Aging in America: A View from Middletown

An Honors Thesis (ID 499)

by

Nancy R. Winningham

Thesis Director
Mrs. Molly Wantz

Ball State University
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Purpose of this Project

As a gerontology minor and a resident of Muncie, Indiana, I was curious about local attitudes toward growing older and the aged. The Muncie community has been surveyed many times (this is apparently one of the side effects of being a college community), notably by the Lynd investigators in the 1920's and 1930's in which Muncie was renamed "Middletown" (1, 2), and the currently in progress "Middletown III" project. To my knowledge, there have been no recent surveys of Muncie specifically dealing with aging. This study is intended to be a small beam of light scanning the sea of ignorance in this area.

Method

A survey and accompanying cover letter were sent to 400 residences selected at random from the Muncie City Directory. A copy of the letter and questionnaire form are in Appendix 1 of this paper. To facilitate response, a stamped, pre-addressed envelope was included for the replies.

In addition to the questionnaires which I asked an adult member of each randomly chosen household to answer, I asked for volunteers to consent to a taped interview concerning their life and views. My intention was to interview five persons, one representing each decade from 20 to 70 years of age. However, I was only able to complete four
interviews: a 22-year-old man, a 30-year-old man, a married couple 46 and 43 years of age, and a married couple 79 and 74 years of age. The interviews were not intended to be of "typical" individuals, but merely to show how persons of various ages might view life. They are not intended to be representative of their age groups, but merely one viewpoint. These are discussed below, and are found in Appendix 2 of this paper.

The form of the interview was intended to be fluid, not conducted in a fixed, regimented fashion. The dialogues are patterned after the interviews of people of various ages which are found in the book *Adulthood and Aging* by Douglas Kimmel (3). A set of question guidelines, which I used mainly to be certain that I covered all of the areas in which I was interested, is included in Appendix 2. Oftentimes the conversation would flow in such a way that several of the questions would be answered without being asked, tangents of a previous response.

**Background Information**

Some of the questionnaire items dealt with factual matters, such as housing (numbers 5, 6, 19, and 21), economic status of the aged (#10), occupational competency (# 15 and 17), and health status of the elderly (#11 and 16). In order to evaluate the responses, it was necessary to have a few facts on the actual situations in question. The sources that I found to be most helpful were the *Statistical Abstract of the United States* published by the Bureau of the Census (4), Zena Blau's *Old Age in a Changing Society* (5), *The Myth and Reality of Aging in America*, a
Harris and Associates poll (6), and The Measurement of Economic Welfare by Marilyn Moon (7).

According to the Bureau of the Census, a person classified as "head of household" was most likely to be between the ages of 25 and 34 (21%), but 20.1% of persons over 65 were classified as heads of households, for the non-institutionalized population (4, p. 42). As far as new residents in low rent public housing, 36% were elderly, 52% of the elderly being white and 23% black. New residents who received some form of public assistance totalled 72%, 75% of the white families and 71% of the black families (4, p. 749). The table gave no clues as to the extent or direction of overlap between these categories.

Item number 5 of the Survey on Aging asked the respondents to choose where elderly people were most likely to live, and in what type of living arrangement. The choices were (1) in nursing homes or hospitals, (2) in retirement communities were all the residents are 65 or older, (3) with husband or wife in their own home, (4) alone in his or her own house or apartment, and (5) with his or her children or other relatives. Table 1 showing living arrangements of widowed persons, and Table 2 showing marital status of the aged compared with the general population have been adapted from Statistical Abstracts of the United States.

Item number 19 of my survey was asked in a similar manner by Harris and Associates in their poll. Asked with whom "most people over 65" would prefer to spend most of their time, the persons over 65 and those 18-64 showed a remarkable agreement; 31% of those over 65 answered "with people about
Table 1

Living Arrangements of Widowed Persons
(65 and over, non-institutionalized)
March 1975

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Widower</th>
<th>Widow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of household</td>
<td>6,117,000</td>
<td>1,007,000</td>
<td>5,110,000</td>
</tr>
<tr>
<td>% Primary family head</td>
<td>18.6</td>
<td>17.3</td>
<td>18.8</td>
</tr>
<tr>
<td>Primary Individual</td>
<td>81.4</td>
<td>82.6</td>
<td>81.1</td>
</tr>
<tr>
<td>Living alone</td>
<td>78.9</td>
<td>79.4</td>
<td>78.7</td>
</tr>
<tr>
<td>Living with nonrelatives</td>
<td>2.5</td>
<td>3.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Not head of household</td>
<td>1,588,000</td>
<td>181,000</td>
<td>1,407,000</td>
</tr>
<tr>
<td>% In families</td>
<td>92.3</td>
<td>82.9</td>
<td>93.5</td>
</tr>
<tr>
<td>Secondary individuals</td>
<td>7.7</td>
<td>17.1</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Source: Statistical Abstracts of the United States, 1976, Table No. 61, page 44.

Table 2

Marital Status of the Population, by Sex and Age, in percent, 1975

<table>
<thead>
<tr>
<th>Sex and Age</th>
<th>Total</th>
<th>Single</th>
<th>Married</th>
<th>Widowed</th>
<th>Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male 65-74 years</td>
<td>100.0</td>
<td>20.8</td>
<td>72.8</td>
<td>2.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Female 65-74 years</td>
<td>100.0</td>
<td>14.6</td>
<td>66.7</td>
<td>13.4</td>
<td>5.3</td>
</tr>
<tr>
<td>Male 75 years and over</td>
<td>100.0</td>
<td>5.5</td>
<td>70.0</td>
<td>23.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Female 75 years and over</td>
<td>100.0</td>
<td>5.8</td>
<td>49.0</td>
<td>41.9</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23.4</td>
<td>69.4</td>
<td>1.5</td>
</tr>
</tbody>
</table>

own age" as compared to 32% of those 18-64; and 59% of those over 65 said "with people of all different ages," with 64% of the 18-64-year-olds answering in this manner (6, p.72).

How and why are various living arrangements for the elderly chosen? Marilyn Moon suggests the influence of economic factors.

The living arrangements of aged persons can have a direct bearing on the level and stability of their economic welfare. Nonmonetary transfers of resources within extended family units constitute the principal source of aid to the aged by relatives. A substantial minority of those over sixty-five are in a position to receive intrafamily transfers through their living arrangements. The 1968 Social Security Survey of the Aged estimated that 19% of all aged couples and 38% of nonmarried aged persons (widowed, divorced, separated, or never married) lived with relatives. In the majority of cases, these relatives included their adult children.

Economic incentives are among the most important motives for such extended families. This is usually a simpler, more efficient way of providing for needy relatives than supporting them in separate households. . . . most people . . . interviewed disapprove of such living arrangements and bring relatives into the household only when it becomes necessary to provide support. . . . 73% of "extra adult units" either an individual or a married couple improved their economic situation by living with relatives, and that only 5% of those units were worse off than if they lived alone. (7, p. 23)

Harris and Associates found that the public placed responsibility for support of the aged on the following persons and agencies: (1) the government, through Social Security, 68%, (2) government, no specified program, 28%, (3) pension plan of the employer, 46%, (4) should provide for themselves, 34%, and (5) adult children of the aged, 10% (6, p. 222). (The total is greater than 100% due to multiple choices by individuals.) The Harris researchers further discovered that

Not only did the public imply favoring support of older people in line with rising prices, they
came right out and said so. "As the cost of living increases," the public agreed by an overwhelming 97 to 2%,"social security payments to retired people should increase also" (6, pp. 223-224).

Table 3 shows average government benefits to selected groups of people, while Table 4 gives total federal expenditures in various programs. Marilyn Moon, citing 1972 statistics, states that while earnings constitute 92.26% of income for persons 41-55, 87.57% for those 56-61, and 76.64% for persons 62-64, "for those over sixty-five ... earned income constitutes only about 30% of current money income." She further states, "Some of the increases in the share of nonearned sources of income are due merely to the fact that the absolute amount of earnings falls so dramatically." (7, pp. 6-7)

The Harris investigators made the following observation:

Thirty-six percent of all working people can expect that at a fixed age they will be told to retire from their jobs.

Apart from those with required retirement age, other workers can expect to be influenced, when they approach their mid-60's by subtle pressures to move over and make room for the young. . . . Yet the pressures of double-digit inflation are likely to make older Americans more resistant to retirement than they normally are (6, p. 211).

Zena Blau also studied the reactions of older people to retirement. Of the men surveyed, those over 55 generally believe that they will retire. By the age of 65, three-fourths of the men are retired; two-thirds of them claiming that it was their own decision, and one-third saying that it was the will of their employer. She found that once retired, few men desire to go back to work. The most common reason given for retirement was poor health; however, only 15% of retired people questioned report being unable to work or
Table 3
Social Security Benefits, by Type of Beneficiary

<table>
<thead>
<tr>
<th>Item</th>
<th>1974</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average monthly benefit, dollars:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired workers</td>
<td>201</td>
<td>207</td>
</tr>
<tr>
<td>Retired worker and wife</td>
<td>334</td>
<td>n.a.</td>
</tr>
<tr>
<td>Disabled workers</td>
<td>220</td>
<td>226</td>
</tr>
<tr>
<td>Wives and husbands</td>
<td>98</td>
<td>100</td>
</tr>
<tr>
<td>Widowed mothers</td>
<td>144</td>
<td>147</td>
</tr>
<tr>
<td>Widows and Widowers</td>
<td>188</td>
<td>192</td>
</tr>
</tbody>
</table>

| Number of benefits, in thousands:              |      |      |
| Retired workers                                | 1,413| 1,493|
| Disabled workers                               | 536  | 592  |
| Wives and husbands                             | 451  | 499  |
| Children                                       | 1,220| 1,332|
| Widowed mothers                                | 109  | 116  |
| Widows and widowers                            | 364  | 378  |


Source for Table 4 on page 8: Statistical Abstracts of the United States, 1976, Table No. 464, page 297.
## Table 4
Federal Income Security Benefits
(In millions of dollars)

<table>
<thead>
<tr>
<th>Category and Program</th>
<th>1974</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total benefits</td>
<td>111,167</td>
<td>139,638</td>
</tr>
<tr>
<td><strong>Federal outlays for cash benefits:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social security:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old-age and survivors insurance</td>
<td>54,007</td>
<td>62,469</td>
</tr>
<tr>
<td>Disability insurance</td>
<td>47,849</td>
<td>54,830</td>
</tr>
<tr>
<td><strong>Federal employee benefits:</strong></td>
<td>6,159</td>
<td>7,630</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>272</td>
<td>186</td>
</tr>
<tr>
<td><strong>Military retirement</strong></td>
<td>5,128</td>
<td>6,242</td>
</tr>
<tr>
<td>Civil service retirement</td>
<td>5,429</td>
<td>6,825</td>
</tr>
<tr>
<td>Other retirement</td>
<td>143</td>
<td>181</td>
</tr>
<tr>
<td>Railroad retirement</td>
<td>2,621</td>
<td>3,034</td>
</tr>
<tr>
<td><strong>Veterans benefits:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability and dependency and indemnity compensation</td>
<td>3,985</td>
<td>4,680</td>
</tr>
<tr>
<td>Veterans and survivors pensions</td>
<td>2,530</td>
<td>2,739</td>
</tr>
<tr>
<td>Life insurance</td>
<td>518</td>
<td>527</td>
</tr>
<tr>
<td>Other veterans benefits</td>
<td>135</td>
<td>193</td>
</tr>
<tr>
<td><strong>Public assistance:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental security income</td>
<td>6,832</td>
<td>8,672</td>
</tr>
<tr>
<td>Maintenance payments</td>
<td>1,815</td>
<td>4,081</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td>5,017</td>
<td>4,592</td>
</tr>
<tr>
<td><strong>Other programs</strong></td>
<td>5,208</td>
<td>12,221</td>
</tr>
<tr>
<td>Other programs</td>
<td>1,097</td>
<td>1,063</td>
</tr>
<tr>
<td><strong>Federal outlays for in-kind benefits:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital insurance</td>
<td>16,673</td>
<td>21,518</td>
</tr>
<tr>
<td>Supplementary medical insurance</td>
<td>7,806</td>
<td>10,355</td>
</tr>
<tr>
<td>Medicaid</td>
<td>2,874</td>
<td>3,765</td>
</tr>
<tr>
<td>Medical care for military retirees</td>
<td>5,552</td>
<td>6,840</td>
</tr>
<tr>
<td><strong>Housing:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public housing</td>
<td>433</td>
<td>548</td>
</tr>
<tr>
<td>Rent and mortgage interest supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food stamps</td>
<td>4,466</td>
<td>6,468</td>
</tr>
<tr>
<td>Removal of surplus commodities</td>
<td>2,728</td>
<td>4,357</td>
</tr>
<tr>
<td>Other programs</td>
<td>1,116</td>
<td>1,312</td>
</tr>
<tr>
<td>Other programs</td>
<td>1,555</td>
<td>1,953</td>
</tr>
</tbody>
</table>
keep house when only health is being surveyed (5, pp. 136, 137). The Harris investigators found that 71% of the retired people surveyed would not consider working "if they were asked back to their jobs or offered a new, suitable job," but 9% would possibly consider it, 11% would definitely consider it, 7% said it would depend on the job being offered, and only 2% were unsure of what they would do (6, p. 90). The public's view on jobs for older people was as follows, according to Harris:

By 86 to 12%, the public agreed that "Nobody should be forced to retire because of age if he wants to continue working and is still able to do a good job." Furthermore, a 58 to 36% majority agreed that "Most older people can continue to perform as well on the job as they did when they were younger" (6, p. 213).

The generally negative attitude that people in general seem to hold toward older people, however, might possibly impede their job search.

Seen as nice old folks who have benefited from the trials and tribulations of life, most people over 65 are not viewed, however, as very active, efficient, or alert people; less than half (41%) considered them "very physically active," while only 35% said they are "very good at getting things done," 29% "very bright and alert," 21% "very open-minded and adaptable," and 5% "very sexually active." . . .

Once again, however, it is not only the young who reveal negative perceptions of "most people over 65." The public 65 and older themselves also bought the stereotypes of older people as unalert, closed-minded, unproductive members of society. (6, pp. 46-47)

Blau tries to find the cause or source of this lowered opinion that retired persons have of themselves.

Even though it can be said that compulsory retirement is an impersonal, bureaucratic decision based on old age alone and not on ability or fitness for work, it nevertheless threatens the older person's ego. Old people--like blacks, Jews, women, and other minority groups who are victims of exclusionary policies--recognize that these
discriminatory polices are impersonal, yet they experience them as personal rejections that undermine their self-esteem (5, p. 134).

She goes on to make the following statement:

"Just as older people's marginal status in contemporary society may promote more ill health among them than it would if they had meaningful social roles, so it may also foster deterioration of mental abilities when the social environment does not provide opportunities for their exercise. There is empirical evidence that mental deterioration is not characteristic of all older people, but occurs primarily among low-skilled, less-educated people whose work does not require the exercise of higher mental faculties or the acquisition of new knowledge... Other studies, as well, indicate that those who suffer a decline in mental ability as they grow old tend to be of low socioeconomic and educational status, and it is also in this group that chronic health problems leading to disability are most prevalent. (5, pp. 140-141)

And finally, Blau hypothesizes a psychological basis for sickness among the aged:

When older people enter the only stage of life for which our society provides no clearly defined institutional roles, sickness serves as a socially acceptable way of legitimizing rolelessness... Sickness constitutes a safety valve--offsetting the ego threat that rolelessness represents for the old. (5, p. 138)

Table 5 shows health insurance claims, that is, Medicare, under the Social Security Administration for the years 1973 and 1974. The extent of overlap between persons 65 years and older and those who are disabled is unknown. "Reimbursements" refers to amounts paid to providers of covered services, excluding deductible amounts, coinsurance amounts, and noncovered services which are specified by law. Table 6 shows the type of care provided to persons which was covered under private health insurance, and Table 7 shows health expenditures of persons 65 years of age and
Table 5
Health Insurance (Medicare) Under Social Security

<table>
<thead>
<tr>
<th>Item</th>
<th>65 yrs. &amp; over</th>
<th>Disabled</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Insurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims approved, in thousands</td>
<td>7,990</td>
<td>8,625</td>
<td>214</td>
<td>737</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>6,464</td>
<td>7,433</td>
<td>171</td>
<td>678</td>
</tr>
<tr>
<td><strong>Inpatients:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims approved, in thousands</td>
<td>6,917</td>
<td>7,288</td>
<td>205</td>
<td>679</td>
</tr>
<tr>
<td>Admissions, in thousands</td>
<td>6,892</td>
<td>7,175</td>
<td>330</td>
<td>724</td>
</tr>
<tr>
<td>Annual rate per 1,000 enrollees</td>
<td>322</td>
<td>329</td>
<td>350</td>
<td>377</td>
</tr>
<tr>
<td>Covered days of care, in millions</td>
<td>80</td>
<td>82</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Annual rate per 1,000 enrollees</td>
<td>3,720</td>
<td>3,748</td>
<td>2,237</td>
<td>3,878</td>
</tr>
<tr>
<td>Hospital charges, million dollars</td>
<td>8,248</td>
<td>9,595</td>
<td>226</td>
<td>900</td>
</tr>
<tr>
<td>Per day charges, dollars</td>
<td>104</td>
<td>117</td>
<td>107</td>
<td>121</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>6,222</td>
<td>7,249</td>
<td>169</td>
<td>655</td>
</tr>
<tr>
<td><strong>Home health:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims approved, in thousands</td>
<td>617</td>
<td>764</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>60</td>
<td>86</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Per claim, dollars</td>
<td>97</td>
<td>113</td>
<td>117</td>
<td>123</td>
</tr>
<tr>
<td><strong>Skilled nursing facility:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims approved, in thousands</td>
<td>456</td>
<td>474</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>182</td>
<td>209</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Per claim, dollars</td>
<td>400</td>
<td>441</td>
<td>438</td>
<td>496</td>
</tr>
<tr>
<td><strong>Medical Insurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total bills, in thousands</td>
<td>53,072</td>
<td>60,849</td>
<td>644</td>
<td>4,381</td>
</tr>
<tr>
<td>Physicians:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bills approved, in thousands</td>
<td>42,755</td>
<td>48,698</td>
<td>479</td>
<td>3,074</td>
</tr>
<tr>
<td>Total charges, million dollars</td>
<td>2,835</td>
<td>3,206</td>
<td>41</td>
<td>231</td>
</tr>
<tr>
<td>Per bill, dollars</td>
<td>66</td>
<td>68</td>
<td>86</td>
<td>75</td>
</tr>
<tr>
<td>Percent reimbursed</td>
<td>72.4</td>
<td>73.0</td>
<td>69.7</td>
<td>74.5</td>
</tr>
<tr>
<td>Outpatient hospital:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bills approved, in thousands</td>
<td>5,837</td>
<td>6,943</td>
<td>113</td>
<td>860</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>153</td>
<td>210</td>
<td>6</td>
<td>88</td>
</tr>
<tr>
<td>Home health:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bills approved, in thousands</td>
<td>309</td>
<td>410</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>21</td>
<td>35</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bills approved, in thousands</td>
<td>4,172</td>
<td>4,798</td>
<td>46</td>
<td>415</td>
</tr>
<tr>
<td>Reimbursements, million dollars</td>
<td>126</td>
<td>155</td>
<td>3</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 6

Percent of Population Covered
Under Private Health Insurance Plans
By Age Group and Type of Care

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Under 65 Years Old</th>
<th>65 Years &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital care</td>
<td>77.0</td>
<td>n.a.</td>
</tr>
<tr>
<td>Hospital care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians' services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical services</td>
<td>76.0</td>
<td>n.a.</td>
</tr>
<tr>
<td>In-hospital visits</td>
<td>76.1</td>
<td>77.2</td>
</tr>
<tr>
<td>X-ray and laboratory exams</td>
<td>76.1</td>
<td>76.9</td>
</tr>
<tr>
<td>Office and home visits</td>
<td>34.2</td>
<td>35.2</td>
</tr>
<tr>
<td>Dental care</td>
<td>9.5</td>
<td>11.4</td>
</tr>
<tr>
<td>Prescribed drugs, out-of-hospital</td>
<td>58.0</td>
<td>64.6</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>56.7</td>
<td>61.5</td>
</tr>
<tr>
<td>Visiting nurse service</td>
<td>59.9</td>
<td>62.9</td>
</tr>
<tr>
<td>Nursing home care</td>
<td>21.5</td>
<td>33.4</td>
</tr>
</tbody>
</table>


Table 7

National Health Expenditures
Age 65 and Over,
In Millions of Dollars

<table>
<thead>
<tr>
<th></th>
<th>1974</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal expenditures</td>
<td>25,746</td>
<td>30,383</td>
</tr>
<tr>
<td>Private expenditures</td>
<td>10,096</td>
<td>10,466</td>
</tr>
<tr>
<td>Public expenditures</td>
<td>15,651</td>
<td>19,917</td>
</tr>
</tbody>
</table>

Table 8

Selected Health-related Statistics

<table>
<thead>
<tr>
<th></th>
<th>1973</th>
<th>1974</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth, male, yrs.</td>
<td>67.6</td>
<td>68.2</td>
<td>n.a.</td>
</tr>
<tr>
<td>Life expectancy at birth, female,</td>
<td>75.3</td>
<td>75.9</td>
<td>n.a.</td>
</tr>
<tr>
<td>years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total national health expenditures,</td>
<td>95.4</td>
<td>104.0</td>
<td>118.5</td>
</tr>
<tr>
<td>billion dollars</td>
<td>438</td>
<td>485</td>
<td>n.a.</td>
</tr>
<tr>
<td>Expenditures per capita, dollars</td>
<td>38.1</td>
<td>39.3</td>
<td>42.1</td>
</tr>
<tr>
<td>Public expenditures, percent</td>
<td>53.8</td>
<td>58.4</td>
<td>n.a.</td>
</tr>
<tr>
<td>Private expenditures, billion dollars</td>
<td>41.6</td>
<td>44.2</td>
<td>n.a.</td>
</tr>
<tr>
<td>Costs met by private insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>benefits, percent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indexes of medical care prices,</td>
<td>137.7</td>
<td>150.5</td>
<td>168.6</td>
</tr>
<tr>
<td>1967 equals 100:</td>
<td>138.2</td>
<td>150.9</td>
<td>169.4</td>
</tr>
<tr>
<td>Total</td>
<td>182.1</td>
<td>201.5</td>
<td>236.1</td>
</tr>
<tr>
<td>Physicians' fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semiprivate room rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal food programs:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food stamps issued, value, million</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dollars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid for by participants, percent</td>
<td>45.1</td>
<td>42.5</td>
<td>39.6</td>
</tr>
<tr>
<td>Food stamps, monthly participants,</td>
<td>12.2</td>
<td>12.9</td>
<td>17.1</td>
</tr>
<tr>
<td>millions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Government cost per partici-</td>
<td>175</td>
<td>211</td>
<td>257</td>
</tr>
<tr>
<td>pant, dollars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipients, needy families program,</td>
<td>2.8</td>
<td>2.4</td>
<td>0.8</td>
</tr>
<tr>
<td>millions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost to government, million dollars</td>
<td>241</td>
<td>189</td>
<td>30</td>
</tr>
</tbody>
</table>

and older. Finally, Table 8 details selected statistics on health care and nutrition programs. All of these statistics come from the Statistical Abstract of the United States. It can be seen from these tables that health care expenditures are a major personal consideration of the aged, as well as a huge social problem that government is attempting to deal with on many levels.

Results of the Survey on Aging

As I compiled data from my survey, I wanted to give each respondent an attitude score—that is, was this respondent's attitude toward aging and the aged positive or negative? To measure this, each item to be answered on a continuum from "strongly disagree" to "strongly agree" (items 8-22) was given either a positive or negative value. For example, item number 22, "I would rather die young than grow old," was a negative item. The response "strongly agree" would show a negative attitude toward growing old, and answering "strongly disagree" would denote a positive attitude. Each respondent answering "strongly disagree" on this item was given a score of 2; a score of 1 was given for the answer "disagree," zero for "no opinion/undecided," −1 for "agree," and −2 for "strongly agree." In all cases, "no opinion/undecided" was scored as zero.

The attitude scores calculated in this matter produced the following results. Range was from −6 to 21, mean was 9.453, mode 9, and number of responses was 138.

In addition to the complete sample data, I compared the scores of certain subgroups of respondents. I compared males with females, respondents 60 years of age and older to those
under 60, and persons claiming to have at least 5 relatives
and/or friends 65 years old or older with those having 4 or
fewer aged relatives and/or friends. The results are sum-
marized in Table 9 below.

The "Relatives and Friends" subgroup I found particularly
interesting. Item No. 2 of the survey asking for the number
of close relatives and friends of the respondent was meant
to test a hypothesis: people who know several old people
will have more positive attitudes toward growing older and
the aged than people who do not. This theory was upheld
by the responses. Although the mode for respondents with
fewer than five elderly acquaintances was slightly higher
than that for those having five or more, the mean was appreci-
ably lower; in fact, it was nearly one standard deviation
below the mean of the complementary group.

In answer to item 6, "Most old people prefer to live
(check one)," an overwhelming 77.54% of the respondents picked
"with husband or wife in their own home." One respondent
chose "in nursing homes," 5.80% said "in retirement commu-
nities where all the residents are 65 or older," and 23.19%
replied that most old people would wish to live alone.
Surprisingly, not one person chose the fifth option, "with
his or her children or other relatives." (The percentages
add up to more than 100 because some people chose more than
one answer.)

In contrast to where old people were perceived as
wanting to live, 10.45% replied that most old people do
live in nursing homes or hospitals; 7.97% said in retirement
communities; 45.65%, with spouse; 39.13%, live alone; and
5.07%, live with children or other relatives.
Table 9
Attitude Scores, Survey on Aging
Selected Subgroups

<table>
<thead>
<tr>
<th></th>
<th>Mode</th>
<th>Mean</th>
<th>Variance</th>
<th>Standard Deviation</th>
<th>Range</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>9</td>
<td>9.453</td>
<td>19.072</td>
<td>4.367</td>
<td>-6-21</td>
<td>138</td>
</tr>
<tr>
<td>Males</td>
<td>9</td>
<td>9.073</td>
<td>15.068</td>
<td>3.882</td>
<td>-6-17</td>
<td>41</td>
</tr>
<tr>
<td>Females</td>
<td>11</td>
<td>9.644</td>
<td>22.814</td>
<td>4.776</td>
<td>-2-21</td>
<td>97</td>
</tr>
<tr>
<td>60 and older</td>
<td>14</td>
<td>9.343</td>
<td>5.940</td>
<td>2.437</td>
<td>0-19</td>
<td>35</td>
</tr>
<tr>
<td>Under 60</td>
<td>10</td>
<td>9.393</td>
<td>21.897</td>
<td>4.679</td>
<td>-6-21</td>
<td>103</td>
</tr>
<tr>
<td>*Relatives and Friends:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 or more</td>
<td>9</td>
<td>10.172</td>
<td>14.858</td>
<td>3.855</td>
<td>-1-21</td>
<td>96</td>
</tr>
<tr>
<td>Fewer than 5</td>
<td>10</td>
<td>7.351</td>
<td>15.795</td>
<td>3.974</td>
<td>-6-15</td>
<td>37</td>
</tr>
</tbody>
</table>

*The sample size of this subgroup totals 133 because five persons either misunderstood survey item #2, or left this item blank.
In response to a related item, number 19, "Older people are happier in a neighborhood with young people and children than in a neighborhood where everyone is over 65," 5.07% replied strongly agree; 36.96%, agree; 23.91%, no opinion or undecided; 30.43% disagree, and 2.17% strongly disagreed. (Two respondents omitted this item.) For persons 60 and older, responses from strongly agree to strongly disagree were as follows: 5.88%, 41.18%, 11.76%, 35.29%, and 5.88%. For those under 60, the tally was 4.85%, 35.92%, 28.16%, 29.13%, and 0.97%.

Twenty-one respondents either misunderstood item number one or left it blank. Of the remaining responses, 9 (6.08%) said any age or "the age a person is now" or some variant of this. (I took such an answer to be philosophically based. Had these questions been asked by an interviewer instead of being written down, a more exact answer probably could have been solicited.) Only two respondents said that 65 was the ideal age for a man; there were no answers citing an older age, and both of these people gave the ideal age for a woman as 55. Answers between the ages of 50-59 were given by 3.62%, none of them explaining their answer. 16.67% said some age between 40-49, citing maturity, experience, children being fairly independent, being in the prime of life and being halfway through life as reasons for preferring this age. One respondent remarked "after 40, you start going downhill."

The greatest number of respondents, 24.64%, said that the 30's were an ideal time. Many of the same reasons were given as for the 40-49 group, with the addition that many felt that at this time health would still be good enough
"to enjoy life" (the unspoken assumption presumably being that health would soon be poor). I found it to be extremely interesting that over 40% of the respondents put a premium on being "settled down," "stable in a career," and being free from major childrearing responsibilities. Security and no helpless dependents—these were the most commonly stated benefits of an ideal age.

The 20.29% of respondents who gave some age between 18-29 as ideal gave such reasons as vigorous good health, maturity (often stated as being out of the negatively perceived period of adolescence), the excitement of beginning a career, and freedom from responsibility.

Usually, the ideal ages given for a man and a woman were within two or three years of each other. Almost always, the woman was thought to be "just right" at a younger age. Some attributed this to the fading of feminine beauty with age, others said that men mature more slowly and should be older. One interesting response was that a man's ideal age is 21, "because men at this age usually feel free and have no responsibility." At 28, a woman "is young, and always wants to look and feel young." These answers were written by a 34-year-old single woman. A 72-year-old widow stated that the ideal ages for men and women respectively were 40-50 and 50, because "men have more psychological problems on aging."

When asked how old he or she would live to be, many respondents wrote down some variant of "I don't like to guess," "only God knows that" or simply "older." Most of the responses were in the realistic range of 68-85 years old (see Table 8, life expectancy), and 11 people gave answers of 90 or older.
(A thirty-two year-old woman said 160; surely that was a joke. Nothing else on the survey gave any indication that she was trying to be sarcastic, however.) The people answering in this fashion tended to have high overall scores: range, 7-21, mean 12.6, and mode 14. Only one person in this sub-group had fewer than five aged friends or relatives.

Twenty-eight persons gave ages of 65 or younger as when they expected to die (20.29%). (Another "low age guessing" subject was a 70-year-old man who only expected to live to be 71; perhaps there was a helath problem which made this answer reasonable.) A 26-year-old divorced woman (not included in the above percentage) said simply, "Older than I care to!" She had two elderly relatives and an attitude score of 8, slightly below the mean.

Some of the answers were simply startling. A 26-year-old single woman, attitude score 15, eight friends and relatives over 65, said she would live to be 40! A 32-year-old man, attitude score 10, no relatives but ten friends over 65, only expected to live to be 42. Four persons, all between the ages of 25 and 37, believed that they would only live to be 50 or 55. I pity the 32-year-old with only ten years to live! Twelve people expected to live to be only 60 (one of these respondents was a man who volunteered the information that both he and his wife, both in their late forties, were disabled), and the remaining nine said 65, some wistfully "hoping" to live that long. The group mean was 7.18, range -6 to 15, and mode 10. Eight had fewer than five elderly friends.

I would like to comment here on the most negative survey response that I received. The 41-year-old married
man who scored -6 on attitude had only one relative and no friends over 65. He figured that he would die at age 60. In answer to item 4, "menopause is hard on a woman because," he answered, "it makes them nuts." On item 16, he agreed that by age 70 most people are badly crippled, adding the comment "at least mentally."

On any survey of this nature, responses are most likely to come from people who feel positively enough about the subject being probed to answer the questions without feeling unduly threatened. Therefore, the sample is most likely to err on the side of being more positive than the population as a whole. The questions I would like to have answered are these: how prevalent in our society are opinions like those of this 41-year-old? Are there many people like the 26-year-old woman mentioned above, who see their lives culminating in being "older than they care to be"? These questions may never be answered, but it is important to remember that the generally positive responses that I received reflect this tiny sample of 138 only, not the 80,000 plus population of Muncie.

The item on the Survey on Aging most likely to be omitted was number 4, the fill-in question "Menopause is hard on a woman because ______." If I were to administer this survey again, I would change this item into one to be answered on the strongly disagree to strongly agree continuum, asking for comments on why each person answered the way he or she did. In the survey as written, many people answered "I don't know" or "it wasn't for me." Of those who did
answer the item, responses varied from the psychological (she doesn't feel like a woman any more, a sign of aging) and the social ("society says she isn't a woman any more," "she really doesn't feel wanted," "family misunderstands," "society is geared to youth, and this is a sign of advancing old age"), to the purely physical--cessation of menstruation, hot flashes, etc.

The most volatile question, as predicted, was number 7, which dealt with sexual behavior of the aged. I purposely did not have as one of the choices "it is none of my business," because such an answer could become a convenient way out of an embarrassing situation. Sixteen persons said that a married couple's sexual behavior was none of their business, either as their complete answer or in combination with one of the four choices given or another write-in answer. The recipients of the survey were asked to choose any combination of the given responses or to write one in. The item stated:

7. Let's say that you know a married couple, both of whom are over 70 years old. You find out that they have sexual intercourse twice a week. You would feel:

__ shocked at their behavior;

__ Embarrassed, and not quite believe it;

__ that they should stop because of health reasons;

__ that they should continue, because it is good for them.

Eight persons gave a combination of answers, the most frequent combination being "embarrassed, and not quite believe it," and "that they should continue, because it is good for them." Another eight respondents wrote in answers without
checking any of the given responses, and this item was left blank on three surveys. Only one person would have been "shocked at their behavior;" one respondent checked this answer, but substituted "surprised" for "shocked." Only one person believed that the old couple "should stop because of health reasons," and twelve would feel "embarassed, and not quite believe it." One additional person checked this response, crossing out the word "embarassed." A huge majority, 103 persons (74.63%), believed that the couple "should continue, because it is good for them."

The fictional old couple of the survey received many admiring comments: "Amen!" "Right on!" "Wonderful!" "Give 'em a gold star," "Good for them," "Good luck to them," and "More power to them!" Other respondents felt that such behavior was perfectly natural for some people, and a 27-year-old married woman replied, "I don't think it would hurt their health if they done it these many years." A 56-year-old man with "dozens" of friends over 65 checked the fourth response and added, "I hope I can! More power to them. Too many people have 'hang-ups.'" A 43-year-old married man believed that "they should thank God that they can still turn each other on." A young married woman checked the fourth answer, and added, "though I wonder at myself, for at 26 years I don't do that!" A 67-year-old woman, attitude score 11 replied (perhaps jokingly), "good diet and zinc; vitamin E is their answer." And a 26-year-old divorced woman answered, "If they're happy with each other and wish to have sex every nite, it shouldn't concern anyone else. Besides, sex (love) never hurt anybody."
A particularly interesting answer came from a 45-year-old married woman with no aged friends or relatives. Her attitude score was -1 and she would venture no age at which she would die. For the fill-in item on menopause she answered, "Because society is so geared to the youth--also having periods is a sign of being a woman. What is a woman when she stops her periods? The day I started (age 13), my mother said, 'Today you became a woman'!" She checked the fourth response, and added, "Unique--It would be nice to think that at that age two people could be so close physically and emotionally!"

I was quite surprised by the responses to this item. The first three possibilities given in the survey were expected to attract more respondents than they did. I was especially surprised to see that only one of my 138 subjects believed that sexual intercourse at 70 was unhealthy--I had expected many more people to check this response. Perhaps the general loosening of sexual taboos during the past decade has made sex for the elderly acceptable. Indeed, as one respondent asked, "Why stop a good thing?"

Item 10, "Most old people are very poor and live on a combination of Social Security, Medicare, and Medicaid," I found to be badly written, considering the responses I received. Some people would disagree with the phrase "very poor," and others with my designation of sources of income. However, the general attitude of my respondents was that this statement was basically correct, but that this was an unfortunate social condition. Pensions, savings, relatives, and earnings should contribute more to the financial well-being of the elderly than they do. Many people expressed
bitterness at "the government" for "brainwashing" people into believing that the government was able to take care of them.

Two items dealt with the health of the elderly, number 11 with their intellectual ability ("Most older people become senile, confused, and unable to take care of their own affairs.") and number 16 with their physical status ("At around age 70, most people are badly crippled."). I added the scores for these questions together to form a subset score for the topic of health. The range of possible responses was from -4 (strongly agree to both items) to 4 (strongly disagree to both items). The actual range of scores was from -1 to 2. Answers did not vary systematically by age of the respondent or number of friends and relatives claimed, but the mean attitude scores varied considerably for those answering -1 and those answering 2.

<table>
<thead>
<tr>
<th>Response</th>
<th>Mean attitude score</th>
<th>Range</th>
<th>Number</th>
<th>% with 5 or more relatives or friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>4.60</td>
<td>-6 to 11</td>
<td>15</td>
<td>53.3</td>
</tr>
<tr>
<td>0</td>
<td>8.50</td>
<td>3 to 11*</td>
<td>4</td>
<td>100.0</td>
</tr>
<tr>
<td>1</td>
<td>8.64</td>
<td>-2 to 15</td>
<td>81</td>
<td>65.4</td>
</tr>
<tr>
<td>2</td>
<td>12.76</td>
<td>3 to 21</td>
<td>37</td>
<td>75.7</td>
</tr>
<tr>
<td>None</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Overall</td>
<td>9.45</td>
<td>-6 to 21</td>
<td>138</td>
<td>65.2</td>
</tr>
</tbody>
</table>

* The woman with the attitude score of 3 was in the habit of answering "no opinion/undecided" for almost all of the survey items, and writing explanations. Her attitude toward aging is more positive than the overall attitude score indicates.
It is safe to say that in my sample, no one considered elderly people to be both physically cripple and intellectually in decline, although neither did the respondents consider them to be very alert and robust. Douglas Kimmel in *Adulthood and Aging* states:

... while physical disabilities are certainly more common among the aged than among the young or middle-aged adult, there is great individual variation; and socioeconomic factors probably affect and result from these impairments. However, only a minority of aged persons suffer severe restrictions in their ability to get around in the community—only 5 percent live in nursing homes or other institutions. Of the community residents, 81 percent have no impairment that limits their ability to get around (including 14 percent with no chronic impairment at all). Only 5 percent are confined to their homes because of disability; 8 percent have difficulty but manage on their own; and 6 percent need help to get around. (3, pp. 360–361)

As far as intellectual ability in the aged, Kimmel reviewed many studies and concluded that there is commonly a decline in speed of such processes as recall and problem solving (possibly linked with the general slowing down of the EEG pattern of the aged), but that intellectual abilities generally do not decline, except in the presence of physical illness or disability. Intellectual slowing down and decline is most likely among elderly persons who are in an environment which offers little opportunity for the use of cognitive abilities. In physically healthy aged persons, therefore, intellectual decline is the exception, not the rule. (3, pp. 367–386, passim.)

In summary, I was surprised to find that the respondents did have generally positive attitudes toward aging and the aged. As mentioned above, perhaps people who were already fairly comfortable with the subject were more likely
to respond than others. The respondents' opinions on living arrangements, sexuality, and financial status of the elderly were generally realistic. Of all the subgroups (males, females, etc.) the one which had the least variable opinions was the over-60 group, being about one-third as variable as the sample as a whole (see Table 9). The hypothesis that being acquainted with elderly people would tend to make one more positive about aging was upheld according to general attitude scores and to a lesser extent in attitudes toward the health status of the aged. Based on survey responses, I would say that Muncie is not a bad place to grow old, all things considered.

Comments on the Interviews

As previously stated, the interviews were not intended to be of representative of average persons in each age group, simply of people. I would have gotten much different results if I had spoken to other subjects. For example, all of my subjects were happy in their occupation or retirement—what would have been their response if they had been unhappy in this area? None of my subjects were divorced—does that account for their positive attitudes toward their families? (Mr. M was divorced from his second wife, but is now happily married again.) The first two subjects, Mr. G and Mr. S, are still setting up their careers and families, while Mr. and Mrs. H are in the transition from childrearing to having all of their children gone, and Mr. and Mrs. M have their occupational and familial responsibilities behind them. Perhaps what I am saying is that each interview should
be taken at face value, as the reflection of a life lived up to the point at which the interview occurred.
Appendix 1

Cover Letter and Survey Questions
Cover Letter

Survey on Aging
Department of Physiology and
Health Science
Ball State University
Muncie, Indiana 47304

To the recipient of this letter:

I am Nancy Winningham, a senior on the Honors Program at Ball State University. This survey, and the report which I will write based on the replies which I receive, will be graded as an Independent Project by my advisor, Mrs. Molly Wantz of the Department of Physiology and Health Science at Ball State.

This household was one of 400 homes chosen at random from the city of Muncie. The attached questionnaire is designed to find out how people in Muncie feel about old people and growing older.

Please fill out this questionnaire as completely and honestly as you can, and return it in the stamped, pre-addressed envelope. This survey is to be used to complete a report of how people feel about growing older; the report is to be completed by May 15, 1978. If you yourself do not have time or do not wish to fill out the enclosed form, please give it to a friend or neighbor who lives in Muncie. The more replies I receive, the better my report can be.

In addition to this questionnaire, I would like to interview five people in the Muncie area about their lives and their personal feelings about growing older. If you would like to participate in this part of my project, please call the Department of Physiology and Health Science at 285-5961. The secretary will ask for your name, age, address, and telephone number; I will then contact you further about the interview.

Thank you for your time and your cooperation.

Sincerely yours,

(Mrs.) Nancy Winningham
SURVEY ON AGING

(Note: This is not an exact copy of the Survey as sent out. Due to space limitations, I have not included as much blank space for writing in replies, and I have eliminated the repetition of the continuum scale, including it only in the sample question above item number 8 and once after number 8, so that one can get an idea of the form of the answers. Space was also left between items for explanatory remarks by respondents in the original form. Items 18 and 21 were found to be confusing and were often omitted; these items are not included in figuring the attitude scores.)

Please do not put your name or address on any part of this survey or the return envelope. The information requested on this page is simply for use in comparing the opinions of males and females, older people and younger people, etc.

1. Sex: ___ male ___ female

2. Present age: ___

3. Marital status: ___ single
   ___ married ___ separated
   ___ divorced ___ widowed

4. Living arrangement; for example, living with husband, living with parents, living with person of opposite sex, living with person of same sex, etc.

5. Occupation; for example, homemaker, factory foreman, teacher, student, etc.

6. Occupation of spouse or person you are living with:
For the first seven questions, fill in the blank or check the answer that is closest to the way you feel. These are opinion questions; there is no right or wrong answer. If you would like to elaborate on your answer, feel free to do so on this sheet or on a separate sheet.

1. In your opinion, what is the ideal age for a man to be?  
   ___ For a woman? ___

   Why did you answer the way you did? If the ages you wrote down are different for a man and a woman, why? (This part of the question is optional.)

2. How many close relatives do you have that are at least 65 years old? ___

   How many friends do you have that are at least 65 years old? ___

3. I will probably live to be ___ years old.

4. Going through the menopause is hard on a woman because ________________________________.

5. Most old people live (check one, please)
   ___ in nursing homes or hospitals;
   ___ in retirement communities where all the residents are 65 or older;
   ___ with husband or wife in their own home;
   ___ alone in his or her own house or apartment;
   ___ with his or her children or other relatives.

6. Most old people prefer to live (check one, please)
   [same choices as in number 5 above]  

   (You may want to answer this question in your own words, or mark more than one answer given below. Feel free to answer in any way that accurately describes your feelings.)

7. Let's say that you know a married couple, both of whom are over 70 years old. You find out that they have sexual intercourse twice a week. You would feel:
   ___ shocked at their behavior;
   ___ embarrassed, and not quite believe it;
7. (continued)

___ that they should stop because of health reasons;

___ that they should continue, because it is good for them.

The following questions are to be answered by putting an X at the spot on the line that most closely describes your opinion. For example:

Farrah Fawcett-Majors is prettier than King Kong.

/ / X /
Strongly Disagree No Opinion/ Agree Strongly Agree
Disagree Undecided

8. I am looking forward to enjoying my retirement. (Or, I am enjoying my retirement.)

/ / / /
Strongly Disagree No Opinion/ Agree Strongly Agree
Disagree Undecided

___ I do not plan to retire.

9. I am very nervous around elderly people.

10. Most old people are very poor and live on a combination of Social Security, Medicare, and Medicaid.

11. Most older people become senile, confused, and unable to take care of their own affairs.

12. I would not place my parents in a nursing home.

13. Death frightens me.

14. I am afraid of growing older.

15. Older people should not hold positions of authority in the community.

16. At around age 70, most people are badly crippled.

17. If given a choice, most people over 65 would continue to work, at least part-time.

18. All other circumstances being equal, I am sadder at the funeral of an old person than I am at the funeral of a young person.

19. Older people are happier in a neighborhood with young people and children than in a neighborhood where everyone is over 65.

20. I think about my own death a great deal.
21. Most older people who can afford it move to Florida, Arizona, or some other warm place for retirement.

22. I would rather die young than grow old.
Appendix 2

Interview Questions and Transcripts of Interviews
Interview Question Guidelines

1. What have been some important milestones in your life? Are there any memories which particularly stand out for you?

2. (Some variation on the following, if applicable to the individual:) How do you feel about your marriage? Your children?

3. Are there any other big moments in your life that you would like to talk about?

4. Have there been any crisis points, difficult time periods in your life?

5. Do you feel you have accomplished anything really important in your life?

6. What are your career goals? Have there been any times of crisis in your job?

7. Do you sometimes think about death?

8. If I were to ask you who you are, how would you answer?

9. Do you sometimes look back over your life and review what has happened?

10. What does the future look like in terms of your life?
Interview No. 1

Mr. G, 22 years old

Interviewer: Have there been any milestones in your life?

Mr. G: Getting this job in particular, I thought it was pretty important. Mr. G is manager of a restaurant. I was 18 when I got it. It was quite an opportunity. I think I've got a good future here. ... In the restaurant business in particular, I think I've got a good future. I'm interested in it, and I'm glad somebody gave me the chance to do it at that young age and the kind of life I was living at that particular time, running around a lot, and so on.

I: What do you have as your ultimate goals as far as a career goes?

Mr. G: I would like to stay in the restaurant business. As far as an ultimate goal, I don't know. I don't ever think I'll obtain as much as I want. I'm kind of the classic American that never has enough. I would like to manage a store for quite a while until I feel totally comfortable with it, and then possibly move up to supervision, go on to another corporation, own my own store, something like that, but I would like to stay in the restaurant business. In any capacity, really. I do enjoy it. It's never the same thing twice. There's always something different going on, always something new to learn.

I: How old are you now?

Mr. G: Twenty-two.

I: Twenty-two. OK, I wasn't sure about that. Have there been any real crisis points as far as your life so far?

Mr. G: Here at the store, or personally, or either one?

I: Anywhere, either one.

Mr. G: What do you mean by crisis, I'll put it that way. Life and death situations, or what?

I: Well, a crisis is any kind of an event or situation that if you didn't overcome it, it was likely to overcome you.

Mr. G: I've never gotten that far, not really. I suppose the closest I ever came to it was here at the store, just here in the past couple months I've lost 12 people out of 24 in four weeks, which meant that I had to train 12 people, half my crew, right back over again, in a short period of time, with a brand new assistant manager to boot. It has taken a lot of time; in fact, we're still not finished with it. But as far as crisis, I don't let things bother me too
much. It takes quite a bit to get me really upset about anything. I just don't believe in crisis, really. /Both laugh./ I have no time for that.

I: OK. You said you are very happy in your career right now, and having had the opportunity; do you feel like you have accomplished anything important so far?

Mr. G: You mean for mankind?

I: Well, yes, mankind, your own life . . .

Mr. G: As far as doing mankind a favor by running this restaurant, no. As far as putting forth an effort to keep a business in the community going, which pays taxes to keep the community going and which makes jobs to keep the community going. I do feel we've accomplished quite a bit. We've doubled our business since I've taken over, which meant that we've added more people to our crew, putting more money back into the city. I think we are a contributing factor to the city, right on down the line, like all restaurants. But as far as benefiting mankind as a whole, figuring out a cure for cancer or whatever, no definitely not. I do think that without restaurants, I don't feel the economy could be as good as it is; it would be worse than it is, without restaurants. I do feel that we play a major role in the American economy.

I: OK. Are there any big moments in your life, any big happy things that you would like to talk about, anything that kind of stands out for you?

Mr. G: /Long pause./ Nothing really major. Nothing's ever made me really ecstatic, I guess. Nothing ever gets to me and nothing really makes me ecstatic. I don't know . . . my girlfriend moving in with me was quite a happy experience for me, but I don't know if you should count that.

I: How about trips you've taken? I know you travel some.

Mr. G: Yeah, I've travelled quite a bit in the last five years. I enjoy it; I love to drive, take trips, see new places, Austin /Texas/, Denver, Florida, right on down the line. I'm not sure what you're shooting at there.

I: Do you sometimes look back over your life and review what's happened to you?

Mr. G: Oh yes, yeah, things I've done, things I should have done, things I did that I wish I hadn't have; yeah, lots of times, lots of times.

I: Do you generally like what you see when you do it?

Mr. G: Uh, sometimes; most of the time not, though, I guess. Lot of things I did I shouldn't have done, I guess like a
lot of folks have done. Especially when I was 16-19, I
done a lot of things that I shouldn't have done, but I did,
anyway. But I feel I've benefited off them, so it's not all
"bad" I guess. I think the more mistakes you make, the
better off you are. If you go through life without making
any mistakes I don't feel you're benefiting yourself any.

I: OK. ∫Pause∫ Do you sometimes think about death?

Mr. G: Yeah. I don't like it. I intend to be around for
quite some time. I just don't like to think about it. I
would like to be around for a long, long time just to see
what's going to happen, if nothing else. I like being
around. ∫Laughs∫ I guess we all do.

I: How do you feel about growing old? Are you afraid of
growing old?

Mr. G: Not as much as I used to be. I used to be afraid
of just what I would be, what I would look like, how I would
act. But I don't worry about it too much anymore. I look
back when I was 8 or 9 years old and I thought I had gone
as far as I could go, and now, I look back and I see I was
just a little kid, but my thoughts and everything seem to be
about the same, for the most part. So I don't worry about
it as much, but I still think about it. Naturally everyone
wants to--most people want to stay young for the most part,
I guess. I think 21, 20 would be great.

I: You said your girlfriend moved in with you. You said
that made you feel good. Would you want to elaborate on
that any?

Mr. G: Uh, sure, but I'm not sure what you're shooting at
there.

I: Just say whatever you are comfortable with, because I
don't want to embarass you in any way.

Mr. G: OK. ∫Pause∫ I met her 4 or 5 months ago and we
dated for about a month and I found out I really liked her
and we got snowed in together. That's really about it.
She's quite a bit like myself in a lot of respects; she's
different, too, I guess.

I: Do you see this as a long term relationship, or just--

Mr. G: I would say so, yes. We seem to get along pretty
good. We rarely see each other with the type of job I've
got, which is difficult. This is not the type of job to
really raise much of a family in, because of the time and
effort it does take to run a store. It can cause a lot of
problems that way. Probably very close to being a police-
man's job, as far as divorces are concerned. Policemen
are number one, I believe, and I imagine people in restaur-
ants, reastaurant business people who are in it very deep
are right up there on the line.
Interview No. 2
Mr. S, 30 Years Old

Interviewer: What have been some important milestones in your life? Do you have anything that really stands out for you?

Mr. S: Milestones . . . I suppose the wedding . . . and graduating from college, my undergraduate degree. And it was a relief when I also finished with the Air Force. (Both laugh)

I: You didn't like the Air Force much?

Mr. S: Uh . . . No, I liked it OK, but I was just anxious to get back to Indiana. I was over in Hawaii at the time.

I: You mentioned your wedding. How do you feel about marriage?

Mr. S: I . . . I think it's wonderful. My wife and I have a real good relationship.

I: Do you have any children?

Mr. S: No, not yet. We've been putting them off because of my continuing college curricula. We hope to be able to start a family maybe in a couple of years, before I go on for a doctoral degree.

I: So you do intend to go on for a doctorate.

Mr. S: Yes, right now I intend to. I've got to see a little bit more how well I like teaching first, though. I'm just a teaching assistant this year; next year I'll be here full time. So I'll be getting a good idea within a year or two whether I want to make this my career for life, and if I do then I'll want to go on for a doctorate. If not, I'll want to go back for a cost accounting job some place, probably.

I: What is cost accounting? I don't think I know what that is.

Mr. S: Well, cost or managerial accounting. It's, well, like . . . well, as opposed to public accounting. Managerial accounting would be working with just your own company, figuring the costs of your products. And giving managerial advice and doing income statements and performance reports and the like, just for your own company. In public accounting you go to a lot of different companies. You usually do audits, to try to see if their books are correct, and I've already tried public accounting. I like some aspects, but didn't like the travel.

I: I didn't know that there was any travel involved.
Mr. S: It depends on exactly what company you're with and where you're at. I was in G—, North Carolina and with a large national firm, so we covered about a 150-mile radius while usually required travel. One particular audit that I was on required about 3 months of being away from home during the week, just being at home on the weekends.

I: That would be stressful on a marriage. Were you married at the time?

Mr. S: Yes. I've been married 8 years or so.

I: Eight years? Well, when you were in the Air Force were you married?

Mr. S: The last year that I was in the Air Force. My wife—we were waiting for her to graduate from college before we got married.

I: She just has a bachelor's degree?

Mr. S: Yes. She teaches elementary—science.

I: OK .... Have there been any real crisis points, any real difficult periods in your life so far?

Mr. S: No .... Seems like they've all been difficult when it comes to taking a test! [Both laugh.] Yeah, when I quit my job in public accounting, that was kind of a crisis point.

I: You had no immediate prospects at that point?

Mr. S: Yes. I decided that it was not for me, and just quit. I just decided—well, I always thought that I wanted to go on to graduate school. But I didn't have a graduate school already picked out or anything . . . I hadn't even taken all of the graduate admission tests at the time. So I was kind of adrift for a while.

I: You seem to have weathered it OK. Are there any big moments, big happy moments in your life? You mentioned your wedding as one.

Mr. S: Yes, that's one.

I: And when you graduated from college, and leaving the Air Force. Is there anything else that stands out as being particularly happy?

Mrs. S: [Long pause.] Not that I can think of. We've had a lot of good times, but nothing significant, no particular event that I can think of, other than those that I mentioned.

I: OK. If I were to ask you who you are, how would you answer?
Mr. S: [Long pause] Well, I'm D--S--, a personable young man... you could get a whole life history to a question like that! I guess you could go on to say where you were born; I was born in F--, Indiana, presently 30 years old, married to the previous [gives wife's maiden name]. Right now I'm a student and accountant. And a teacher. Other than giving a whole life history of what I was in the past, that would say what I am now.

I: Do you sometimes go over your life, sit down and take a few minutes to review what's happened so far?

Mr. S: Occasionally, yes. I'm a chess player and I like to look into the future and see what's going to happen, and I like to look into the past to see what's already happened. Sometimes--I used to be a postman, too--sometimes I think that maybe it would have been better to stay in an uncomplicated existence [laughs] where you go to work and forget about your work after the day is done.

I: Do you generally like what you see when you look at your life?

Mr. S: Yes. Generally I think it's been one without regrets and I'm generally happy, as far as things are going. Occasionally I get depressed, but usually I'm pretty happy.

I: OK. [Pause] What do you think about growing older?

Mr. S: Basically I'm looking forward to it. They used to have a saying that I like to repeat to people, that you're young until you're 90 and only then do you begin to age a little. I had a grandfather that recently passed away, just this last Christmas. He was 86, and he always enjoyed life pretty well, and I'm kind of taking him as a model.

I: My family runs to older people, too.
Do you have any--have you thought any about retirement? Do you intend to, or do you have any things that you would like to do afterwards, like travel, or sit around and fish like my grandfather did, or what?

Mr. S: Well, I would like to travel. In fact, that's one of the reasons I'm trying out the teaching profession so that I could travel in the summers. I enjoy camping quite a bit, and did some in Florida, Carolina and Hawaii. I've seen a lot of different kinds of country and I'd like to continue doing that. I guess the other reason I'm into teaching is because my wife is a teacher, so I'm going to try to so I'll be off at the same time she is.

I: Sounds good. [Pause] Do you think about death very often?

Mr. S: Not very often. [Long pause] Only when somebody else dies, I guess you could say. Like when my grandfather died, I thought about death and what happens afterwards. When he died, we tried to console ourselves that he was probably much happier because he was with grandmother, who
died two or three years ago. So, I guess that's the time when I think about it.

I: Are you frightened of it, as far as you yourself are concerned?

Mr. S: I can't see any reason to be frightened. I believe in a hereafter, so in that respect there is nothing too much to be frightened of.

I: I see.

Is there anything else you'd like to say about your future, about what you're going to do? You already said that you expect to be 90 or more.

Mr. S: I hope to be able to live that long. I wonder though how I'd feel when my wife dies. I might be running across that because I know that it was hard on my grandfather when my grandmother died. I know he'd get kind of mopey, sometimes, and usually it would be because he was thinking of how much he missed her. So—you change as different things happen in your life, so I think I can keep fairly positive.

So in the future, I guess my immediate goals are to go on for doctoral studies, and to teach, to find out whether I like teaching; as well as like it, if I feel I'm good enough to continue doing it. I guess with many jobs you just kind of have to set your goals, and if you can't meet your own expectations, then you look for something else to do, usually.
Interview No. 3

Mr. and Mrs. H, 46 and 43 years old

Due to mechanical problems with the tape recorder, this conversation was lost. However, I immediately wrote down in detail as much as I could remember about our discussion. The names have been changed to protect the anonymity of the family.

Larry and Betty H have been married for 26 years, a fact of which they are quite proud. "In this day and age, I think that's remarkable, don't you?" Betty had said. They have two sons, 25-year-old Rob who is married and employed as a security guard at a local factory and Brian, 20, a big fellow who was a heavy weight wrestler in high school, tipping the scales at 240 pounds. They have also had a foster for two years. Carla is now 18, and very close to Brian.

Mr. and Mrs. H are very proud of their children; often it was difficult to get them to discuss something else. They lost two children (either in infancy or by miscarriage—they were unclear about this and I didn't feel that it was appropriate to press them on this point) and consequently were very happy to have Carla. Their friends and relatives had told them that it was a mistake to take a child so old (she was 16 at the time), but they have experienced few problems with her. She has had trouble opening up to people, but is now doing better. Her brother Brian's example of openness to the parents has helped considerably in this area.
One problem that Larry and Betty have is that Carla smokes marijuana. They do not approve of this illegal behavior, and have told her not to use it in their home. Carla was given a bong (a special-purpose marijuana pipe) by a friend, and promised merely to display it in her room, not to use it, to which the H's consented. After receiving an anonymous phone call that insinuated that Carla was dealing in marijuana, Mrs. H looked in Carla's room ("I usually don't poke in my children's things; they need their privacy.") and found the bong dirty—it had been used.

"I told Carla not to lie to me," Betty said. "I told her that I can't control her behavior away from home, but I sure can control it here." The allegations that Carla was dealing in dope proved to be false, and they have had no further drug-related problems.

Larry has a bachelor's degree, and he is disappointed that Carla does not intend to go to college. She makes very good grades and has a very high measured IQ, but is happy working in a bank. "We want all of our children to do what they want, to be happy," Larry said. But I could sense that both of them were disappointed.

Their son Rob is now 25, married, and getting along quite well. When he was in high school he made generally poor grades and was very concerned about his clothes and personal appearance. He was married right out of high school, and soon afterwards decided to go to college. Larry said that Rob had put himself through school.

"You might think that that was hard-hearted of us," Larry said. "But this was the situation. I told Rob that
if he had gotten good grades in high school that I would gladly put him through. But he ahdn't and I didn't feel I could afford to start, and then have him drop out."

"But they made it," Betty chimed in. "He worked part time, and his wife was working full time. He never wore blue jeans in high school, and always was dressed up, but when he was in college he wore tennis shoes just like you, and jeans all the time."

Rob had attempted to join the state police force, but they did not accept him. "You understand that Rob is very religious," Larry said. "I think that hurt him somewhat. Perhaps he is better off where he is."

Except for a general feeling of pride, they had little to say about Brian. They were proud of his athletic accomplishments, his popularity at school, and the way he has become close to Carla. Once when Carla was teasing him, he picked her up and dumped her in a snowbank, which everyone had thought was very funny and justly deserved under the circumstances.

They had nothing but praise for their marriage. Betty said, "We have always been able to talk things out. I think that is as important as anything."

"We had our kids young, we married young--I think that's the way to do it," said Larry. "Now with the kids grown and us still young and in good health, why, we can enjoy each other."

"The happy things are right here," Betty told me. "You look here, and here, and then here"--she indicated progressively farther-away spaces in the air in front of
herself. "Kids today, they think if you don't have $40, and wheels, and go all the way to Ohio that you can't have fun. Carla is like that, but our boys aren't. When they were little, about every other Friday night we would let them stay up late and pop popcorn and have a little party, the four of us. They enjoyed that real well. And Rob, a few weeks ago, asked me for my caramel corn recipe--he said he and his wife were going to make caramel corn."

I asked the H's about retirement--did they have any plans, to travel, perhaps . . . ? Larry replied, "Oh, I might like to travel for a month or two, but then I would be tired of it, and want to go home." "We love our home," Betty explained. "I have my hooked rugs and needlepoint all over the house."

Betty went on, "We have friends with a $100,000 house, but they never stay home. They are off every night, never together, each one hobnobbing with other high society people. I guess they like it. The kids are closer to me than to their mom. They have nothing together. Life is just passing them by."

Larry remarked, "We have a friend who was very upset on his fiftieth birthday--stayed that way for weeks. I talked to him and found out that he felt he ought to have done lots of things, but never did, and now it's twenty years too late. I would hate to live with regrets like that."

Betty and Larry told me about Larry's father who was a "hopeless alcoholic" and died young because of it. He had been active in the community, was good with his hands, and to his dying day had insisted that he could "quit drinking
any time he wanted to." The H's considered this to be a sad waste of life, and remarked that in their experience it was the brilliant and talented who became alcoholics.

I asked them about goals in their lives. They seemed a little confused, for their accomplishments have consisted of relationships, not things. Finally, they said that "goals are things to look forward to" and that there is always something to look forward to.

Crises or bad times in their lives included several lay-offs from work which Larry had experienced. It was during these times that they had learned how to get by, how to have fun on what you have. Larry also mentioned that he was disappointed to have been discharged from the Air Force for medical reasons—he had wanted to continue as a singer in special services. The only medical problem either one mentioned was Larry's arthritic gout, for which he sometimes takes his pills, but often neglects to do so.

Finally, we spoke of old age and dying. Larry said that he wanted to live to be 90, and that he accepted dying as something that would happen. He said that he would be sad to find out that he had a terminal illness, but said that he would have no regrets. Betty was concerned about the welfare of the family, if she should die unexpectedly. Neither feared death or old age—I got the impression that come what may in their lives, they would "get by."
Interview No. 4

Mr. and Mrs. M, 79 and 74 years old

Interviewer: First of all, have there been any important milestones in your life, any things that really stand out as being important to you?

Mr. M: It has for me. My first marriage, I was married June first, 1924; my wife, first wife passed away April eighth, 1967. We had a wonderful marriage, had 5 wonderful daughters, 27 wonderful grandchildren, step-grandchildren, and great-grandchildren together. The next milestone was when I married this girl over here, August third last year. We was both going up here to the H-- Street Church, to the Thursday noon meal for senior citizens. That's where I met her. And she was going to the F-- Baptist Church and I was going to St. P-- United Methodist Church, so we got married and I joined her church, got baptized by immersion, now I'm a Baptist. She's been a Baptist all her life and I've been a Methodist all my life. Now we're both Baptists. Those are the greatest milestones in my life. The Lord has been gracious to myself, my family, all my grandkids, my daughters. I have a wonderful Savior.

I (to Mrs. M): How about you? Do you have anything that stands out for you?

Mrs. M: I don't think I've ever had anything too eventful in my life. I just had a happy life, a good life. Nothing outstanding.

Mr. M: My life hasn't been outstanding...

Mrs. M: Oh, but it is outstanding when you have a wonderful family like he's had, with five wonderful daughters, I think that's marvelous. And I'm very happy that I have a family now. You see I never had a family.

I: This is your first marriage?

Mrs. M: No, I was married before.

Mr. M: She never had any children before.

I: Oh, I see. You didn't have any children. You like your stepchildren now?

Mrs. M: Oh, they're just wonderful, just wonderful.

I: Your're happy in your marriage now, both of you?

Mrs. M: Very, I should say.

I: Have there been any real crisis points, any time that has been pretty difficult for you that you've had to go through? How about when your previous husbands died, was that a lot of trouble for you?
Mrs. M: No, it happened too sudden. My first husband took me to church, he was coming back to get me, he used to go too but he couldn't go because he was feeling badly, and uh, when I got off from church he wasn't there. I ran home, I didn't live far, and he was dead. Just died of a heart attack.

And my second husband, his heart just wore out. So that's all. It wasn't anything . . . just that.

I: OK. Do you think you have accomplished anything really important in your life so far? Is there anything that, if you were to look back on it, you would say, "this is very important that I have done"?

Mr. M: The most important thing I ever done was my marriage and my fine family, and my second marriage. I had a third marriage but it wasn't no good, so just forget about it.

I: OK. How about you? Have you accomplished anything important, do you feel?

Mrs. M: No necessarily. Nothing outstanding, only just living well—I mean good, a Christian life, you know.

I: Do you have any goals, anything you are looking forward to?

Mrs. M: Oh, a long life with Don [referring to Mr. M; this is not his real name], sure.

Mr. M: The most important thing in my life is the Lord's been good to me, good health. I have a heart condition now but I don't let that bother me. And, I'm just ready to go anytime he's ready for me. I'm going to live for him while I'm here. I'm going to try to help people. I'm concerned about people, I'm concerned about tragedies in the world, you know, starving people. We have missionaries all over the world and I try to support some of them. I support the Bibles for the world and the Bible Society, I send money to them.

I: My next question was going to be about dying. You feel pretty secure about dying, that you're going to be going to Heaven after you die?

Mr. M: The Lord's gonna take care of me whether I here or whether I die. It's not going to make any difference.

I: Is that about the way you feel?

Mrs. M: Yes.

I: OK. When you look back over your life and review what's happened to you so far, do you generally like what you see?

Mrs. M: Yes I do. I've had a good life, a happy life. And when they talk about the good old days, the good old days to me, though, is when I lived with my father and mother at home and everything. You know, everybody always goes back to the good old days? When I go back and look at good old
days, good old days was way back when we were young, I was about 20, and my parents gave us everything and did everything for us. I had wonderful parents. I was happy then. That's my father indicating an old photograph on the wall.

I: Oh! He's quite handsome.

Mr. M: And this is her mother. She lived to be 90. She lived with her for some 30-odd years.

I: Did you live with your mother after you were married, for a while?

Mrs. M: No.

Mr. M: She was married when she was 19.

I: What does the future look like to you? What do you see in your future for both of you?

Mr. M: It looks good.

Mrs. M: A life with Don, a long life with him, it's beautiful. Don and I have had a beautiful time, happy time in our marriage. Getting married when you're older doesn't mean you can't be happy together. Because we are happy.

Mr. M: You don't want to sit around, you want to try to be active, you know.

Mrs. M: I think that's one of the things that makes Don and I so happy. 'Cause, uh, we don't sit and do nothing; we are very active. We're active in the church, both my church and the other church. Well, we keep on the move. And I always think that old people, as long as they've got health, if they keep moving around and associating with other people, not always old people but different ages, they'll be happy. But it's the older person who sits down and does nothing, they get older and they're not happy. What do people mean when they say, "I don't know what to do," "I don't have anything to do"?

I: I never could find that out. I've been busy all my life, going to school, mainly. I've played in the marching band and I did 4-H work. I, oh, I taught Vacation Bible School, I was always doing something.

Mrs. M: I've always been busy. Don's always been busy, one thing or another. And I think that--I just can't understand. When I was to work some years ago in a store some woman would come in and she'd say, "Oh! I just don't know what to do. I've got everything done. I don't have anything to do." And I just looked at her and thought, there's just so many things to do. Don and I go to Sunday School and church and go to church in the evening and Wednesday night ... Thursdays we go to the Senior Citizen's luncheon, and ...
Mr. M: We go to the F-- Baptist Church now.

Mrs. M: Oh, there's just so many things. We have lots of friends. We're not the visiting type. We are just too busy going to these places so we don't go visiting. We are very happy.

Mr. M: We both go the the H-- Street United Methodist Church Senior Citizens there, the second Tuesday of every month.

Mrs. M: The thing is to keep busy.

I: Is there anything else you'd like to say, anything else that you would just like to ramble about, just like to talk, anything else about you lives that you think is important, that people who want to know about growing older should know.

Mrs. M: Well it's always so funny when they talk about growing older, and they have a group of people and they say "We're going to tell them how to grow older." You can't tell anybody how to grow older. You just naturally . . . you know, you keep on going through life and bang! all of a sudden you look in the mirror and you're older. That's the way life is. And I, we had to be quite old before we looked in the mirror and found out we were older. But you truly get old if you just associate with old people. If you're older and all you associate with are old people. We love young people like you. We have just the most wonderful youth at the church. Oh they're just so wonderful, and we have so many of them. Then of course Don's grandchildren and his daughters, everyone of them call him up every day, and he calls them. He just sat there and talked half or three quarters of an hour to one of his daughters. And you'd wonder what father and daughter have to talk about, for them to say anything. Of course we are going to graduation services, one of his daughters, or granddaughters is graduating; she's going to be an airline hostess.

Mr. M: And we've got two granddaughters going to graduate, one of them June first, and then May twenty-eighth from W--
_/High School/, and one from S-- High School.

Mrs. M: You see I only had one sister and she died when she was only 42 years old. She had two daughters and they're in Florida, you know. Don and I could go down there, they want us to come down all the time. And he has a brother in California, and they want us to come. But we're just too satisfied doing what we're doing. So why should we get up and trapse around the country when . . . . I had just about moved to Florida just before I met Don. But I just accidentally met Don over there at the luncheon, and that just stopped that. But they were going to get me an apartment, and I was going to live close to them. It would have been nice. It wouldn't have been good if we'd lived together, but that would have been nice.
Mr. M: This is where she lived when I married her, so when we married she said stay here, move here, so that was just find. I just moved in.

I: I see. So you lived somewhere else before you got married? OK.

Mrs. M: I am very happy that I have such nice daughters. They're all very attractive young ladies, and have dark hair and dark eyes, just as nice. They invite Don and I over so much and when they aren't inviting us over they bring us nice things, do nice things for us.

Mr. M: I've got a brother out in California, my oldest brother is out in California. That's the one who wants us to come out to stay. Then I've got a brother in Indianapolis, that makes the three of us. There were five boys and one girl in my family, three of us left.
REFERENCES


Nancy has done an excellent job on her paper.

Molly J. Wanz
June 29, 1978