Sabbatical Leave Report

September, 1979 to June, 1980

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Summary of the Academic
Work Completed

After being admitted to the graduate certificate program of the Davis School of Gerontology at The Andrus Center of the University of Southern California, I embarked on a sequence of courses that totaled twenty four semester units. During the fall semester, I completed the following graduate level courses: The Biology of Aging, The Sociology of Aging and The Public Policy of Aging. In the spring semester, I finished the certificate program by enrolling in Counseling the Elderly, Administration and Systems Management, a course in research methods and a class in statistics.

An average output for each class was four to five papers or essay examinations totaling approximately fifty typed pages. Obviously, a detailed description of all of the papers I produced would be impractical for the purposes of this report. However, I shall mention a few highlights in this section. Additionally I have included several papers and examinations in the appendices at the end.

One of the most rewarding aspects of the year was the opportunity to explore subject matter as diverse as biology and public policy. The counterpoint was unifying such diversity by tying the material to the field of aging. The multiple etiology of coronary heart disease, the biological theories of aging and the potential for misdiagnosis of senile dementia have psychological, sociological and public policy implication. The specifics of such synthesis provided an intellectually exciting content for study.

During August of 1980, I enrolled in one of the summer workshops at The Andrus Center. In September, I was admitted to the master's program in gerontology, and I am currently enrolled in course work to complete that goal.

The Relationship Between My Sabbatical
Leave and Service to Mt. San Antonio College

An understanding of gerontology is increasingly important in a world in which older adults are the fastest growing portion of the population. The Social Science Division and Community Services at Mount San Antonio College have recognized the importance of addressing issues that affect older adults. I hope to continue to contribute to the endeavors of both areas.

While I was on sabbatical, I joined the Mt. San Antonio College advisory council that provides a base for communication about programs for senior citizens. When the Golden Opportunities Program for senior citizens developed, I submitted a course outline for an assertion training course for senior citizens. A pilot group, meeting at the San Dimas library is currently completing its initial sessions.

As a result of my activities with the West Covina Human Resources Commission, I am acutely aware of the value of municipalities and educational institutions in providing programs for senior citizens. I am gratified when I can contribute to that cooperation. Additionally, I have enjoyed participating in some preliminary discussions with representatives from USC regarding the possibility for developing community college curriculum that could mesh with the curriculum of USC's Davis School of Gerontology.

Within the Social Science Division, I will be teaching our division's first offering in adult development during the Spring of 1981. It is hoped that this first course will spur interest in further development of courses that prepare students to understand the issues related to aging and older adults.

The opportunity to study gerontology in an intensive program was a meaningful experience for me. I hope to be able to return much of what I have learned to my colleagues and to my students. In closing

I want to thankthe selection committee, the administrators and the Board of Trustees of Mt. San Antonio College. I shall always appreciate their generosity in making my experience possible.

Appendix 1. Research on Therapy-- Some Similarities and Differences among Cognitive Restructuring Techniques: Background, Research and Application (prepared for Gerontology 522, Counseling the Elderly and Their Families)

Katherine Wendy Heinz
Gerontology 522
May 30, 1980
Dr. Steve Zarit

Research on Therapy-- Some Similarities and Differences Among Cognitive Restructuring Techniques: Background, Research and Application

Introduction:

An interesting "shotgun wedding" took place in the mid-1970's. Donald Meichenbaum (1979) used that colorful matrimonial image to describe the merger between the technology of behavior therapy and the clinical isssues of the cognitive-semantic therapists. During the formative period, the initiation of the journal, Cognitive Therapy and Research, was an important event. The emerging constructs and practices of cognitive therapy began to interface with the behavioral therapy techniques of conditioning, desensitization, modeling, and behavioral and imaginal rehearsal. (Meichenbaum, 1979). The publication of the following literature further demonstrated the cognitive influence on the literature of behavior change: 1. Mahoney, M. J., Cognition and Behavior Modification (1974); 2. Beck, A., Cognitive Therapy and Emotional Disorders (1976); 3. Goldfried, M. and Davidson, G., Clinical Behavior Therapy (1976); and 4. Meichenbaum, D., Cognitive-Behavior Modification: an Integrative Approach (1977).

Within the loose framework of cognitive behavioral modification are many different theoretical views about the role that cognitive variables play in behavior problems and behavior change. (Meichenbaum, 1977). From such a variety of theoretical views come a wide range of treatment techniques. Generally, a cognitive method is aimed at changing feelings and/or actions by influencing the client's thought patterns

(Rimm and Masters, 1974). However, as Beck (1970) has emphasized, there are important characteristics which set cognitive therapy apart from traditional forms of psychodynamic therapy and which ally it with behavior therapy. Those distinctions are summarized below. 1. The therapeutic interview is more structured. 2. The focus of treatment is on overt symptoms to a greater extent. 3. The client's childhood experiences receive little attention. 4. Traditional constructs such as infantile sexuality and the unconscious are not used. 5. Insight into the origins of a problem are not assumed to be a prerequisite for a solution.

The focus of this paper will be on cognitive restructuring techniques, a generic designation for a variety of therapeutic approaches embedded within the even broader scope of cognitive-behavioral modification. The discussion will include a description of some early and recent references to cognitive restructuring approaches. Following a look at the origins of the technique, the presentation will delineate some of the major distinctions among the various cognitive restructuring methods. The premises of the following conceptualizations will be examined. 1. Cognitions as instances of irrational belief systems (after Ellis); 2. Cognitions as instances of faulty thinking styles and cognitions (after Beck); 3. Cognitions as instances of problem-solving abilities and coping skills (after D'Zurilla, Goldfried, Meichenbaum etc.).

Some research supporting the variety of cognitive restructuring methods above will be cited. Additionally, the issue of appropriate research stategies will be briefly explored in relation to the future directions of cognitive restructuring. The last portion of the paper

will look at the application of particular cognitive restructuring methods and will suggest some potential uses for the elderly.

Some origins of cognitive restructuring techniques:

In his book, Cognitive Behavior Modification, Meichenbaum (1977) provides a brief historical review of ideas that contain some of the seeds that germinated into cognitive restructuring techniques. " Man is disturbed not by things but the views he takes of them." None of the twentieth century cognitive therapists can take credit for the statement above though it has appeared in several books by cognitive therapists. Meichenbaum (1977) provides the context of the remarks by the Greek, Epictetus, in The Enchiridion. The concluding comments which follow are at least as important for functional cognitions as the more frequently quoted beginning. Epictetus ends his thought by stating," It is the act ... of one whose instruction is completed neither to blame another, nor himself."

Other Greek and Roman philosophers as well as ancient Buddhist wise men saw the close relationship among thoughts, emotions and behavior. They even suggested that changing thought patterns could alter behavior, as Ellis pointed out in his early work, Reason and Emotion in Psychotherapy (1962, cited in Meichenbaum, 1977). A number of writers in the twentieth century have stressed the role of cognitive factors in the development of mental illness. A partial list might begin with Dubois (1905) and move into the the 1950's and 1960's to include such names as Kelly (1955), Frank (1961), and finally Ellis (1962). As early as 1947, Shaffer is quoted as defining therapy as a "learning process through which a person acquires an ability to speak to himself in appropriate ways so as to control his own conduct." (1947, p. 463, cited in Meichenbaum, 1977).

Challenging the "uniformity myth" in cognitive restructuring:

This paper will focus on techniques that stem from three distinctive conceptualizations of target cognitions. As stated earlier, they are as follow: 1. Irrational belief systems; 2. Faulty thinking styles and cognitions; and 3. Problem-solving abilities and coping skills. The differing conceptualizations lead to varying techniques as evidenced by the material in therapy manuals (Meichenbaum, 1977). Below are listed some of the important differences. 1. The approaches vary in regard to the relative stress placed on formal logical analysis, An example would be the amount of emphasis placed on the evaluation of premises. 2. The techniques do not present the procedures and the therapeutic rationale with the same degree of directiveness. 3. More adjunctive behavior therapy is used in some approaches to cognitive restructuring than in other approaches.

Ellis's Rational-Emotive Therapy, an Example of Cognitions as Instances of Irrational Belief Systems

The A-B-C-D-E paradigm is the essence of RET (Rational-Emotive Therapy). A. is a reference to some actual external event that the individual has encountered. B. includes the series of thoughts of self-verbalizations that a person goes through as a response to A. C. stands for the emotions and behaviors that spring from B. as consequences. D. refers to the efforts of the therapist who tries to modify the thoughts that are represented by B. E. symbolizes the beneficial emotional and behavioral consequences that are assumed to result. (Ellis, 1971)

Ellis uses a list of irrational belief that are common to this culture. Among a group of eleven to which he frequently refers are the following. 1. One should be loved, or approved

by almost everyone. 2. One should be competent in almost all respects in order to be worthwhile. 3. It is terrible when things are not always exactly the way we want them to be. (1962). Ellis also explains in detail why each of these beliefs is irrational and "self defeating". He suggests, for example, that believing that one should be loved by almost everyone is irrational because it is arbitrary, and self-defeating because such thoughts typically lead to frustration and disappointment. Ellis believes that personal worth is not a "ratable" entity; and, therefore, evaluating human worth on some arbitrary criteria is meaningless. The detailed attention to semantics is deemed necessary in RET because individuals are viewed as being drastically affected by the content of their beliefs. (1971).

In very general terms, the method of RET can be divided into three parts. The therapist first determines the precipitating events that are external. Then he decides what the specific thought patterns are and the underlying beliefs. Those are seen as the internal responses that lead to the negative emotions. Through interview and client-therapist dialogue, the therapist determines the parts of his paradigm and assists the client as he alters his irrational beliefs and thought patterns. A example of a therapist's comment in this mode might be, "Now you are making a lot of sense. I agree that it would be inconvenient... but certainly not terrible."

Several techniques in RET help the client transfer gains from the therapy session to his own environment. One strategy might be for the therapist to have the client talk about how

he will deal with irrational or negative thoughts and feelings outside of the therapy room. As an illustration, the therapist could say, " Now, suppose that tonight when you fix dinner for yourself, you begin to feel depressed because your husband is no longer well enough to eat the solid food that you fix for yourself. What would you do to help yourself feel better about preparing and eating dinner? " (adapted from Rimm and Masters , 1974)Often Homework is also an important part of RET. A client might be asked to read a certain section of Ellis literature on self worth. Further, the client might be asked to write down the situations and the self-verbalizations that lead to negative emotions. Discussing the notes would then be part of the next therapy session.

As early as 1957, Ellis himself summarized the outcome of 172 case histories of his client population. The group of clients who had received rational psychotherapy showed an improvement rate of 90% with an average of 26 sessions. Although that is a higher rate than shown by the other groups treated by Ellis with analytic approaches, the methodological problems and the biases Ellis would have brought to both treatment and research made any conclusions of primarily heuristic value to encourage future research.(Rimm and Masters, 1974)

Meichenbaum (1977)feels that there have been a few encouraging studies of a sound controlled experimental nature that show the efficacy of RET. Among the more recent ones from the 1970's are Meichenbaum, Gilmore and Fedoravicius, 1971; Trexler and Karst, 1972; and Wolfe and Fodor, 1975. Both Meichenbaum(1977, 1979) and Mahoney (1974) have expressed the view that the studies

of RET as well as the studies of other cognitive restructuring techniques demonstrate grounds for encouragement for the development of the technique. However, uncritical acceptance of the literature and the therapy techniques is clearly not indicated.

The Trexler and Karst (1972) work will be used to briefly illustrate the type of research that has attempted to test the success of direct attempts to modify behavior and cognition with RET principles. Like Meichenbaum et al. (1971), Trexler and Karst also worked with speech-anxious individuals. They compared the effectiveness of RET with that of a relaxation treatment that was viewed by the experimenter as a placebo control. Nontreated controls were designated as a third group. A somewhat complex experimental design was set up, and treatment was carried out during four group sessions spaced several days apart. (Rimm and Masters, 1974) The results of the sensitive analysis showed that RET was effective in reducing anxiety while speaking and concerning speaking. Further, the results suggested that the effects of RET had generalized to some other problem areas that were not related to public speaking. Six to seven months after the completion of the investigation, a follow-up questionnaire suggested that improvement had been maintained.

Beck's Analysis and Therapy, an Example of Cognitions as Instances of Faulty Thinking Styles

As suggested from the description and analysis above, the Ellis form of cognitive therapy shows the client how his behavior is influenced by maladaptive beliefs. The central task of therapy then becomes the challenging of these beliefs (Meichenbaum, 1977). In contrast, Beck's emphasis on irrational beliefs is in the context of a variety of other cognitive therapy tactics including reality

testing, authenticating observations, validating conclusions, and distancing to regard thoughts objectively. In Beck's therapy, the emphasis is on having the client identify the stylistic qualities of his thinking. In that way, he can gain an understanding of the ways his maladaptive behaviors and emotional experiences are a result of his particular thinking style. The client is then shown that he is capable of changing and controlling those thinking processes himself. (Meichenbaum, 1977)

Beck is less engaged than Ellis in stressing formal rational analysis of the so-called irrational belief system. He is more likely to focus on the specific self-statements that emerge out of particular situations . Graded task assignments can bring out many of these situations. In his book, Cognitive Therapy and the Emotional Disorders, Beck(1976) describes a great variety of different treatment strategies to meet the challenges of differing types of disorders and to address the differing levels of severity. Never-the -less, the cognitive-behavioral therapy developed by Beck and his colleagues has a pattern that is common for most cases. The client is taught certain principles about perceptions of reality and interpretations of sensory imput. In addition, the client needs to become capable of testing hypotheses before accepting them as valid. Recognizing maladaptive ideation by the use of an activity record is generally an important part of treatment. It allows the client to examine his upsetting meanings in the context of his actual list of undertakings.

Both Beck and Ellis expound a cognitive therapy approach that encourages the therapist to listen for the presence of

maladaptive self-statements. Beck focuses on the the distortions of the patterns of thought as shown by his references to such patterns as arbitrary inference--the drawing of a conclusions when evidence is lacking or actually supports the contrary conclusion. Very importantly, Beck moves to an approach that has some features in common with problem-solving methods of cognitive restructuring. For example, in the treatment of depression, he has developed a target approach to such specific problem areas as the following: 1. behavioral symptoms, 2. suicidal wishes, 3. hopelessness, 4. lack of gratification, 5. self-criticism and self-hate, 6. painful affect and 6. exaggeration of external demands, problems, and pressures. For each target problem, Beck (1976) has identified the patient's typical rationale and suggested some therapeutic interventions. In the last section of this paper, the author will return to Beck's target approach and describe how Mastery and Pleasure Therapy might be used in the treatment of a 65 year old retired school teacher.

Both Beck(1976) and Meichenbaum (1977; 1979) cite studies that show that treatment methods that directly change cognitions and/or behavior are more effective in alleviating depression than are nondirective and supportive methods. The studies mentioned include Shipley and Fazio (1973), Taylor (1974), Shaw (1975), Sehmickley (1975), Hodgson and Urban (1975), Fuch and Rehm (1975), Rehm, Fuchs, Roth, Kornblith, and Roman(1975), Gioe (1975), and Klein and Seligman(1976). Meichenbaum believes that the weakness of the studies listed above is the unfortunate reality that the subjects involved came from predominantly student populations.

The following two studies which applied Beck's procedures to psychiatric populations are notable exceptions: Rush, Beck, Kovacs, Khatami, Fitzgibbon, and Wolman, 1975; and Rush, Khatami, and Beck, 1975. In the first study by Rush et al., twice weekly cognitive therapy was compared with chemotherapy for a period of ten weeks with a group of depressed patients. At an immediate posttest and at a three-month follow-up, the drug therapy and the cognitive therapy were found to be equally effective. Further, the cognitive therapy group maintained a lower drop-out rate than was observed in the chemotherapy group.

D'Zurilla and Goldfried's Version, Cognitions as Instances of Problem-Solving Ability and Coping Skills

In contrast to Beck and Ellis, cognitive therapists with a problem-solving and coping skills orientation listen for the absence of specific, adaptive cognitive skills and responses. In therapy, then, clients should have the opportunity to learn how to identify problems, formulate alternative solutions, and tentatively choose solutions. Further, they can develop the ability to test and verify the effectiveness of their solutions. T. D'Zurilla and M. Goldfried both point out that often clients cognitions show evidence of a deficit in systematic problem solving skills(Meichenbaum, 1977) It is to that deficit that they feel therapy should be initially addressed.

Problem-solving therapy has been used with a wide variety of clinical populations. In general, the approach can be thought of as a broad social competence training model. The training usually

encompasses the following: 1. cognitive reappraisal, which is grounded on training in distinguishing among observation, inference, and evaluation; and 2. behavioral experimentaion. (Meichenbaum, 1977) For example, in the cognitive reappraisal of evaluation, the client learns to reappraise the evaluation he places on the stimuli. An elderly male might learn that being retired did not have to be evaluated as "being put out to pasture". Further, by learning behavioral experimentation, the same client could learn to generate and experiment with a range of alternative behaviors in response to identified stimuli such as forced retirement.

At this juncture, it is appropriate to further differentiate between a problem solving emphasis and a coping skills focus. Cognitive restructuring therapists who emphasize problem-solving will stress teaching the client to distance herself and systematically analyze a problem. There will be at that point an absence of any acute stress in the program. In the coping skills orientation, the client is likely to focus on teaching the client to function when confronted with the severely stressful situation. Responding in the immediacy of crisis is an important part of the training. The relationship and overlap can be seen in a problem-solving process that would include the rehearsal of coping skills. For example, a widowed woman of seventy might rehearse a scene in which she tells her hostile daughter that she will not loan her 5000 dollars for a down payment on a condominium at the beach.

The results of treatment research have been promising in demonstrating the the therapautic value of teaching clients cognitive problem solving skills. (Meichenbaum, 1977). Among the investigators are Hanel (1974), Meichenbaum (1974), Schneider and Robin (1975), and Spivack and Shure (1974). Other studies showed the efficacy

of problem solving approaches in many differing clinical settings. Among the applications are the following: 1. in crisis clinics (McGuire and Sifneos, 1970); 2. with hospitalized psychiatric patients (Cochie and Flick, 1975); 3. helping adolescents deal with various conflict situations (Kifer, Lewis, Green and Phillips, 1973); 4. aiding ex-drug addicts to remain drug-free (Copeman, 1973); and teaching high school and college students to deal with interpersonal anxiety (Christensen, 1974). Although it is appropriate to use the same caution in embracing problem-solving that is needed for RET studies and Beck's approach, it is clear that in all areas of cognitive restructuring research, evidence is mounting for its effectiveness in comparison to other treatment approaches. Still to paraphrase Meichenbaum (1979), empirical support is exceeded by enthusiasm. It is this writers hope that the enthusiasm will continue to be channeled into additional investigations.

Future Directions for Cognitive Restructuring Research and Practice

Before proceeding to the application portion of this discussion, it is useful to consider the future directions of cognitive restructuring, particularly, and cognitive-behavior therapy, generally. This paper takes the position that a parallel course of research strategies has already been foreshadowed for both. A brief summary of Meichenbaum's predictions (1979) will be offered as support. Both cognitive restructuring techniques and cognitive-behavorial therapy generally have been studies by the traditional comparative outcome and dismantling approaches. Those strategies will continue. Meichenbaum suggests that two other research strategies may be more valuable. One approach stresses a concern with theories of change. No matter what therapeutic approach is used, research could be directed toward identifying the common mechanisms

that contribute to change. A second direction could be more concern with deficit analysis within clients' repetoires of behaviors and cognitions. An example of the fruitfulness of such research comes from as series of studies of test-anxious clients (e.g. Spielberger, Anton, and Bedell, 1976). Ultimately as a result of analysis of clients' deficits, evidence was found that interventions that enhanced task-relevant attention were more effective than anxiety-reduction desensitization procedures.

Because problem-solving approaches to cognitive restructuring focus on deficits of specific, adaptive cognitive skills and behaviors, deficit analysis research of problem solving therapy has a great deal of promise. The problem solving and coping skills approach also fit nicely with the increasing interest in preventive procedures. R. Novaco's report,"A Stress-inoculation Approach to Anger Management in the Training of Law Enforcement Officers"(1977), is an example of cognitive restructuring being applied in a specific coping skills approach.

Finally,it is important to ask what therapists using cognitive restructuring can learn from the study of "normal" controls. Meichenbaum addresses that subject and his remarks will be presented as the conclusion of the discussion of new directions in research.

> In our search for an understanding of our clients' deficits we are more likely to examine instances of maladaptive behavior in nonclinical populations. For example, we do not know how nonclinical populations cope with anxiety or depression or anger. In my own laboritory, we are trying to understand how non-child-abuse parents refrain from engaging in aggressive behavior toward their children, or phrased differently, why isn't the incidence of child abuse higher? The answers to these questions will illuminate the nature of the coping mechanisms nonclinical populations employ to deal with intensive affective states. Such research will have implications for preventive intervention programs (1979).

Cognitive restructuring techniques: potential uses with the elderly:

In the United States, people who are defined as elderly must bring their entire set of cognitions about aging into an internal dialogue with their perceptions of their own personal aging. The potential for emotional turmoil and behavioral problems is great in a society that is both ignorant and negatively biased about aging. In addition to such nonreinforcing circumstances, the older adult must contend with some potentially depressing platitudes as "the golden years". Though much could be stated about the physiological, psychological and social losses that the aging person encounters, the scope of this paper necessitates that this initial paragraph merely focuses brief attention on some of the broad variables that contribute to faulty thinking styles and a regression of problem-solving and coping skills. Cognitive restructuring techniques have a kind of face validity as useful approaches to engaging in therapy with older adults.

Beck's work on the treatment of depression has more than face validity with older clients when one remembers that depression is the most common emotional problem among the elderly population. His work is currently part of the background and methodology for an effective treatment program for depressed clients. In order to demonstrate the use of a part of Beck's plan, the paragraphs that follow will describe how Mastery and Pleasure Therapy could be used with a depressed 65 year old retired school teacher.

The central aspect of Mastery and Pleasure Therapy is in having the client keep an ongoing account of her daily activities. On the list she is instructed to write a "M" for each mastery activity and a "P" for each pleasure experience. The goal of the method is to penetrate what Beck (1976) calls the "blindness" of depressed clients and to show them how ready they are to forget circumstances in which they are successful and situations that do provide them satifaction. Beck suggests M. and P. therapy for an important target complaint in depression, lack of gratification. The problem is also common in parts of a grief response .

The depressed woman in this example is married and has one daughter who was just transferred to another state by a large corporation. Durher first year following retirement she felt more and more depressed, a condition that climaxed when her daughter moved away. After she gained twenty-five pounds and noticed a decreasing interest in house

work, sex, and social activities, she spoke to her family doctor who referred her to a therapist who uses cognitive techniques. Following several weeks of treatment, she has examined the style of her thinking and developed several coping strategies. Because she reports that she still is unable to see that any thing she kaccomplishes has any value , and because she says that she doesn't have much fun, the therapist decides that lack of gratification is a specific target area. Mastery and Pleasure Therapy than becomes an important intervention. In addtion to the activity list mentioned earlier, the therapist could employ some of the following techniques as well: 1. The therapist could enlist the help of significant others such as the husband to help recall pleasant events. 2. A program of graded mastery tasks could be assigned with self-reinforcement or external reward. 3. A list of activities might be made up of behaviors that have been pleasurable prior to the depression but which the client has given up. 4. Imagery could be used to visual pleasurable events. 5. A review of life history with special attention to successful and pleasureable experiences could be particularly helpful for the older adult. (adapted from Beck, 1976).

Many other targets of cognitive modification are delineated by Beck(1976). The corresponding therapeutic approaches are appropriate for most older adults. The example above should not be viewed as exhaustive or as operating in isolation from other techniques. Problem solving and coping skill methods have significant use with older population in efforts to help maintain maximum independence. Relationship issues might to fruitfully addressed by using aspects of RET with older adults,but it is this writer's hunch that with some therapists, RET would seem cold and mechanical. The clarity and functionalism of cognitive restructuring techniques embedded in Rogerian empathy would provide a therapeutic environment for change throughout a lifetime.

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Appendix 2. A Copy of the Questions on the Final Examination in Gerontology 530, The Sociology of Aging

Gerontology 530 Final Examination Teresa H. Bremer

Please write your answer in ink, number the pages of your answer sheets, and put your name on each page. The exam is worth 24 points.

I. Answer each of the following questions. (4 points each)

A. Explain and discuss cross-sectional, longitudinal, and cohort (cross-sequential) analysis. What are the advantages and problems involved in the use of each? Give specific actual or hypothetical examples of correct use of each.

B. What do we mean when we say a population is aging? Explain what the three basic processes of fertility, mortality, and immigration have to do with the current size and composition of the older population? What are the projections of proportion of elderly and of old-age dependency ratios for the year 2000 (according to Brotman)? What are some implications of these projections for your field of gerontology?

C. Explain the concept of age stratification? Describe the model conceptualized by Riley, Foner, and Johnson. Discuss the four basic structures and the four basic processes. Give examples of the inter-relationship of the various structural elements and processes.

II. Answer three of the following questions. (4 points each)

A. Summarize one of the articles on life transitions from the journal Generations which has implications or relevance for you (personally or professionally). Comment on the article's relevance and usefulness for you.

B. Dr. Hagestad spoke of several types of later life interpersonal relationships. Discuss some of the gender differences she mentioned in reference to the following relationships or areas: confidant choice; parent-adult child relationships; grandparent-grandchild relationships; mid-life divorce; relationships with extended family; characteristics of never-married elderly.

C. In what ways does the family serve as a resource for the elderly in the U.S.? According to Treas, what is the future of the family as a support system for the elderly, given the effects of changing demographic patterns and changing roles of women?

D. What are some commonly held myths about the physiological and psychological capabilities and social attitudes of older workers? In light of research data and of the experience of some industries and businesses, how would you respond to these myths? What are some implications of the realities?

E. Discuss retirement as a life cycle event and as a social institution. How can retirement be viewed from an age stratification perspective? In what ways do demographic and economic factors affect retirement policy? Given today's demographic trends, what continuities and/or changes do you envision in retirement trends?

F. All gerontologists will likely play the role of educator at some time and to some extent in their professions. How will you be involved in education in the field in which you plan to work? In what ways will your knowledge about aging and education be important to you in that involvement?

G. Write and answer any question on information that you think is not covered in these questions, but has been covered in class or in readings and is important to you.

Appendix 3. Reversing Priorities for Funding Health Research, Short Range vs. Long Range Possibilities (a critique prepared for Gerontology 540, The Social Policy and Administration of Aging Programs)

Gero 540
Social Policy
Fall 1979
S. Coberly

Critique #3
Katherine Heinz
December 5, 1979

REVERSING PRIORITIES FOR FUNDING HEALTH RESEARCH

Short Range vs Long Range Possibilities

In his paper, "A Policy Agenda on Aging for the 1980's", Robert H. Binstock suggests that this society's biomedical research priorities should be reversed. He proposes that more be spent to reduce and reverse organic brain syndrome than is currently spend to reduce death from heart disease, cancer and stroke. Binstock further contends that if this society is unwilling to spend the additional money that such a focus would require, government should then channel into research on organic brain syndrome most of the current funding for heart, cancer and stroke research.

When placed in a more general context, Binstock's proposal is part of a larger issue that has not been thoroughly debated on even the first level of policy agenda, the systemic agenda. That larger issue is the nature, extent and choice process regarding government's responsibilities for extending the life span and reducing chronic disabling conditions. Within that larger frame of reference, Binstock asks that choices be made so that a high quality of life be given priority over mere extension of life.

The contention of this paper will be that Binstock's specific proposal for a reversal of funding priorities will not be placed on the action agenda in the near future. Further, this argument will be extended to maintain that only small to

moderate funding increases will be designated for research on organic brain syndrome. That potential increase is seen as dependent on inclusion as a subcategory on research on stroke - a not altogether irrational beginning for incremental change.

Finally, this consideration of Binstock's proposal regarding organic brain syndrome will suggest that the more general issue of extension of life vs quality of life will be actively debated on the national systemic (discussion) agenda for many years. At first it may be a largely symbolic discussion with latent political and cosmetic aims. At that point even the general issues are not likely to be transferred in any form to the action agenda.

As the pressures of a large number of people over 75 converge with burdens of huge costs for caring for chronically ill adults, the content of the discussion agenda on changing priorities for funding health research could become more specific. Then proposals have a chance for consideration on the national action agenda.

If short range shifts in priorities seem remote to this writer, why is it reasonable to make a different long range forecast? First it is possible to imagine that certain already known clinical information about organic brain syndrome will be expanded. For example, a summary of current journal articles leads to the conclusion that the most important single factor in mitigating and/or preventing organic brain syndrome

is accurate and immediate differential diagnosis followed by prompt treatment of all acute conditions and control of the course of chronic circulatory disorders.

Although it is not in the scope of this paper to examine the biomedical research on organic brain syndrome, the above information is offered to emphasize that long range incremental policy shifts can occur as information builds up in one direction from items already on the old institutional agenda. It is this writer's opinion that when institutional leaders and the general public have more access to the substance of research results, that information, itself, becomes a motivating force for action.

From a process point of view, the communications media is likely to be involved in bringing public attention to the issue of health funding priorities. Ultimately some of the new information coming out of already funded research will be just another specific part of an old item on the national agenda on aging. Anderson, in his discussion of policy formation and adoption, points out that old agenda items are more likely to be given prior by decision makers. The old items are familiar and patterns for addressing the alternatives have been established.

Another consideration in looking at long range potentials for priority shifts in the funding of health research springs from the evidence that shows that a crisis gives strong impetus for policy makers to include an issue on the action or

institutional agenda. As denoted earlier, the large number of people over 75 and the huge costs of caring for the chronically ill are likely to be combined forces that produce a crisis.

Having taken a brief look at the distant future of funding priorities, it is now appropriate to discuss some of the problems that are likely to impede a rapid reordering of research priorities. Initially, Binstock's proposals on research priorities would be viewed as new items that conflict with the traditional emphasis on medical problems with dramatic or catastrophic implications. Lobbyists for already funded groups would probably have little difficulty influencing executive or legislative branch policy makers who would be already reluctant to consider action on an unfamiliar proposal.

The political leadership needed to guide such a shift or addition in priorities would be unlikely to respond to the need to increase funding. Their political survival depends on seeming to meet all social needs within a framework of frugality and austerity. The leadership would be more likely to focus on general or concrete aging issues that have visibility within their constituencies and enhance their political advantage. For quite a lengthy initial period, issues related to funding research would seem too esoteric.

The crises that are likely to occur in relation to aging issues will probably be defined in concrete terms or in the rhetoric of economic scarcity. Thus the issues will be

focused on income and health care shortfalls and housing and transportation needs. How categories of a problem are defined dictates to some extent the type of items that move from a discussion agenda to an action agenda. Protest activity related to the impending crises on aging issues is also likely to be focused on visible concrete problems. Initially, the communnications media is also likely to focus on the most dramatic of the visable social crises that make the action agenda on aging. It can only be hoped that eventually some media background work will result in indepth reporting and feature stories that might focus in part on research priorities.

Finally, it is reasonable to look at difficulties related to nondecision-making. The interest groups that make up the aging lobby are heavily weighted in the direction of groups of individuals who earn their living by servicing the elderly or administrating that service. Such groups are unlikely to have a shift in research priorities high on their list of priorities.

If Schattschneider is correct that the crucial problem in politics is the management of conflict, then shifts in funding priorities would become a problem in the management of conflict. The values of the American public have been conditioned to include basic research on cancer and heart disease as an uncontestable public good. At least initially, the arguments favoring a shift to chronic conditions would probably seem at least too subtle and, possible, openly

threatening to many citizens and their leaders.

This final aspect of non-decision making brings this paper to its conclusion. Until a "mobilization of bias" occurs on the discussion agenda, the issue of shifting priorities for funding health research will not make the institutional agenda. A series of serious social or fiscal crises might speed up the timetable. Otherwise, an incubation period will have to occur until such a shift or increased funding appears as a safe non-radical way to address the problem of increasing numbers of people with chronic organic brain syndrome. Action is likely to occur after more general debate on the subtle issues related to the quality of life. When one considers the lag time between research funding and usable results, it is clear that results are likely to be desperately needed by society before its policy makers decide to fund the new research. How ironic!

Appendix 4. The Dover Hospital Case(the case questions, the case, and the analysis of the case prepared for Gerontology 550, Administration and Syatems Management)

GERO 550
Coberly

Dover Municipal Hospital Case Questions

1. What is Chuck Graham's job? What is the extent, limit and nature of his authority? How is it determined? Can he manage effectively without "practicing medicine"? How?

2. Should he let the biochemistry lab do the Free T-4 test? Why? What will the repercussions be?

3. How should Graham deal with the issue of tests being sent to outside laboratories?

4. Redesign the present control system for test requisitioning in a way that will accomplish the objectives outlined in your answer to question #3 above. Be specific and detailed. What useful information can be gleaned from your system? How should this information be collated and used?

Katherine Wendy Heinz
Gero. 550
April 18, 1980
Dr. S. Coberly

The Dover Municipal Hospital Case

As assistant director for professional service, Chuck Graham had administrative responsibility for the laboratories and other diagnostic services. His administrative responsibilities also extended to support services such as medical records, admitting, social services, messenger, pharmacy and transportation. The degree of success in managing the more than twenty departments and professional services determined to a large extent whether the hospital made or lost money. Chuck Graham was also the communication link between the lower administrative staff in his area and Donna Breen, the director and acting associate director.

If one can interpolate from the situation related to the laboratories, Chuck Grahamss primary manifest authority rests on his control of a major part of the budget, including his sign off powers on such things as laboratory equipment. To a lesser extent his control of personnel in his area gave him additional leverage because he could, in theory, fire anyone including the lab chiefs who were physicians.

Stated below are some of the circumstances related to the resources and the environment that could help Chuck Graham expand his authority and power. Increased authority would help Chuck Graham to meet the goals of servicing the patient care areas. Additionally, increased power or authority would also help Graham control the distribution of the fiscal resources of the hospital in a rational way. The factors are as follow:

1. Donna Breen, as a nonmedical director, had already shown confidence in Chuck Graham as the evidence of his promotions show. Additionally, Donna Breen believes that nonmedical personnel can manage a hospital

effectively if they are good managers. With her toleration for mistakes and her encouragement of innovation, Chuck's authority will not be eroded from the top.

2. Because Chuck Graham has had experience at Dover in the administration of his other areas of responsibility, he will only have to establish credibility in the managing of the labs. That situation gives him a base for his authority and allows him to focus on his new additions.

3. Although funding from the city is problematic,and the hospital has had a decreasing number of beds,the usual constraint from such contraction will only be partially felt. That can be deduced from the reality that the city will continue to want a place for the care of its indigent patients, and the university will continue to want the reality training for it medical students in an urban area. In one sense, the font of Chuck Graham's authority is the city as it flows through the director. He can enhance his own authority with the resistant lab heads by judiciously applying the authority that flows from his political role as a protector of the tax payers' money. When he allies himself with the city auditor he plays that part, but Graham should be less rigid.

4. From the data given in the case, one can assume that Chuck Graham can use the excellent understanding he has of social technology to enhance his authority in ways that will allow him to manage effectively without "practicing medicine". In their article,"Economic and Political Forces in the Environment", G. Brager and S. Holloway (Changing Human Service Organizations, New York: The Free Press, 1978.) point out that "technology" can mean the procedures, methodologies, and processes through which an organization accomplishes its goals. A process like crisis intervention or a new control system would be"social technology" because it is designed to modify behavior. The new form for every test done in the lab is a good example of how a new procedure with an attached sanction can provide control in an area of resistance. By using his

5. When Graham addresses personnel issues within the labs, he will be helped by looking for someone among the five physician lab heads who can run interference for him on boundary issues between administration and medicine. A logical choice would be the head of the bacteriology head who is described as a medical "statesman". If the "statesman" can be persuaded to enter politics enough to head a task force on decision making related to the details of lab tests, Graham might be able to set up the global procedures and seek advice and consent on future issues. Other issues such as who should have keys to the laboratory areas could be addressed.

Some factors that limit Graham's authority are the autonomy that the labs have enjoyed, the resistance among the physicians to administrative interference, the lack of congruence between the city and the physicians about goals related to patient care vs. research, and the low pay for the physicians' posts. The low pay allows the people who hold the posts to have looked for many part-time compromises that break down orderly lines of authority and are idiosyncratic from one lab to the next. The medical school connection and the low pay would make it rather difficult for Graham to easily activate his "firing" power. The physicians connections to outside labs also compromises the decision making for the labs and leads to some of the resistance.

Graham should begin exercising his authority over the labs by emphasizing his budgeting role to move the Free T-4 test to the Dover labs. If hematology needs a new technician to carry the load of the new Free T-4 test, then Graham could grant the request. Otherwise it is a "hold-up". Another alternative is to bring the Free t-4 test in house to the biochemistry lab as a part of the cost cutting control system for evaluating all outside testing. If attitude change techniques do not work , and the biochemistry lab head still refuses

to do the test, the steps of reprimand, suspensions and firing could be started. (In biochemistry, the Ph.D. is actually the team leader and no foundation money or major research money seems to be at stake.) The consequences could be that some other physicians in other labs leave too, that Memorial will stop lab work that is being done at Dover, or that other labs will stop doing the tests that Dover legitimately can not do best. A major rebellion could happen or a minor flurry. I think Graham should take the risk. However, I think Graham should emphasize the budget considerations not the medical considerations . The medical considerations should only be brought up to demonstrate that no harm will occur.

As mentioned in the paragraph above, Graham needs to move on switching to in house testing whenever it is already possible to perform the test at Dover, or when start-up costs could be saved in one to three years. The argument that many small labs would be hurt by a contract approach is not valid. If it is truly small volume, the business will be under $2000. Graham should use the auditor"s authority if absolutely necessary to back up the necessity for change.

Along with the specifics of outside testing, Graham needs to call a representative group fromthe lab together and establish an explicit system. Goals need to be clarified witha balance between patient care and research. A minimum portion of time needs to be set for patient services so that no physician can avoid direct patient service in the lab, either through testing or supervision. A policy needs to be generated so that physicians can not send tests to their own outside labs or the lab of a co-worker. The same form that is used to keep track of the number of different tests done could be adapted to do a survey of the tests that are sent out.

Luckily, Graham retained control over the transportation and messenger departments. Thus he can control the process he manages from the time a specimen is drawn to the time results are delivered back to the doctor. First, in-house messengers should deliver test results at Dover, and they should pick up requisitions and specimens. The trip for any outside messenger should end at some central receiving point set up to channel outside lab tests. In answer to the second problem described on page 9 of the case, a fifth copy of the requisition should be made and sent immediately to the billing office. Then the invoice office or a central file in the billing office could eventually hold the first copy. When the third copy returns from the outside lab, it should have a sign off on it indicating that the test was done. That third copy should remain to be matched with the first copy in the invoice office, and eventually the two should go in a central file in the invoice office or the billing office. At no time should an outside lab bill be payed if the invoice numbers can not be matched. Further, the invoice office should have a list of tests that are no longer to be sent to outside labs and a list of labs that can not be used because there is a conflict of interest through ownership by a Dover physician, or even a former Dover physician . (A three year policy might be established for a doctor-owned lab to be off limits if the doctor is a former employee.) The same standards would apply to employees other than physicians.

In return for the drastic changes this system would make, Graham should at the same time hire a grant writer to assist the research areas of the labs with the idea of pulling in a lot more money. Perhaps some of the money raised could be used to develop a superb grant and research system that is well coordinated. At the city offices, Graham needs to do a great deal of P.R. work to help the city see the value of meeting the service and the research goals of the hospital by ex-

Your analysis of Chuck's environment & resources is particularly good.

Having someone other than the Dr. assign the tests to labs would seem a better solution.

A

Appendix 5. The Adult Life-Stages of Erik Erikson as Reflected in Some Characters in East of Eden by John Steinbeck
(prepared for Gerontology 530, The Sociology of Aging)

THE ADULT LIFE-STAGES OF ERIK ERIKSON AS REFLECTED IN SOME CHARACTERS IN EAST OF EDEN, BY JOHN STEINBECK

K. Heinz

Gero 530

Prof. Teresa Bremer

December 13, 1979

In this paper, the writer will focus on some adult developmental concerns of characters in John Steinbeck's novel, East of Eden. The primary framework will consider Erik Erikson's last four stages of development which span the time from the end of childhood to old age. The discussion of old age will mention a few additional concepts and processes relating to personality development.

The writings of Erik Erikson have emphasized the concept and process of ego identity as the major psychosocial task of adolescence. He sees the question of "Who am I?" as the primary problem of that age group. The person with a solid sense of identity views himself as a unique creature who in a consistent way, is able to integrate his own motives, abilities, goals, values and behavior. For this discussion, it is particularly important to note that an identity can have negative aspects and still have a central frame of reference that can form a coherent humanistic perspective of self. Such an ego identity is quite capable of interfacing with even chaotic aspects of the social environment.

One of the consequences of psychosocial struggle during adolescence is the feeling of ego confusion. Ego confusion can be the sense of conflict within aspects of ones personality. It can also be having several conflicting identities that are tried out by playing a number of roles that vary drastically from one situation to another. A successful outcome of this

period leads to a flexible intuitive sense of the "real me", a constrictive outcome can lead to a primarily negative identity. More generous conception of self would integrate negative and positive aspects and provide a potential for value choices in either direction. Obviously, according to Erikson, the case of establishing identity is related to the degree of successful passage through earlier psychosocial crises.

If one is able to establish personal identity during adolescence, the preparation has been made to focus on the important task of young adulthood. Erickson sees that period as the time when young people must deal with the conflict between intimacy and isolation. Intimacy involves primary relationships with significant people. It can be close friendships with the same sex or with oposite sexed persons. Generally, one form of intimacy in young adulthood will be expressed by the formation of satisfying sexual relationships. Erikson would see satisfying as necessitating, sensual, affectionate, trusting, non-exploitative alliances that are free of fear and guilt.

In opposition to intimacy, is Erikson's concept of isolation. Because intimacy involves vulnerability and risk, some people reject intimacy. Some may become capable of a mature relationship after they have more fully resolved their struggle for identity. Others, because of failures in early tasks of life may remain very narcissistic, or just quite isolated from love and close friendship.

At this point in the brief description of some of Erikson's ideas, it becomes useful to look at the adolescent development of Caleb Trask. His struggles with his "mean" image of himself is a very poignant example of Erikson's discussion of negative identity. The effort of Lee, Samuel; Alba and finally his father helped Cal with his struggle to integrate the negative aspects of self image and behavior. The final whispered, "Timshel!" from Cal's father, Adam, provided Cal with permission to have the choice between good and evil in his own life.

Adam's last words helped mitagate the earlier hurts that he perceived as his father's rejection. Cal's blind efforts to recoup financial stability for the family had been distained by Adam. Cal felt himself to be his brother's murderer. All this he needed to integrate and still find hope and value in himself.

As Cal struggled with the earlier rejection, he had to cope with his knowledge of his mother's character. Although Steinbeck makes many references to hereditary determination of character traits, the psychodynamic concept of introgection of a negative parent and the socialpsychology of the self fulfilling prophesy are more useful here.

Aron was not able to integrate the shocking negative aspects of his maternal background. He had seemingly developed a positive identity, but it was clearly not a stabilized, flexible identity. It was fragile, and it ultimately failed him. By contrast to both Cal and Aron, Alba had her own unique struggle

for identity. The reader has glimpses of her trying to integrate the meaning of her relationships, first with Aron and then with Cal. As the relationship with Cal deepened, she verbalized her views of her father's dishonesty in a way that showed her own personality integration and provided help for Cal. Intimacy emerged.

In examining some features of Erikson's last two stages of psychosocial development, it is useful to examine the character of Samuel Hamilton as he went through late middle age and old age. A description of Erikson's approach to the developmental crisis of each stage will be followed by some examples from Samuel Hamilton's experience. Lee and Adam will be mentioned, too.

Erikson designated the major conflict of the middle years of life as the dilemma of generativity versus stagnation. Although Erikson's life span approach has been regarded as extremely general, a description of it will be useful. To Erikson, the concept of generativity implies the constructive concern for the process of nurturing life and activity on this planet. While the term encompasses the word generation, Erikson did not mean for the process to be limited to parenting in the biological sense. Gereerativity does include nurturing the next generation, but it extends to productive and creative interaction with people and the environment generally. A middle aged person demonstrating generativity makes meaningful contributions to those in his life space. Some aspects of generativity are not unlike Moslow's concept of self-actualization.

When a person in the middle years of adulthood does not develop generativity, Erikson suggests that the quality of stagnation emerges in one's life. Stagnation could be demonstrated by a personal and social rigidity that paralyzes personal growth and impoverishes social relationships. An all out binge of self-absorption could take the form of compulsive pleasure seeking, self-pity or even invalidism. During periods of stagnation any attempts to relate to others is likely to be in the form of obsessive seeking of pseudo-intimacy. Relationships will not have mutual depth and caring.

There are elements of the negative part of Erikson's dichotomies in integrated personalities. However, the more frequently expressed attitudes of those with cohesive identities will demonstrate successful resolution of Erikson's crises of adult life.

During old age, Erikson characterized the primary dichotomy as one between ego integrity and despair. One must remember that this last stage is viewed as a potential culmination of the sucessful resolution of previous developmental crises. At this point, the link between the broad concepts of gereration and ego integrity can best be stated in Erikson's own words. He says: "Only in him who in some way has taken care of things and people and has adapted himself to the triumphs and disappointments adherent to being, the originator of others or the generator of products and ideas -- only in him may gradually ripen the fruit of these seven stages. I know no better word for it than ego integrity". (Erikson, E. Childhood and Society (2nd ed.). New York: Norton, 1963. p. 268)

If there is no satisfaction with the order of one's own unique life-cycle, then a sense of despair emerges. In place of a maturity of spirit and an unselfish wisdom, is fragmentation. Ironically, that fragmentation can exacerbate fear of death, at the same time it enhances disgust for the disorganized pieces of one's existence.

Changing the emphasis from despair to the positive generativity and ego integrity of Samuel's and Lee's later adulthood will bring in a valuable counterpoint. In Samuel's interactions with his associates day by day, he was increasingly seen as a wise, caring man. In his role as a father, he seemed passive at times leaving much responsibility to his wife. Yet the latent support was there as he accepted his children's individuality as they grew up. Samuel's interventions in the naming of Aron and Calab, and his final confrontation with Adam regarding Cathy, demonstrates his ability to take social risks.

In old age, Samuel continued the mutual exchange of caring with Lee. His musings and his conversations with Lee showed when he was ready to disengage. Samuel said to Lee, "... I think my life is a kind of music, not always good music, but still having form and melody." Yet he acknowledged the dispair of his grief for his dead daughter with, "And my life has not been a full orchestra for a long time now. A single note only -- and that note unchanging sorrow." Still he could say, "And my life which is ending seems to be going on to an ending wonderful. And my music has a new last melody like a birdsong in the night." (Steinbeck, p. 335)

Lee, too, is a beautiful example of a nurturing person as his long loyalty to Adam, Aron and Cal so vividly demonstrate. Lee's final intervention with the dying Adam brought forth the blessing Cal needed. It also resolved some unfinished business that could bring some ego integrity for Adam. Clearly Lee's life of nurturing could set the stage for his own ego integrity.

In current psychotherapy some of the dispair of old age can be addressed by the use of the technique of life review. The therapist can encourage the older person to deal with the unfinished business of old guilts, unresolved fears, past regrets and unfulfilled dreams. The sources of strength, the review of achievements, and the value of relationships can also be expressed. The goal would be integration. Samuel and Lee provided such a therapuetic environment for each other and for Adam, and Caleb.

Throughout their adult years, they reached toward integration themselves and helped others reach, too. East of Eden encourages the reader to integrate the major choices of life. Perhaps it was also an adult exercise in integration for Steinbeck? Erikson, too, offers "Timshel"!

Appendix 6. The Relationship Between Level of Information about Aging and Willingness to Work with Older Adults(a thesis proposal prepared for Gerontology 591b, a class in research methods)

The Relationship Between Level of Information About Aging and Willingness to Work with Older Adults

A Thesis Proposal

Katherine Wendy Heinz

Gerontology 593b

May 30, 1980

Dr. P. Ragan/Ms. M. Walsh

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Statement of the Problem

Negative attitudes toward the old have been well documented. Such attitudes are found among demographic categories in the general population. However, for reasons that will be mentioned later, this study will concern itself with only those concepts that are less confounded than terms such as attitude and bias. Of special concern will be the level of information about aging that is demonstrated by students in the health service curriculum.

Because the cognitive component is an important part of any definition of attitude, some of the literature on attitudes toward aging and negative bias toward the old is included in the review of the literature. The work has background value. Out of the criticism of research on attitudes has come a search for more objective ways to measure the cognitions of individuals toward older people and aging.

Within the health professions, it is the paraprofessionals and the nursing staff who often have the most direct interaction with the older adult. That situation is especially characteristic of institutional settings, places where the elderly are particularly vulnerable. People who work with the elderly can do great disservice if they are ignorant about the basic facts of aging. Further, it may well be confirmed that lack of information about the elderly can inhibit health service workers from wanting to work with the elderly.

In addressing the statements above, some major problems of conceptualization occur in much of the literature on attitudes. The researcher and general reader of the literature must distinguish among such terms as bias, information, affect, opinion, belief and predisposition for action. For clarity and usefulness, terms need to be narrowly defined. The concept of attitude is too broad to be used as an independent variable. Further, instruments need to be chosen to correspond with the conceptual framework of the research.

It is the judgement of this writer, that the most fruitful approach is to measure levels of information about aging. That process has obvious measurement advantages. Further, the level of information can be readily increased by educational institutions that are responsible for training health service workers. If level of information about aging is demonstrated to be a factor in a willingness to work with older people, then a sound argument can be made for including curriculum material of a gerontological nature.

The hypothesis that will be tested in the proposed study is stated below.

As compared to health science students with low levels of accurate information about older people, health science students with high levels of accurate information about older people are more likely to express a willingness to work with older people.

Review of the Literature

Introduction

Although this study will examine the relationship between level of information and willingness to work with older adults, much of the literature review deals with studies of attitudes. There are several reasons for this. First, the material on attitudes and attitude scales provide the background against which a more concise and streamlined approach is proposed. Further, many of the demographic variables become important when one considers the practical goals of the proposed research. Those goals include building a curriculum in gerontology for health service students. If the proposed study demonstrates that higher levels of information regarding aging can by itself be correlated with a willingness to work with older people, then the demographic variables related to those perceptions can also be considered in building curriculum. Further measurements of level of information about aging would become important enough to become subjects of methodological study.

Some Demographics and Experience Variables Related to Perceptions of the Aged

Research related to perceptions of the aged and aging has identified a number of variables that are pertinent to positive or negative perceptions of older adults. The variables discussed below are age of the perceiver, level of education, length of time spent with the elderly and courses in gerontology. For some variables, the data are equivocal, and the research has the disadvantage of using a variety of approaches toward defining the concept of attitude. With that disclaimer a summary is presented below. The studies presented offer a history of research that has led to a call for more streamlined assessment, goals and instruments.

Age of the Perceiver

There are contradictory results in the research relating attitudes toward the aged and age of the perceiver. Some results seem to demonstrate that compared to younger persons, older persons tend to have more negative views of the elderly, (Kogan & Wallach, 1961; Merrill & Gunter, 1969; Tuckman et al., 1953; Tuckman & Longe, 1954a, 1958; Gillis, 1972; Thorson, Whatley, & Hancock, 1974; Thorson, 1975b.) Other studies suggest that older people hold fewer stereotypes and negative views about older persons than do their younger counterparts (Knapp & Moss, 1963; Kogan & Wallach, 1961; Newgarten & Gotmann, 1958; New Field, 1971; Wolk & Wolk, 1971; Brown, 1967; Campbell, 1971). Still other studies show no relationship between the age of the

perceiver and attitudes toward older people (Hickey & Kalish, 1968; Vogan 1961; Merrill and Gunter, 1969; Troll and Schlossberg, 1910 and Thorson, 1975a).

Although it is difficult to discern a definitive pattern relating the respondent's age to the respondent's attitudes toward age, Harris (1975) does suggest the following generalization:

> By and large, the image that the public hold of most people over 65 varies only slightly from one demographic group to the next. Age appears to be the most significant determinant of attitude, with the youngest group of adult Americans harboring the most negative attitudes toward the oldest. (p.52)

Level of Education

People with a greater number of years of education have been found to have more positive views of the elderly than do less well educated respondents. Studies by Campbell (1971), Brown. (1967), Thorson (1975a, 1975b) and Thorsen et al (1974) show such a relationship.

In her 1973 study of nursing personnel, Gillis established that there was a positive relationship between increased level of education and affirmative attitudes toward the elderly. Although an earlier 1972 study by Gillis (1973, p.517) did not confirm a relationship between level of education and attitudes toward the aged, Gillis was able to state in her 1973 publication, "that the higher the level of education achieved by the nursing personnel, the more positive they became in attitudes toward the aged."

Data do not indicate why people with more education tend to have more positive perceptions of the elderly. Speculation by Thorson (1975a), however, indicates that people are more likely to believe false stereotypes of old age if they have limited years of education. Their level of information is low. Additionally, Thorson suggests that people with more years of schooling may have had adequate role models of older people.

Length of Time Spent in Direct Contact With the Elderly

In 1958, Tuckman and Lorge found that as the amount of time spent in direct contact with the aged increase, positive attitudes toward the aged increased also. Evidence from social psychology also supports such findings.

Courses in Gerontology

There are conflicting data regarding the value of courses in gerontology for changing attitudes toward age and aging. One study by Hudis (1974, p. 314) demonstrated that a course that provides knowledge about aging and the aged can promote positive attitudes toward aging and the aged. Other studies indicate that courses in gerontology are not very helpful in changing attitudes toward the elderly. (Tuckman and Lorge 1952b, 1954b, Troll and Schlossberg, 1970; and Fletcher et al., 1971.)

One Tuckman and Lorge study presented objective information on the physiological and psychological changes associated with aging to college students. Beliefs and stereotypes about older people were not addressed. In commenting about the results of their research the researchers stated:

> Since these students had accepted the cultural stereotypes about age even before instruction, the objective course material on physiological and psychological change may only have served to reinforce the concerns or fears that they may have had about their own aging, and offset any of the positive aspects of the material presented with the result that they view the future with misgiving. (Tuckman and Lorge, 1953, p. 407).

With the foregoing results of course work in gerontology in mind, Trent, Glass and Crockett (1979) designed the educational experiences in their study to purposefully produce positive changes in adolescents' attitudes toward aging and the aged. Their abstract quoted in part below, summarizes the key aspects of their research:

> Three types of experiences were provided, i.e. (1) a series of six 1 1/2 hr. seminars dealing with the problems and satisfactions of aging, (2) in-depth interviews with older adults over a period of 6 weeks, and (3) a combination of the seminar series and in-depth interviews.
>
> Significant positive changes in attitudes occurred within each of the experimental groups from pretest to posttest. There was no significant difference in attitude in the control group. There was no significant difference in attitude change between the various experimental groups.
>
> It was concluded that the three techniques tested would be equally effective in changing adolescent 4-H Club members' attitudes toward the aged. Implications for other organizations and institutions are suggested.

Attitudes and Perceptions of Health Service Students and Providers Toward the Aged

In a study of the attitudes and perceptions of health service providers, Gentry et al. (1974) focused on the influence of attitudes and perceptions on implementation and delivery of community health services. Their work suggests that when practitioners have limited knowledge of the health needs of designated popula-

tions and fail to have adequate perceptions of responsibility for service delivery, implementation of programs for such populations is impeded.

Drake (1973) studied a sample of students of community dentistry. He found that although 70 percent believed that the dental schools' educational program should increase dental students' sense of responsibility for the needs of children and the mentally handicapped, only 33 percent thought that the role of the dental school also included sensitizing students to the needs of nursing home patients. Such data supports McKelvey's (1968) view that the "background of training in a highly functional office in the treatment of essentially healthy and younger patients does not well orient him (sic) to the care of ... the aged (p.1)."

While assessing the need for a plan for total dental services for the chronically ill and aged, Waldman and Stein (1967) note that any existing fears felt by dental students can be intensified by lack of experience with the aged or chronically ill patient.

Two researchers have focused on the social attitudes and professional concerns of students of dental assisting and dental hygiene (Lobene et al, 1973). Their work demonstrated that students who expressed a willingness to work with the disadvantaged were most likely to indicate a general concern for humanitarian and social action rather than to emphasize "manpower shortages" in their field.

The foregoing work was the basis of the research by Cook (1978) who hypothesized that, "among dental students and dental hygiene students, more positive attitudes toward aging would be associated with a willingness to deliver services to meet the special needs of the elderly" (p.38). In addition to openended questions and hypothetical situations, Cook used the Kogan Scale of Attitudes Toward Old People. Shaw and Wright (1967) state that Kogan's Scale tests Ss' perceptions of the following: 1. The residential circumstances of old people's lives, 2. Vague feelings of discomfort and tension in the presence of old people, 3. Qualities of old people and 4. Interpersonal relations across age generations (p.468).

Cook found that Ss' scores in the Kogan's original sample were not as positive as the results she found in her own sample on The Attitudes toward Old People scale. She suggests that the reasons for this are related to historical, motivational and environmental variables.

After reviewing the results of many previous studies related to attitudes toward aging, this researcher questions the congruence of definition from one study to another and finds the scales that were used to be unclear in conceptualization. Therefore, the last section of the review of the literature will be devoted to stating some of the disadvantages of the tests and scales on aging. Additionally, the short quiz on Facts on Aging will be described as it relates to Palmore's work about basic facts, frequent misconceptions, and biases toward aging.

Some Problems of Definition Related to Concepts and Scales on Aging

In order to remove the conceptual confusion that surrounds many scales and inventories on aging, Palmore developed a quiz that he hoped would overcome many of the weaknesses of previous instruments. In his article in The Gerontologist, Palmore (1977) lists three of the major weaknesses that led him to develop his quiz. The deficits he cites are as follow: 1. Most instruments are too long. 2. The facts they use are undocumented. 3. The items in the instruments tend to confuse factual statements with attitudes.

The Palmore quiz is designed to cover the primary physical, mental and social facts about aging. Further, the author states that his scale may be used to stimulate discussion, to compare levels of information in different groups, to indentify misconceptions about aging, to measure anti-aged or pro-aged bias, and to measure the effects of courses, training materials or actual changes in information or biases over time. Subsequent articles in The Gerontologist have been critical of the design of the quiz and its general validity. It does, however, provide a challenge to others who might want to create instruments that avoid the weaknesses of earlier instruments on attitudes. Such instruments would have to avoid the problems of Palmores work as well.

Design of the Study

Conceptualization of the Variables

The primary concepts that will be used in this study are: 1. the level of information about aging; and 2. willingness to work with older people. For the purpose of the study, "level of information" refers to a selected group of documented facts about older people and aging. Operationally, "The Palmore Scale, Facts on Aging, a Short Quiz" will be used to assess the level of information. As noted in the Review of the Literature, the concept of level of information avoids many of the problems associated with the commonly used concepts related to attitude". "Willingness to work with older people" is defined by the forced choice responses given by the subjects to hypothetical situations that are designed to test willingness to work with older adults. In order to operationalize the concept, two items presenting hypothetical situations were adapted from L. Cook's work in her thesis, "Dental Care of the Aged Patient: Implications of Attitudes Toward Aging Among Dental Students and Dental Hygiene Students"(1978).

Statement of Working Hypothesis

One hypothesis was developed to address the relationship between level of information about aging and expressed willingness to work with older people. The hypothesis is stated below.

As compared to health science students with low levels of accurate information about older people, health science students with high levels of accurate information about older people are more likely to express a willingness to work with older people.

Subjects

The subjects will be drawn from a population of students at a community college in the Los Angeles area. A random sample of the students enrolled in health service programs will be drawn from those who have attained sophomore standing.

Procedures

A sample of 200 students will be drawn. Those students will receive a letter stating that the college requests that they fill out the enclosed questionnaire in order to help the college formulate future plans for its course offerings. A date will be set for the return of the questionnaire which is made up of the Palmore Scale and the hypothetical situation items. A stamped return envelope will be included in the original mailing.

The questionnaire will not be anonymous but it will be confidential. The cover letter will inform students of those conditions. The face sheet of the questionnaire will ask for demographic data from the subject that could be useful for followup and additional analysis.

Analysis of the Data

Because the study is designed to test a relationship between two variables, the primary statistical analysis will employ the Pearson r formula. Its level of significance will also be obtained with the .05 level of confidence set as the criteria for significance.

Additional descriptive analysis of the percentages in each cell will be made from the data to be displayed in Table 1. Table 2 will show the questions from the Palmore Scale, and Table 3 contains the items that assess willingness to work with older people.

The factors below were considered in the decision to use the Pearson r formula. The sample size of 200 is large enough to minimize the importance of normal distribution. The requirement of random sampling will also be met. Because the logic of the study is congruent with detecting a straight line correlation, Pearson r is appropriate.

The level of measurement is problematic, but the data is being considered crudely interval in nature. Other measures for ordinal data such as the Gamma coefficient would not fit with the logic of the study.

Table 2

Facts on Aging: A Short Quiz

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Estimated Time Schedule and Budget

The time frame is estimated as being one school year from data collection to written thesis. Collection of the data and analysis will occur in the first semester, followed by interpretation and writing in the second semester. All expences are regarded as the researcher's responsibility and are estimated at $300 dollars for clerical help and supplies such as envelopes and postage. $400 in gasoline and related transportation expences are also expected.

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SESSION ENDING

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CUMULATIVE TOTALS			GRADE POINT AVERAGE		TOTALS	
UNITS ATTEMPTED	UNITS PASSED	GD. PT. AVE.				
				CLASS	SCHOOL	MAJOR

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