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Psychological Needs of the Elderly:  
Community, Religious Affiliated Institutions,  
and Public Institutions

By

Sharon Bonaventura

A Thesis

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Of The University Of Richmond

In Candidacy

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Community, Religious Affiliated Institutions,  
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## Abstract

Although research has shown that psychological needs change as a person ages, available data on the relationship of psychological needs and types of residential institutions for the elderly are limited. The purpose of this study was to explore the possible connection between a particular residential environment and the elderly's psychological needs. Forty-five elderly females ages 62 through 89, participated in this study. Subjects were chosen from one of three residential groups, community, religious affiliated institutions, and public institutions. All subjects were asked to complete the Edwards Personal Preference Schedule. In addition, demographic data were collected on each subject. Results from the study indicate that the groups differ significantly on their scores for the following scales of the EPPS: Deference, Order, Endurance, and Heterosexuality. However, based on the scores from the other eleven scales of the EPPS, no other significant differences were present among the groups. It was also established in this study that the norms published in the EPPS are generalizable to this sample population. It was concluded that the elderly's residential environment is related to particular existing needs.

Psychological Needs of the Elderly:  
Community, Religious Affiliated Institutions,  
and Public Institutions

Over the last few decades advances in medicine and technology have led to an extension of the average American's life span. These new breakthroughs in medicine and technology, the increased life expectancy of men and women, and the aging of the baby-boom generation have ushered us into an age where society not only has to deal with the young, but with a new minority, the elderly. The aging of society has had a tremendous impact on the human sciences and society as a whole. New fields are being developed to study the elderly and monetary funding is being allocated for research in this area.

In the last few decades, the sciences have produced an abundance of research and literature with the elderly population as the main topic. In particular, the topic of "the needs of the elderly" has had sporadic attention within this literature. In the field of personality development, Eric Erikson had primarily addressed the elderly's needs in his theory of psychosocial stages. He refers to the stage of "maturity" where the adult struggles to achieve a sense of integrity as opposed to despair. He strives to resolve this crisis in order to have a feeling of wholeness and peace as one's life is ending. Although Erikson pioneered the idea of adult development, his ideas have been of a broad nature.

Other fields, in addition to psychology, have tried to become more specific about the course of adult development. Within the

medical profession, research in the area of adult needs was referred to under the topic of "psychosocial needs" or "psychosocial caring throughout the lifespan". These professionals gathered most of their information through directly observing the elderly interacting with their environment. Weg (1973) noted that within the elderly person not only are physiological changes occurring rapidly and acceptance of these changes difficult, but coping with the altered environment is as equally difficult. For example, the person's social network is becoming increasingly restricted; the elderly person experiences loss within his family network and among his friends. The person is slowly becoming isolated because of the death of family and friends. To offset this resulting restrictiveness, the elderly person needs to seek new companions to mend his network. Simon (1973) observed that the needs of the elderly person seem in many ways, to be similar to that of the young in that the elderly also need to have friendships and social contacts, to be busy at work and play, and to have reasonably good health. In addition, the elderly need to feel that their life has been a good one and that if there is a need to be dependent on another, they must accept it and live within set limitations.

Brown (1973), Kahn (1973), and Burnside, Ebersole, and Monea (1979) have shown that the elderly principally focus on the following needs: Continuity and Stability of life experiences, Maintenance of self identity, Socialization, Autonomy and Independence, Privacy, Control, Productiveness, and an Understanding of societal expectations. Although these needs are present across a person's life span, they should be viewed in a separate context from that of a young or

middle aged person. The needs of the elderly are exacerbated by the particular social and psychological pressures common only to their age group. Thus, the elderly's needs, seemingly similar to a younger aged person, are actually different manifestations based on unique origins and should be studied from a novel standpoint.

When psychology began the investigation into the specific area of psychological needs, concern was for age related changes. Examination of psychological needs using the Edwards Personal Preference Schedule (EPPS) showed that changes with age do indeed occur. For example, Spangler and Thomas (1962) found that subjects in the 60-69 and 70-79 age classifications had significantly higher mean scores on the Deference and Affiliation scales and significantly lower mean scores on the Heterosexuality scale. Schaie and Strother (1968), using retired university faculty members, found declines with age were significant on the Heterosexuality and Exhibition scales while significant increases in mean scores were found on the Deference, Endurance, and Order scales. Gauron (1965), using the EPPS with people of varying ages and psychiatric status, found that older people had lower scores on the Heterosexuality scale. All the preceding studies show that some needs, measured by the EPPS, undergo change with age, but which of these needs depends on the particular experiment. These differences are most likely due to confounding variables related to the chosen sample population. For example, half of Spangler and Thomas's sample population were physically handicapped which could be the cause of the differences in the scores of the scales.

Since age related changes of personality needs have consistently



been found, whether these changes are reflected in the type of residential environment an elderly person chooses is a logical question to pursue. In his work in this area, Henry A. Murray (1938), suggested that the prevalent psychological needs are a result of both the individual and the environment. Researchers have focused in on the institution as opposed to any other specific living environment for the elderly. In the psychosocial literature, the process of entering and living in an institution are precipitating factors which lead to the dominance of certain existing needs. Weg (1973) observed that when a person is institutionalized he is stripped of social contact, placed into an environment which is foreign to him, and therefore must seek out a special confidant. In their research on institutional life, Eisdorpher (1982) and Weg (1973) both noticed the loss of the elderly's power to control their life space. All institutionalized elderly have, for the most part, lost control over where they live, the structure within their daily lives, and the power to change or control both. Upon entering an institution the loss of personal belongings serves to disconnect or alienate them from the past. The situation is suddenly impersonal. Busse (1973), Weg (1973) and Eisdorpher (1982) observed that the elderly lose their privacy and independence as a result of entering an institution. They become dependent on the institution's structure and in most cases, must share a room with another resident.

Kahana and Coe (1969) point out that previous studies suggested the institutionalized aged individual could show a depreciation of self and loss of personal identity through a lessening of contribution

to the social system. This is not to say that all residents exhibit these depreciating effects. These studies tend to direct attention to the depressing effects of institutions. This heavy emphasis on the negative effects of institutions was a common theme throughout most of the early literature. More recently, the focus of literature has been to look at a combination of factors which may effect the psychological well being of the elderly. Brody (1977,p.22) suggested that "one of the broadest areas of neglect in institutions has been the psychosocial needs of the elderly residents". She goes on to say that within the literature, the negative effects of insitution-alization have received considerable attention.

A sense of autonomy, and control over one's own destiny are overriding factors conducive to mental health; apathy results when they are lost or lacking. The collapse of self-determinism, the need to turn to others for care, and the surrender of the direction of one's personal life are among the most profound negative effects of institutionalization. Other detrimental factors noted by practitioners and research investigators are dependency, depersonalization, and low self esteem; loss of occupation and lack of opportunity to fill one's time fruitfully; geographic and social distance from family and friends; tenuousness of new relationships; inflexibility of institutional routines and menus; loneliness; loss of privacy, identity, own clothing, possessions, and furniture; lack of freedom; desexualization and infantilization, crowded conditions; and the intermixing of the mentally intact with the mentally abnormal. (1977), pp. 142-143)

At this point Brody's book breaks the ties with early literature and notes that this literature neglects to mention that the resident's mental health is affected not only by the specific

characteristics of the institution, but also by the nature of the residents living in the institution.

Tobin and Leiberman (1976) hypothesized that the characteristics of institutionalization occurred before an individual entered an institution. After devising their own scales, they sampled elderly who were living independently in a community, those on a waiting list to enter an institution, and those already living in an institution. The study's results showed the institutional sample as being quite similar to the waiting list sample and different from the community sample. The dependent variables: well being, self esteem, and dominance were relatively high for the community group, diminished to a low level for the waiting-list group and early institutionalized, and recovered to a moderate level after prolonged institutionalization. The results show that when one is on a waiting list the person becomes in a sense "institutionalized". The person begins to adjust before he is actually a resident of an institution.

Studies using the EPPS have shown a relationship between age and manifested needs and Tobin and Leiberman's study (1976) has revealed that elderly residents on a waiting list are similar to the institutionalized in their psychological functioning, while being different from their counterparts in the community. Since Murray (1938) suggested that the environment does have an effect on which needs are prevalent, the purpose of this study was to examine changes in psychological needs as a function of the type of residential environment. Specifically, the study was designed to determine whether the

elderly's psychological needs, as defined by the EPPS, are influenced by their place of residency. In particular, this study was focusing on residents in the community, those living in religious affiliated institutions, and also residents of public institutions.

### Method

#### Subjects

Forty-five elderly caucasian females, ages 62 through 89, participated in this study. Subjects were divided into three groups, community, religious affiliated institutions, and private institutions, based on their existing place of residence. The residents of the institutions chosen for this study did not require skilled medical care. The community group was comprised of elderly females living independently in their own home or apartment. None of these residents were currently living with any family member other than a spouse. The religious affiliated institutions are defined as those institutions which are closely associated with a particular religious denomination. These institutions receive secondary funding from the particular denomination with which the institution is affiliated. The residents were predominantly of the same denomination that is associated with the institution. The public institutions are non-state affiliated institutions. They are privately owned institutions which are open to the public. Residents who privately finance their own living accommodations were predominant in these institutions. Private or double rooms are available upon request by the resident. Some furnishings are provided for by the institution.

Each group consisted of 15 subjects. The ages of the females in the community group ranged from 62 through 77 with a mean age of 68 and a standard deviation of 4.0 years. Eighty-seven percent of the females in this group were widowed and living alone, and the other thirteen percent were married. The formal educational level attained by these subjects ranged from 8 years through 14 years with a mean of 10 years and a standard deviation of 1.8 years. Eighty percent of the subjects attended church at least four times during the month.

The ages of the females in the religious affiliated institution group ranged from 68 through 87 with a mean age of 77 and a standard deviation of 5.4 years. Eighty-seven percent of this group were also widowed and living alone, while the other thirteen percent were married. The years of formal education for the group ranged from 12 through 18 years with a mean of 15 years and a standard deviation of 1.6 years. Eighty-seven percent of these subjects attended church at least four times during a period of a month.

The private institution group consisted of females whose ages ranged from 70 through 89 with a mean age of 77 years and a standard deviation of 4.9 years. Eighty percent of this group were widowed and living alone. The other twenty percent were single and living alone. The years of formal education completed by these females ranged from 10 years through 17 years with a mean of 14 years and a standard deviation of 2.5 years. One hundred percent of this group attended church at least four time during the month.

### Apparatus

The Edwards Personal Preference Schedule (1959) was used in this study as the measure of the elderly's personality needs. This inventory consists of 225 paired statements which presumably gauge the variables described in the revised manual (See Appendix A.). The reliability and validity data on this inventory are as follows: retest reliability ranges from .74 to .88, split-half reliability ranges from .60 to .87, construct validity ranges from .46 to -.36, and reported criterion validity is inconclusive (Anastasi,1982). The answer sheet was enlarged to facilitate easier reading.

A demographic data questionnaire, to be filled out during the course of this study, was used. This questionnaire consisted of seven questions that addressed diverse details of the subject's life. For example, information was collected on the person's age, sex, marital status, education, and current religious affiliation. (See Appendix B. for a complete list of questions.)

### Procedure

After subjects had been recruited and briefed about the study, they were given a packet of materials consisting of the Edwards Personal Preference Schedule, an enlarged answer sheet, a demographic data sheet, consent form, and a writing instrument. They were asked to read the consent form (See Appendix C. ) and subsequently sign the form if they wished to participate further in the study.

The subjects then were instructed in the correct procedure for filling out the scale and the demographic data sheet. Each

subject was asked to fill out the scale without the aid of another person. A twenty-four hour period was allowed for completion of the test, after which the packets were collected and the subjects thoroughly debriefed. All tests were hand scored in the manner prescribed by the manual.

### Results

The single factor independent groups analysis of variance procedure was used to analyze the data obtained from the fifteen subscales of the Edwards Personal Preference Schedule. A .01 alpha level was used due to the large number of ANOVA's. The means and standard deviations of each group's subscale scores are shown in Appendix D. and a summary table for each subscale analysis of variance is presented in Appendix F.

The  $F_{\max}$  test for homogeneity of variance was performed in each subscale analysis producing nonsignificant results; so the variances were assumed to be homogeneous (See Appendix E.).

The analysis of variance of the mean scores among groups yielded nonsignificant results for the following scales: Achievement, Exhibition, Autonomy, Affiliation, Intraception, Dominance, Abasement, Nurturance, Change, and Aggression (for further clarification see Appendix F.). Significant results were found for the following four scales: Deference  $F, (2, 42) = 8.63, p < .01$ , Endurance  $F, (2, 42) = 7.20, p < .01$ , Order  $F, (2, 42) = 6.01, p < .01$ , Heterosexuality  $F, (2, 42) = 8.01, p < .01$ . Refer to Figure 1. for visualization of significant differences and see Appendix F. for further clarification of analyses.

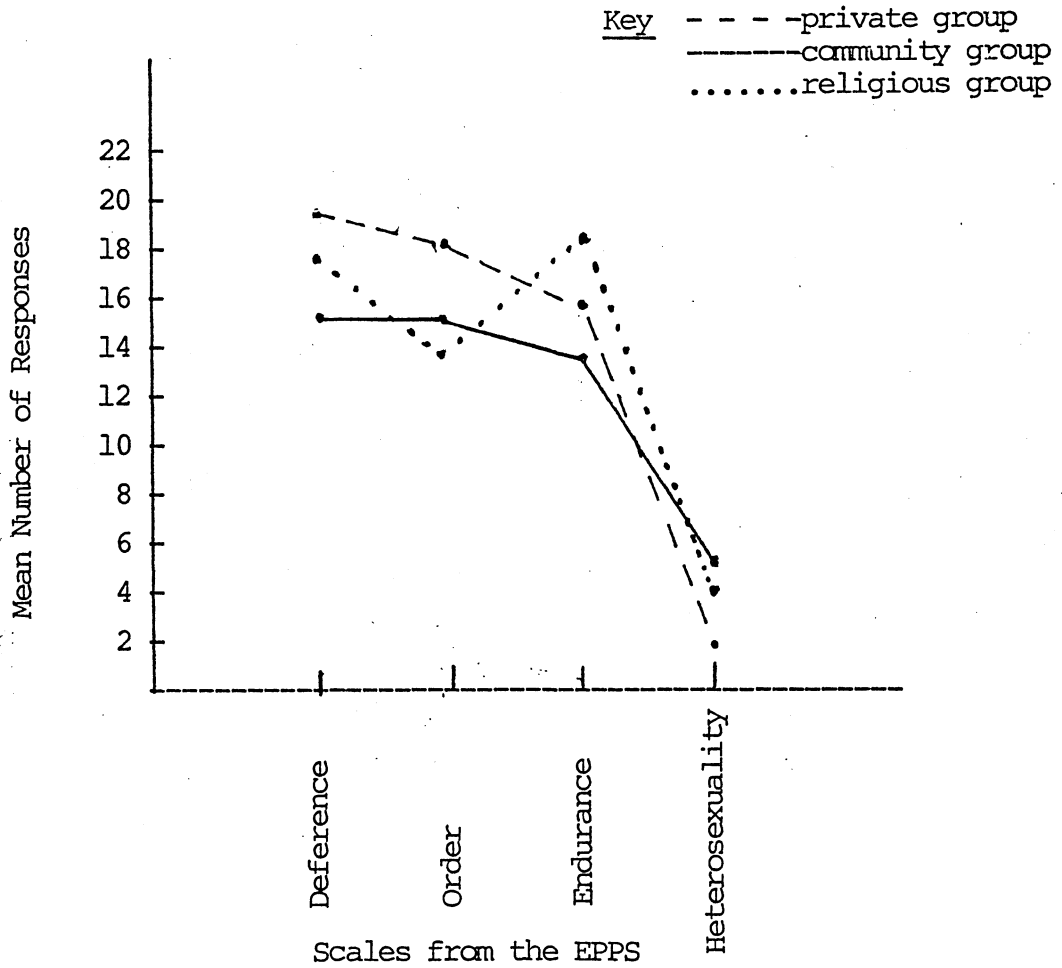


Figure 1. Mean number of responses from each group and scales from the EPPS.

Although an analysis of variance on the mean scores of the Succorance scale yielded significant results indicating a significant difference in mean scores among the three groups,  $F(2,42) = 5.6, p < .01$ , a further analysis using a Newman-Keuls test yielded nonsignificant results.

A Newman-Keuls test on the results of the Deference and Heterosexuality scales showed significant differences in mean scores existed



between the private and community groups. For the Deference scale, the community group had significantly lower scores than the private group, while on the Heterosexuality scale their scores were significantly higher than the private group.

The results of the Newman-Keuls test on the Endurance scale showed that the scores for the religious group were significantly higher than the scores for the community group. On the Order scale, the results showed the scores to be significantly higher for the private group than the religious group. A summary table for each multimean comparison test is found in Appendix G.

Due to the lack of published information in the EPPS Manual about the general adult sample population, it was unclear whether this study's sample population was similar to that population which was the basis for the norms of the general adult sample. A  $t$  test was used to compare the mean scale scores of the general adult sample population (published in the EPPS) with the mean scale scores of this study's population. The results of the  $t$  test on each scale were nonsignificant,  $t(44) < 1, p > .01$ . Therefore, one can assume that these two sample populations are of a general population.

#### Discussion

Spangler and Thomas (1962) found that mean scores on the Deference and Affiliation scales increased significantly with age. They attributed their results to the fact that older people express needs for certain kinds of social relationships, therefore mean scores on the Affiliation and Deference scales should increase with age. However this

conclusion is in direct contrast with other researchers' findings (Cavan,1949;Fosket,1955;Tallent & Lucas,1956;Wagner 1960) which revealed that companionship and socialization decline with age. Spangler & Thomas (1962) suggested that a gap between what the aged individual does and what he manifestly prefers to do is a possible explanation for the disparate results.

The significant differences in mean scores on the Deference, Heterosexuality,Endurance, and Order scales indicate that older females living in dissimilar environments exhibit some different manifest needs. Results of this study suggest that,although certain needs are prevalent for a certain age group, the needs vary in strength depending on environmental factors. Winston Churchill once said "We shape our buildings---and they shape us" (Maier,1982,p.51). The subjects of this study were picked from distinct environmental settings. Therefore,it is possible that the living environment may enhance or diminish the strength of certain expected needs. This is not to say that the individual acts on his preferences, only that there might be a possible correlation between living environments and the strength of manifested preferences.

Over the years one has seen a trend in which the environmental settings for the elderly have dramatically changed. Once, the elderly occupied the same living space as their children. As time progressed and the nuclear family dispersed,homes were built for the elderly. These homes were fashioned after the institutions

of the time and tended to be only for those that needed total skilled care or at least partial skilled care. In recent years the trend has started to diverge from the "nursing home" atmosphere to the retirement villages, with the rest homes falling somewhere in the middle. It would seem reasonable to assume that the differing environments would pose possible advantages or disadvantages for the elderly person's maturity, which in turn would be reflected in the results of studies such as this one. For example, in this study one should review the results of the Heterosexuality and Deference scales for the community and private groups. In the case of the Heterosexuality scale, the community group has expressed a higher need for contact with the opposite sex; but the private group, as evidenced by the Deference scale results, expressed a greater need for companionship and direction. The results of both scales seem to reflect the opportunities of the environment. The community home was an apartment complex in the hub of a middle class housing subdivision. The subject of sexual contact or heterosexual companionship did not seem to offend the spirit of the group. The whole layout of the environment enables the female resident to have the opportunity for contact with the opposite sex. The wings of the buildings were not segregated according to sex or marital status, activities were geared to the interest of both sexes, and everyone had the opportunity for contact with people of all ages.

In direct contrast, the private homes were located in an isolated area enabling little outside contact, housed mostly females, and what few males were there seemed to be isolated. The males' rooms were

located at the very ends of the halls, usually having a withdrawn female neighbor, or they were clustered together on a certain wing. The social activities were of the nature that would probably separate the sexes instead of mixing them (with Bingo being the exception).

While the structure of the private homes inhibited heterosexual contact for the resident, it in turn enhanced that need for direction and the companionship associated with seeking out this direction. Any resident in this facility, to a degree, has to follow a set schedule set up by someone other than himself. They conform to the policy and procedures established by the administration. They must seek out companions; people who tell the resident where to go and what their responsibilities are after they get to the designated place. As a consequence of remaining in this living arrangement, they rely on someone else to make decisions. Thus, the resident is no longer directing his life, but rather seeking direction within the boundaries of the private home's regulations.

The community group is not bound by a set of policies and procedures. They still might have to seek out direction in their lives but for the most part are their own policy makers. Their daily freedom has not been as limited by the nature of the residential facility they occupy; therefore expression of this need should be lower than that of the resident in the private home.

The results of the scales seem reasonably in line with the opportunities of the environment. The community group already possessed companionship but wished more heterosexual contact. The private group's lack of expressed heterosexual needs was consistent

with earlier research which found declines in scores on the Heterosexual scale as one ages. Although the expressed need for heterosexual companionship is lessened, the private group still expressed a need for a particular type of social relationship. This social relationship is formed when the resident seeks out direction in their daily lives from the staff members working in the facility.

Scores on the Endurance and Order scales are less susceptible to being directly attributed to specific environmental factors. The results of the Endurance scale leads to the speculation that the religious group is a special entity. Certain environmental factors, such as structure and facility policy, cannot be singled out as the sole basis for the differentiation. Instead, there seems to be something on a wholistic basis that separates them from the other groups (especially the community group). It is possible that the very atmosphere maintained in the religious affiliated institutions might be what separates this group from the other groups. The religious orientation of the facility might have attracted and sustained a person who already had a high "endurance" need, or fostered a low-level "endurance" need in another resident.

The private facility, to a lesser degree, also has this religious orientation (a chaplain who comes every Sunday), but this orientation was not a basic part of the philosophy of the institution.

Religion and endurance seem to go hand in hand. Most religions have expressed within their philosophies, the need for a person to endure the hardships with which they are confronted during their lifetime. Therefore a religious affiliated institution would tend to foster a high

endurance need, producing higher scores on a scale such as the EPPS; and an atmosphere without this religious thrust should tend not to affect scores on the Endurance scale.

The private group manifested a high need for structure and order in their lives. This is a potential reflection of the highly structured nature of the homes. The majority of events such as mealtime, medicine, bus rides, and meetings were on a tight schedule. The longer period of time spent in this type of environment would tend to condition one to a very structured life and in turn would be reflected by a need for structure in order to survive in this residential environment.

In contrast, the religious affiliated group results were significantly lower than the results of the private group. One possible explanation is that the structure and order within the religious affiliated home did not exacerbate those needs of the resident to a degree similar to that of a resident in a private home. In fact, the structure of the home might have offered the right amount of structure sufficing the resident's needs, yet still allowing for change in routines.

The community groups falls somewhere in the middle. The residents in the community must keep order within their own lives. Therefore, their need is higher than someone who has some environmental restrictions yet lower than those whose lives are tightly ordered.

It was not surprising to find that significant differences were not found on the majority of the scales; for a number of the statements which comprise the scales were not applicable to the existing lifestyle

of the elderly female. For example, statements such as "to try new and different jobs", "to supervise and direct the actions of others", and "to have written work neat and organized" are not relevant to the existing lifestyle of many of these females. Yet it was surprising to find the amount of consistency among the scores and the similarity to the published norms in the EPPS given the controls of the study.

Although a case has been built around the results of this study, caution must be exercised in interpreting these results. First, there does not exist a one-to-one correspondence between responses to items on an inventory and behavior in real life situations. Second, distortion of the inventory is not totally eliminated by the nature of the EPPS. Third, conclusions must be evaluated in terms of the nature of the sample utilized. Finally, one must take into account the possibility of concomitant variables such as those summarized in Appendix H. affecting the results.

This study was intended to be an exploratory piece of research and therefore encompasses some of the confusing results that are found in this type of research. Further researchers might examine the Succorance scale more closely in order to ascertain whether the discrepancy found in this study's results were a result of the "power" differential associated with each of the analyses or whether some unknown was causing the discrepant results. Also further investigation is needed to distinguish whether the results of the Exhibition and Dominance scale scores are a reflection of that which happens by chance or as a result of environmental variables.

A different approach to this area of needs would be for researchers

to diverge from natural studies such as this one, to studies which examine the path of relocation into differing environments. For example, Tobin and Leiberman (1982) found that people on a waiting list become institutionalized before they enter an institution. In other words, they change their lives while living in their current residence, to coincide with their beliefs of what their lives will be like after they enter their new residence. It would be interesting to see if this happens regardless of the residential setting the person is waiting to enter.

The suggested research mentioned above can only be accomplished by people on the inside of the many geriatric settings, for it is difficult for an outsider to break into this system. Research along these lines can have significant affects on the design of future facilities. Scales like the EPPS and research using these scales provide a blueprint from which programs can be developed. This blueprint can influence the design of future facilities and/or change current programs and procedures being implemented in existing facilities. Having research to base a design on would potentially eliminate unnecessary programs and dead avenues, which could in turn make funding available for other areas.

Research in this area of the elderly's needs is progressing at a fair pace, however many of the pieces of the puzzle are still missing.



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## Appendix A.

Needs associated with each of the 15 variables are:

Achievement: To do one's best, to be successful, to accomplish tasks requiring skill and effort, to be a recognized authority, to accomplish something of great significance, to do a difficult job well, to solve difficult problems and puzzles, to be able to do things better than others, to write a great novel or play.

Deference: To get suggestions from others, to find out what others think, to follow instructions and do what is expected, to praise others, to tell others that they have done a good job, to accept the leadership of others, to read about great men, to conform to custom and avoid unconventional, to let others make decisions.

Order: To have written work neat and organized, to make plans before starting on a difficult task, to have things organized, to keep things neat and orderly, to make advance plans when taking a trip, to organize details of work, to keep letters and files according to some system, to have meals organized and a definite time for eating, to have things arranged so that they run smoothly without change.

Exhibition: To say witty and clever things, to tell amusing jokes and stories, to talk about personal adventures and experiences, to have others notice and comment upon one's appearance, to say things just to see what effect it will have on others, to talk about personal achievement, to be the center of attention, to use words that others do not know the meaning of, to ask questions

others cannot answer.

Autonomy: To be able to come and go as desired, to say what one thinks about things, to be independent of others in making decisions, to feel free to do what one wants, to do things that are unconventional, to avoid situations where one is expected to conform, to do things without regard to what others may think, to criticize those in the position of authority, to avoid responsibilities and obligations.

Affiliation : To be loyal to friends, to participate in friendly groups, to do things for friends, to form new friendships, to make as many friends as possible, to share things with friends, to do things with friends rather than alone, to form strong attachments, to write letters to friends.

Intracement: To analyze one's own motives and feelings, to observe others, to understand how others feel about problems, to put one's self in another's place, to judge people by why they do things rather than by what they do, to analyze the behavior of others, to analyze the motives of others, to predict how others will act.

Succorance: To have others provide help when in trouble, to seek encouragement from others, to have others be kindly, to have others be sympathetic and understanding about personal problems, to receive a great deal of affection from others, to have others do favors cheerfully, to be helped by others when depressed, to have others feel sorry when one is sick, to have a fuss made over when hurt.

Dominance: To argue for one's point of view, to be a leader in groups to which one belongs, to be regarded by others as a leader, to be elected or appointed chairman of committees, to make group

decisions, to settle arguments and disputes between others, to persuade and influence others to do what one wants, to supervise and direct the actions of others, to tell others how to do their jobs.

Abasement: To feel guilty when one does something wrong, to accept blame when things do not go right, to feel that personal pain and misery suffered does more good than harm, to feel the need for punishment for wrong doing, to feel better when giving in and avoiding a fight than when having one's own way, to feel the need for confessions of errors, to feel depressed by inability to handle situations, to feel timid in the presence of superiors, to feel inferior to others in most respects.

Nurturance: To help friends when they are in trouble, to assist others less fortunate, to treat others with kindness and sympathy, to forgive others, to do small favors for others, to be generous with others, to sympathize with others who are hurt or sick, to show a great deal of affection toward others, to have others confide in one about personal problems.

Change: To do new and different things, to travel, to meet new people, to experience novelty and change in daily routine, to experiment and try new things, to eat in new and different places, to try new and different jobs, to move about the country and live in different places, to participate in new fads and fashions.

Endurance: To keep at a job until it is finished, to complete any job undertaken, to work hard at a task, to keep at a puzzle

or problem until it is solved, to work at a single job before taking on others, to stay up late working in order to get a job done, to put in long hours of work without distraction, to stick at a problem even though it may seem as if no progress is being made, to avoid being interrupted while at work.

Heterosexuality: To go out with members of the opposite sex, to engage in social activities with the opposite sex, to kiss those of the opposite sex, to participate in discussions about sex, to read books and plays involving sex, to listen to or to tell jokes involving sex, to become sexually excited.

Aggression: To attack contrary points of view, to tell others what one thinks about them, to criticize others publicly, to make fun of others, to tell others off when disagreeing with them, to get revenge for insults, to become angry, to blame others when things go wrong, to read newspaper accounts of violence.

## Appendix B.

1. What is your age, \_\_\_\_\_ sex, \_\_\_\_\_ and race \_\_\_\_\_?
2. Are you married \_\_\_\_\_, widowed \_\_\_\_\_?
3. How many years of education have you completed? \_\_\_\_\_
4. What is your current place of residence? \_\_\_\_\_  
Length of time lived in this particular residence? \_\_\_\_\_
5. What is your current religious affiliation? \_\_\_\_\_
6. How many times do you attend church per month? \_\_\_\_\_ Is this  
church of the same religious denomination as question #5? \_\_\_\_\_
7. How many visitors, on the average, do you have per week? \_\_\_\_\_  
Are they mostly members of your family? \_\_\_\_\_

## Appendix C.

## Informed Consent Form

I, \_\_\_\_\_, agree to participate in this study. I understand that I will be taking a paper and pencil test having a forced-choice format and possibly be involved in an interview. Neither the test nor the interview will pose any physical or psychological risks for me.

I understand that Sharon Bonaventura, a graduate student in the Psychology Department at the University of Richmond, will be administering the test and conducting the interview. I know that I am volunteering for her study, and that I may quit at any time. I further understand that the results of this study will be kept confidential. My name will not be used in any report of this study. Debriefing will follow the experiment.

---

Signature

Date



## Appendix D.

## Means and Standard Deviations

<u>Scales</u>	<u>Private</u>	<u>Community</u>	<u>Religious</u>
.....			
Achievement			
M	13.2	11.2	14.3
SD	4.46	4.13	4.13
Deference*			
M	19.3	15.2	17.3
SD	2.53	2.50	2.74
Order*			
M	18.2	15.3	13.2
SD	3.17	4.28	4.36
Exhibition			
M	9.8	13.3	13.2
SD	3.41	3.66	4.38
Autonomy			
M	14.1	15.6	12.5
SD	2.09	3.60	3.98
Affiliation			
M	19.1	20.4	17.8
SD	4.07	3.92	2.68
Intracception			
M	16.9	15.9	16.8
SD	3.47	3.41	2.68
Succorance			
M	15.0	14.6	11.0
SD	3.40	4.55	2.59
Dominance			
M	8.0	7.0	11.1
SD	4.55	2.56	3.94
Abasement			
M	18.0	17.7	16.6
SD	1.70	3.20	3.72
Nurturance			
M	19.3	19.8	18.7
SD	3.43	2.96	4.27

Change				
M	13.3	16.0	15.5	
SD	2.46	4.53	3.76	
Endurance*				
M	15.7	13.8	18.7	
SD	2.94	3.99	3.75	
Heterosexuality*				
M	1.90	5.80	4.10	
SD	1.98	3.15	2.80	
Aggression				
M	8.20	8.10	9.00	
SD	3.69	4.20	3.09	

\*significant difference

## Appendix E.

## F-max Test

<u>Source</u>	<u>Variance</u>	<u>F-max</u>	<u>p</u>
.....			
<u>Achievement</u>			
Private Group	19.92	1.17	ns (.01)
Community Group	17.03		
<u>Deference</u>			
Religious Group	7.52	1.17	ns (.01)
Private Group	6.38		
<u>Order</u>			
Religious Group	19.03	1.90	ns (.01)
Private Group	10.03		
<u>Exhibition</u>			
Religious Group	19.17	1.90	ns (.01)
Private Group	11.6		
<u>Autonomy</u>			
Religious Group	15.84	3.63	ns (.01)
Private Group	4.36		
<u>Affiliation</u>			
Private Group	16.55	2.31	ns (.01)
Religious Group	7.17		
<u>Intracception</u>			
Private Group	12.07	1.68	ns (.01)
Religious Group	7.17		
<u>Succorance</u>			
Community Group	20.69	3.08	ns (.01)
Religious Group	6.71		
<u>Dominance</u>			
Private Group	20.71	3.15	ns (.01)
Community Group	6.57		
<u>Abasement</u>			
Religious Group	13.83	4.75	ns (.01)
Private Group	2.90		

<u>Nurturance</u>			
Religious Group	18.21	2.08	ns (.01)
Community Group	8.74		
<u>Change</u>			
Community Group	20.50	3.38	ns (.01)
Private Group	6.07		
<u>Endurance</u>			
Community Group	15.86	1.84	ns (.01)
Private Group	8.64		
<u>Heterosexuality</u>			
Community Group	9.98	2.55	ns (.01)
Private Group	3.92		
<u>Aggression</u>			
Community Group	17.63	1.84	ns (.01)
Religious Group	9.57		

.....

(df = 15 / k = 3 for all groups)

Appendix F.  
Analysis of Variance

<u>Source</u>	<u>df</u>	<u>Sum of Squares</u>	<u>F</u>	<u>p</u>
.....				
<u>Achievement</u>				
Total	44	832.8	2.11	ns (.01)
Between Groups	2	76.1		
Within Groups	42	756.7		
<u>Deference</u>				
Total	44	398.3	8.63	s (.01)
Between Groups	2	116.0		
Within Groups	42	282.2		
<u>Order</u>				
Total	44	853.2	6.01	s (.01)
Between Groups	2	190.0		
Within Groups	42	663.2		
<u>Exhibition</u>				
Total	44	738.4	4.09	ns (.01)
Between Groups	2	120.3		
Within Groups	42	618.1		
<u>Autonomy</u>				
Total	44	534.8	3.19	ns (.01)
Between Groups	2	70.5		
Within Groups	42	464.2		
<u>Affiliation</u>				
Total	44	598.4	1.94	ns (.01)
Between Groups	2	50.7		
Within Groups	42	547.7		
<u>Intracception</u>				
Total	44	441.1	.43	ns (.01)
Between Groups	2	8.8		
Within Groups	42	432.2		
<u>Succorance</u>				
Total	44	691.2	5.60	s (.01)
Between Groups	2	145.6		
Within Groups	42	545.6		

<u>Dominance</u>				
Total	44	739.2	4.90	ns (.01)
Between Groups	2	139.5		
Within Groups	42	599.7		
<u>Abasement</u>				
Total	44	405.1	.73	ns (.01)
Between Groups	2	13.5		
Within Groups	42	391.5		
<u>Nurturance</u>				
Total	44	550.8	.33	ns (.01)
Between Groups	2	8.5		
Within Groups	42	542.2		
<u>Change</u>				
Total	44	630.4	2.24	ns (.01)
Between Groups	2	60.8		
Within Groups	42	569.6		
<u>Endurance</u>				
Total	44	725.6	7.20	s (.01)
Between Groups	2	185.3		
Within Groups	42	540.2		
<u>Heterosexuality</u>				
Total	44	420.9	8.01	s (.01)
Between Groups	2	116.3		
Within Groups	42	304.6		
<u>Aggression</u>				
Total	44	578.9	.28	ns (.01)
Between Groups	2	7.6		
Within Groups	42	571.3		

Appendix G.

Newman-Keuls

Succorance

MSQ 13.0

Standard error of the means .93

	2 step	3 step
critical values (40 df/.01)	3.55	4.06
Ordered Differences		
	Community	Private
Religious	3.6	4.0
Community		.4

Deference

MSQ 6.27

Standard error of the means .67

	2 step	3 step
Critical Values (40 df/.01)	2.56	2.93
Ordered Differences		
	Religious	Private
Community	2.1	4.1*
Religious		2.0

Heterosexuality

MSQ 7.26

Standard error of the means .70

	2 step	3 step
Critical Values (40 df/.01)	2.67	3.06

Ordered Differences	Religious	Community
Private	2.2	3.9*
Religious		1.70

Endurance

MSQ 12.86

Standard error of the means .93

.....

	2 step	3 step
--	--------	--------

Critical Values

(40 df/.01)

3.55

4.06

.....

Ordered Differences	Private	Religious
---------------------	---------	-----------

Community

1.9

4.9\*

Private

3.0

Order

MSQ 15.8

Standard error of the means 1.03

.....

	2 step	3 step
--	--------	--------

Critical Values

(40 df/.01)

3.93

4.50

.....

Ordered Differences	Community	Private
---------------------	-----------	---------

Religious

2.1

5.0\*

Community

2.9

\*Significant Difference



## Appendix H.

## Summary of Demographic Data

Private Group

15 Caucasian female subjects/12 widowed/3 single

Mean Age:77 years, Standard Deviation:4.9 years

Mean years of education:14 years, Standard Deviation:2.5 years

Mean Years in current institution:3.0

Religion: 11 Baptist

2 Presbyterian

1 Methodist

1 Roman Catholic

(All attend church at least 4 times during a month)

Visitors: Average 2.9 per week. Mostly friends/only 5 said family contact

---

Community Group

15 Caucasian female subjects/13 widowed/2 married

Mean Age:68 years, Standard Deviation 1.8 years

Mean years of education:10, Standard Deviation:1.8 years

Religion: 5 Presbyterians

4 Baptist

2 Methodist

4 Other

(1 Methodist/2 Baptist non-active, all other attend church at least 4 times during the month)

Visitors: Average 5.2 per week/ 6 have family contact

Religious Group

15 Caucasian female subjects/13 widowed/2 married

Mean Age: 77 Years, Standard Deviation: 5.4 years

Mean years of education: 15. Standard Deviation 1.6 years

Mean years in current institution: 2.6

Religion: 6 Presbyterians

4 Methodist

4 Episcopalians

1 Christian Scientist

( 1 Presbyterian/ 1 Methodist non-active/All other  
attend church at least 4 times during the month)

Visitors: Average 4.5 per week/2 have family contact