34, 320=332.

Sussman, Marvin B., & Burchinal, Lee. Kin family network: unhearalded structure in current conceptualizations of family functioning. In Marvin B. Sussman (Ed.), Sourcebook in marriage and the family (3rd edition). Boston: Houghton-Mifflin & Co., 1968.

Townsend, Peter. The family life of old people: an inquiry in East London. Glencoe, Ill.: Free Press, 1957.

Townsend, Peter. The effects of family structure on the liklihood of admission to an institution in old age: the application of a general theory. In Ethel Shanas & Gordon F. Streib (Eds.), Social structure and the family: generational relations. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1965.

U. S. Bureau of the Census. Current Population Reports, Special Studies Series P-23, No. 59. Demographic aspects of aging and the older population in the United States. Washington, D. C.: U. S. Government Printing Office, 1976.

Vasey, Wayne. The aging population: a challenge to social work. A student paper distributed by Institute of Gerontology. University of Michigan. Undated.

Weinberg, Jack. M. D. Implications for the social health of the nation. In Harold L. Orbach & Clark Tibbitts (Eds.), Aging and the economy. Ann Arbor: University of Michigan Press, 1963.

Welford, Alan T. An experimental psychologist's approach. In Richard H. Williams, Clark Tibbitts, & Wilma Donahue (Eds.), Processes of aging: social and psychological perspectives (Vol. 1). New York: Atherton Press, 1963.

Wilner, Daniel M., & Walkley, Rosabelle Price. Some special problems and alternatives in housing for older persons. In John C. McKinney & Frank de Vyres (Eds.), Aging and social policy. New York: Appleton-Century-Crofts, 1966.

Youmans, E. Grant. Disengagement among older rural and urban men. In E. Grant Youmans (Ed.), Older rural Americans: a sociological perspective. Lexington: University of Kentucky Press, 1967.