LIFE SATISFACTION
AND
ASSERTIVE BEHAVIOR
IN THE ELDERLY

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Statement of the Problem

Aging is a process everyone must deal with throughout their lives. Yet, few people, if any, embrace the idea of getting old with much fervor. Society looks upon chronological aging as bad, and aging itself as a curse (Keller, Croake, and Brookings, 1975). As a result, the elderly in this society have been relegated to a position of being second-class citizens, both culturally and physically devalued (Buckley, 1972). Recent medical advances have led to the elimination or control of many previously fatal afflictions. This has led to longer life expectancies than before and an expanding population of elderly people. With this expanded population has come an increasing demand for services and a need to understand the problems faced by the elderly.

Until recently, one area of services that has been neglected but is needed by the elderly is that of counseling and psychotherapy (Pressey, 1973). Little counseling research has been done with the elderly as is evidenced by the lack of counseling literature on the elderly (Paul, 1978). Buckley (1972), Pressey (1973), and Blake (1975) have all commented on counselors ignoring the elderly as a potential treatment population. They have pointed out that counselors can provide useful
services in helping the elderly satisfy their needs. Buckley (1975) also suggests they can provide a positive social influence in helping the elderly deal with many of the negative social stereotypes they are faced with. Stereotypes which picture the elderly as unhappy, unproductive, frequently ill, sexually inactive, alone and isolated, none of which is supported by existing research (Falmore, 1969b). However, in order for the elderly to be helped by counselors, more research needs to be done on the problems older people face and on appropriate coping mechanisms for them to use (Paul, 1978).

As psychologists have turned their attention to the needs of the elderly client, a main focus of research has been that of life-satisfaction and its correlates (Neugarten, Havighurst, & Tobin, 1961; Falmore & Luikart, 1972; Spreitzer & Snyder, 1974; Paul, 1978). Life-satisfaction has been defined by Havighurst (1968b) as a by-product of successful adaptation to the aging process (successful aging). In other words, elderly persons who successfully adapt to the developmental and environmental changes resulting from aging will be more satisfied with their lives than those elderly persons who are unable to adapt. Research has shown this concept to be more complex than was originally believed (Edwards & Klemmack, 1973; Havighurst, 1968b; Spreitzer & Snyder, 1974).
Early theories about life satisfaction in the elderly divided along two major lines. One approach is activity theory, which holds that except for the inevitable biological and health changes which accompany the aging process, older people have essentially the same needs as middle-aged people. Successfully aging older persons do not want decreased interaction. This has been forced upon them by society. They stay active and substitute less strenuous activities for others that are lost (Havighurst, 1968).

In contrast to activity theory is disengagement theory, which postulates that older persons desire decreased interactions. Older people become increasingly preoccupied with the self and increasingly invested in persons and objects in the environment. Within this framework, successfully aging older persons reach a new equilibrium with greater psychological distances, altered types of relationships, and decreased social interactions (Havighurst, 1968b).

In a review of activity and disengagement theories, Havighurst (1968b) concluded that research data had failed to support either of these approaches. Most have shown that neither theory fully accounts for many known facts about the elderly. Data from the Kansas City Studies of Adult Life (1961-1965) indicated an overall
decrease of engagement in common social roles which was related to increasing age. But on the whole, those who were most active at older ages were happier. These results are supported by Graney (1975) who concluded from an extensive literature review that older persons who are the most active seem to be the happiest (when happiness is measured in terms of life satisfaction, morale, self-esteem, etc.).

A major deficit in both activity and disengagement theory is their failure to take into account such demographic variables as socio-economic status, health, social background, and non-familial participation. Edwards & Klemmack (1973) found that the above named variables were the most effective predictors of life satisfaction. Combined, these factors accounted for nearly all of the explained variance in life satisfaction. Other research (Spreitzer & Snyder, 1974) has supported these findings as well as suggesting that self-perceived measures of financial and health status were better predictors of life satisfaction than objective measures of these variables.

As psychologists have become increasingly involved with the elderly, some have looked at ways to help older people adjust to their environment and function more effectively in it. Crovitz (1966) used self-rehearsal strategies to help older persons overcome learning deficits.
Jerome (1962) and Meichenbaum (1974) have suggested the use of cognitive restructuring through self-talk to help them compensate for age-related deficits. These lines of research may have important implications for counselors dealing with elderly clients with low life satisfaction. For if the client can learn to deal with the environment more effectively, it may be reflected in higher life satisfaction (if Havighurst's (1968b) definition of life satisfaction is true).

An area that has been mentioned in connection with life satisfaction in the elderly but has not yet been researched is the area of assertiveness. Assertiveness has been recently defined as the skill to "seek, maintain, or enhance reinforcement in an interpersonal situation through an expression of feelings or wants when such expression risks loss of reinforcement or even punishment (Rich & Schroeder, 1976, p. 1082). Although this is only one of several operational definitions of assertiveness currently in use, this definition is functionally useful because it does not specify the content of a particular assertive response. It allows the expression of either positive or negative feelings directed toward a range of goals (Rich & Schroeder, 1976). A simpler, but more to the point definition is that assertiveness is "a socially acceptable method of expressing personal rights" (Wolpe &
Lazarus (1976).

Lazarus (1973) suggested that assertive behaviors fall into four different and independent response patterns:

1) the ability to say "No!"
2) the ability to ask for favors or to make requests.
3) the ability to express positive and negative feelings
4) the ability to initiate, continue, and terminate general conversations.

A person who is competent in one of these categories is not necessarily competent in any other category. In other words, a person may be very skilled at saying "No!" to requests from others, but may not be able to ask for favors or make requests of others.

Assertiveness should be distinguished from aggressiveness, for the two terms differ greatly in purpose. Whereas the goal of an assertive response is an expression of personal rights without denying the rights of others, aggressive behavior is designed to deny, humiliate, and depreciate the rights of others (Alberti & Emmons, 1974). Within this framework, a response such as "When you performed behavior 'X', I got very upset." would be considered assertive, whereas "You are a complete idiot for what you did!" would be considered aggressive.

Alberti & Emmons (1974) have suggested that assertive individuals experience more feelings of self-worth, well-
being, and self-satisfaction. They are also more likely to achieve goals because they choose for themselves which paths they will take. On the other hand, unassertive individuals are self-denying and self-inhibiting. These individuals feel hurt and anxiety ridden. They seldom achieve their goals because others are making choices for them.

If Alberti & Emmons (1974) conclusions are applied to an elderly population, they would imply that those older persons who are assertive will feel more self-worth and greater life satisfaction than unassertive older persons. Although no research has tested this hypothesis directly as yet, the research that has been done does suggest that older persons who are most active have a more positive toward themselves and life, and are happier than less active older persons (Havighurst, 1968b; Graney, 1975; Brunswick, 1962).

Meichenbaum (1974) has proposed the use of cognitive restructuring with older persons in order to teach them to use more positive, or assertive, self-statements in their approach to specific tasks and everyday life. Although his goal is basically a cognitive one, it implies a more assertive approach in general by older persons and it is Meichenbaum's belief that this approach will enable older persons to function more efficiently in the environ-
ment. This implies that by functioning more effectively, older persons will be happier, although Meichenbaum does not state this directly.

If research should eventually show that assertiveness affects life satisfaction, there may be implications for the counselor working with older persons. If a positive relationship does exist, then the counselor may be justified in using assertiveness training with low-assertive, low life-satisfied elderly clients. If there is no causal relationship, or a negative relationship exists, then the use of assertiveness principles and training with low-assertive, low life satisfied elderly clients would be of questionable value, at best. A negative relationship between assertiveness and life satisfaction (in which assertiveness would cause a loss of life satisfaction) would call into question some of the reasons for assertiveness being considered helpful to the individual (e.g., Alberti & Emmons, 1974) where elderly clients are concerned.

To summarize, the elderly and their needs have recently attracted increased research activity from psychologists. More research needs to be done before counselors and psychotherapists will be able to effectively help older persons deal with the unique problems which they face. Life satisfaction has been the center of much of this research activity. It has proven to be an important,
though highly complex variable. Theoretically, there is reason to believe that assertiveness may be positively related to life satisfaction. Such a link could have implications for the counselor working with older persons in terms of possible treatment approaches for non-assertive, low life satisfied older clients. This link has not yet been empirically established.

Given the above information, the purpose of this study will be to investigate the possible positive relationship between assertiveness and life satisfaction in the elderly. This relationship will be examined in the context of several specific demographic variables which have been shown to be effective predictors of life satisfaction. These variables are self-perceived health, self-perceived socio-economic status, marital status, and non-familial participation (Edwards & Klemmack, 1973; Spreitser & Snyder, 1974; Palmore & Luikart, 1972; Bull & Aucoin, 1975). More specifically, the questions to be examined are:

1) Is there a relationship between life satisfaction levels and assertiveness in the elderly?
2) Is life satisfaction related to such demographic variables as perceived socio-economic status, marital status, perceived health, and non-familial participation?
3) Do these variables interact with life satisfac-
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tion and assertiveness? If so, what are those interac-
tions?
Selected Literature

This section will review selected literature on life satisfaction and its correlates; assertiveness; and working with the elderly as a counselor and/or a researcher. The development of research in each topic area will be looked at with attention to critical concepts and areas of particular relevance to this study.

Research dealing with the elderly is scattered across a broad spectrum of disciplines from medicine to neurology, to developmental psychology and social work. Little of this research has come from counseling psychology, however (Paul, 1978). There are many unanswered questions about the problems faced by the elderly and ways for them to cope with these problems which need to be examined if the counselor is going to work effectively with older people. Buckley (1972) and Blake (1975) have both criticized counselors for ignoring the elderly as a treatment population and expressed the need for more counseling research with elderly people.

Life Satisfaction

Most of the early research on life satisfaction centered on its relationship to either activity theory or disengagement theory. Proponents of activity theory argued
that continued activity was necessary for life satisfaction, whereas the proponents of disengagement theory argued that a discontinuation of activities by the elderly was necessary for life satisfaction. The research has shown neither activity nor disengagement theorists to be correct in their beliefs. Life satisfaction has proven to be far more complex than either activity theory or disengagement theory postulated (Havighurst, 1968b).

Neugarten, Havighurst, & Tobin (1967) analyzed the term life satisfaction for the purpose of developing instruments to measure it. They found five major components of life satisfaction:

1) zest v.s. apathy -- This is a measure of ego involvement and enthusiasm in activities, persons, and/or ideas, whether or not those activities are socially approved or status giving.

2) resolution v.s. fortitude -- the extent to which people accept personal responsibility for their lives as meaningful and inevitable; and are relatively afraid of death.

3) congruence between desired and achieved goals -- the extent to which people have accomplished the goals for their lives which they feel are important.

4) positive self-concept -- this deals with both social and psychological attributes. It is concerned with feelings of self-worth, competence, appearance, and accomplishment.
5) mood-tone -- this component deals with general attitudes and feelings about life (e.g. optimistic vs. pessimistic attitude). It reflects the ability to take pleasure from life and express it.

Measures of these five components were used to develop overall life satisfaction ratings, which reflected a global rating of satisfaction based upon the five individual components. This overall rating was called life satisfaction.

Data for rating the five components were collected through a series of four extensive interviews on subjects' life patterns, attitudes and values. These interviews were conducted over a two and one-half year period. The subjects ranged in age from 50-90, and were divided (by age) into two groups with age 70 being the point of division between the two groups. The subjects were sampled from upper-middle, lower-middle, and upper-lower class backgrounds, but was biased towards the middle class.

Each subject was independently rated by two judges. The total correlation coefficient for the two ratings was .78. This figure encompassed 14 judges who rated 144 subjects. To check the validity of their ratings, independent clinical psychologists interviewed the subjects and rated them. Their ratings were then compared to the previously obtained life satisfaction ratings. The correlation be-
tween ratings was .64. Their was no correlation between the life satisfaction ratings (LSR) and age (r = -.07), and there were no significant differences between LSR scores and gender. However, unmarried subjects had significantly lower LSR scores than married subjects.

Two different instruments emerged from these ratings: the Life Satisfaction Index "A" (LSIa); and the Life Satisfaction Index "B" (LSIb). The scores on the LSIA correlated .92 with the LSRs. The LSIB scores correlated .98 with the LSRs. These correlations are only moderate in strength and may reflect some independence of the two instruments from the original Life Satisfaction Ratings.

Much of the research on life satisfaction during the early and mid-sixties centered around two major theoretical approaches to aging: activity theory and disengagement theory. Havighurst (1966b), reporting the findings of the Kansas City Studies of Adult Life, concluded that there was a decrease in engagement activities related to increasing age, but on the whole, the happier persons were most active. The results also suggested a possible relationship between life satisfaction and personality. The overall conclusion from the data was that neither theory could fully account for many known facts about the elderly.

In support of these findings, Palmore (1968) in a
cross-sectional study covering a ten year period, found little or no mean reduction in activity in healthy older persons. Palmore has suggested that there is a persistence in life style as people grow older. Accordingly, some people may be most happy with disengagement, while others may be most happy remaining active. Brunswick, et. al. (1962) found clusters of personality types among successfully aging persons. Those persons judged most successful, or most able to adapt to age related changes, took a constructive, independent approach to life. Those judged unsuccessful, or unable to adapt, took a hostile, defensive attitude toward the world. The results of these two studies support Havighurst's (1968b) suggestion of a relationship between personality and life satisfaction.

Correlates of Life Satisfaction

Other life satisfaction research has focused on the relationship between life satisfaction and a wide range of demographic variables. Many of the early studies in this vein were correlational studies relating a single variable such as socio-economic status (Gurin, Veroff, & Feld, 1960), marital status (Haseen & Yoshioka, 1962), size of community (Kutner, et. al., 1956), and work status (Marshal & Steng, 1970), with life satisfaction. These studies did little to identify the most effective predic-
tors of life satisfaction. Because they focused on single demographic variables, these studies failed to account for interactions between the demographic variables themselves and the interaction effects on life satisfaction (Edwards & Klemmack, 1973). Later studies (Palmore & Luikart, 1972; Edwards & Klemmack, 1973; Spreitzer & Snyder, 1974; Larson, 1975; Campbell, Converse, & Rogers, 1976; Barfield & Morgan, 1978; Paul, 1978) employed more complex research designs and analyses to examine multiple variables and their main effects and interaction effects on life satisfaction.

Cutler (1973) and Bull & Arscin (1975) found that active organizational participation was related to life satisfaction, but this relationship was dependent upon the health and socio-economic status of the subjects. Persons with higher health ratings and socio-economic status were more prevalent among high participants. Palmore & Luikart (1972) found that self-rated health, organizational participation, and internal control were their best predictors of life satisfaction. Edwards & Klemmack (1973) found that socio-economic factors were the strongest predictors of life satisfaction, followed by non-familial participation and health. These results were supported by Spreitzer & Snyder (1974). They found health and socio-economic factors to be effective pre-
dictors of life satisfaction.

As more multiple variable studies related to life satisfaction have been done, certain demographic variables have been consistently efficient predictors of life satisfaction. One of the most consistently strong predictors of life satisfaction has been socio-economic status (SES). Its relationship with life satisfaction remained even when it was simultaneously evaluated with control variables such as health, employment, and marital status (Cutler, 1973; Edwards & Klemmack, 1973; Larson, 1975; Larson, 1978). In an extensive review of the life satisfaction literature, Larson (1978) found that the relationship of SES to life satisfaction "appears not to be attributable to any single component of SES. Income, occupational status, and education all show relationships" to life satisfaction (p. 113). He cites studies by Edwards & Klemmack (1973); Cutler (1973), Spreitzer & Snyder (1974), and Larson (1975), whose results support this conclusion.

Marital status has also been shown to be an effective predictor of life satisfaction. Edwards & Klemmack (1973), Spreitzer & Snyder (1974), and Larson (1975) found a slight positive relationship when other factors (e.g. SES) were controlled for. Kutner, et. al. (1956) differentiated between single, married, divorced, and widowed statuses. Their findings suggest that single persons have
life satisfaction levels equivalent to those of married persons. Widowed, divorced, and separated persons had lower life satisfaction levels.

A problem with differentiating marital statuses has been that the above named studies have failed to separate the small number of widowed men from the large number of widowed women who were subjects. There have been indications that widowhood has more effect on the life satisfaction of men than women (Pihlblad & McNamara, 1965; in Larson, 1978).

Social participation or activity has been extensively studied in relation to life satisfaction in the elderly. Much of this research was a result of the early dominance of activity theory and disengagement theory. Research regarding activity has produced a wide variety of results, but in general, has shown it to be positively related to life satisfaction (Larson, 1978). However, when health and SES are controlled for (Bull & Aucoin, 1975; Cutler, 1973; Edwards & Klemmack, 1973), the relationship is weak. Activity has also been shown to have little or no association to life satisfaction among higher SES groups and persons with good health (Lipman, 1972; Bengston, Chiriboga, & Keller, 1969; Kutner, et. al., 1956; Larson, 1978).

There is also evidence to indicate that non-familial acti-
vity, or participation, is a much stronger predictor of life satisfaction than familial participation. Edwards & Klemmack (1973), Martin (1973), and Pihlblad & Adams (1972) found no correlation between familial participation and life satisfaction. But Edwards & Klemmack (1973) found non-familial participation to be their second best predictor of life satisfaction. Pihlblad & Adams (1972) also found non-familial participation to be an effective predictor of life satisfaction.

Health is considered by many researchers to be the strongest predictor of life satisfaction (Larson, 1976). People with poor health have consistently shown lower life satisfaction (Edwards & Klemmack, 1973; Larson, 1975; Palmore & Luikart, 1972; Spreitzer & Snyder, 1974). Spreitzer & Snyder (1974) found that self-perceived measures of health were better predictors of life satisfaction than objective measures (e.g., physicians ratings). The implication of the Spreitzer & Snyder (1974) finding is that it is more important for older persons to believe that they are in good health, whether or not they actually are. If older persons believe they are in good health, they will be happier than older persons who believe they are in poor health, despite their actual physical condition.

When other demographic variables (e.g., SES, non-
familial participation) are controlled for, health and life satisfaction remain strongly correlated (Cutler, 1975; Edwards & Klemmack, 1973; Larson, 1975; Larson, 1978; Spreitzer & Snyder, 1974). However, the within-sample range affects the strength of association between life satisfaction and health. If all the subjects in a given study are in excellent health, no association is likely to be found (Larson, 1978).

Other demographic variables such as sex, race, age, occupational status, housing, and availability of transportation have been examined with mixed results. Sex, race, and employment factors have shown inconsistent and weak relationships to life satisfaction. These relationships disappear when other demographic variables such as health are controlled for (Kutner, et. al., 1956; Lawton, 1972; Spreitzer & Snyder, 1974; Streib & Schneider, 1971). Although employment may be related to life satisfaction among the very old, among men who are physically disabled, and among persons who are unable to find and maintain activities (Thompson, 1973; Thompson, et. al., 1960; Larson, 1978). Age has shown a stronger association with life satisfaction until other variables such as health, widowhood, and SES are controlled for. When controls are applied, the association disappears (Edwards & Klemmack, 1973; Kivett, 1976; Larson, 1975; Larson, 1978). Cutler
(1972, 1975) found an association between the availability of transportation and life satisfaction, but the strength of the association varied greatly. The further away from downtown persons were, the stronger the association between life satisfaction and transportation availability was (Larson, 1978).

The research on life satisfaction and its correlates has produced many results. Various components of life satisfaction have been identified (Neugarten, et. al., 1961) and several demographic variables have been shown to be consistently efficient predictors of life satisfaction. There are several deficiencies in much of the work that has been done, however, and they should not be ignored.

A major deficit in the life satisfaction research is a glaring lack of longitudinal studies. Few short-term longitudinal studies (under 5 years) have been conducted (Graney, 1975; Maddox, 1963; Palmore & Kivett, 1978), and no long-term longitudinal studies appear in the literature. If life satisfaction is strongly associated with personality and attitude variables which are continued from middle-age (Navighurst, 1960b; Palmore, 1968), cross-sectional studies are unable to detect it. Longitudinal observations are necessary to observe a consistency of life satisfaction levels over time which result from long
term personality characteristics.

Another problem with the life satisfaction research is that the overwhelming majority of it is conducted with paper and pencil inventories and self-report measures which are both subject to distortion and mis-interpretation. More studies are needed which employ objective, behavioral measures in their design, lowering the probability of distortion or misinterpretation of the results. Admittedly, such studies would demand more from experimenters and subjects in both time and effort.

Finally, standardization of terminology and its use in life satisfaction research would be helpful in cutting the confusing array of terms (which often have similar or identical meanings) one faces when reviewing the research. For example, life satisfaction is also referred to as "subjective well-being", "morale", or "happiness". It is not always easy to determine what is meant by any of these terms in context, for they are also used to convey meanings which differ from the meaning of "life satisfaction". Standardization of terminology would help eliminate this problem.

Assertiveness

To date, no research has been done on assertiveness specifically with an elderly population. Although it has
been suggested a more positive, or assertive, mind set would be helpful to many older persons (Meichenbaum, 1974), research has not been conducted to substantiate this belief. One reason for the lack of research with assertive behavior in the elderly may be a comparable lack of instruments which are valid with an elderly population. In a review and comparison of seven widely used assertiveness inventories, Rick & Schroeder (1976) found that all of the instruments had been developed and validated with college students. The college-specific situations which are found in most of the instruments prohibit their valid use with non-college populations.

Due to the lack of literature on assertiveness in older people, this section will simply review some of the literature on assertiveness itself: how it is defined; what its components are; and how it is measured. The purpose here being to provide a context, from the literature, of what is being measured and related to life satisfaction in this study.

A review of the assertive behavior literature by McFall & Marston (1970) found four major problem areas:

1) An adequate definition or specificity of the response classes of assertive behavior was lacking.

2) The components of assertive behavior had not been identified.
Assertiveness training was unsystematic, and was usually conducted with unstandardized procedures.

Reliable and objective laboratory measures had not been developed.

A later review by Rich & Schroeder (1976) found that all four problem areas still existed, although some progress had been made toward remedying each of the problem areas.

Although the response classes of assertive behavior have still not been adequately specified (Rich & Schroeder, 1976), several definitions of assertiveness have been offered. Alberti & Emmons (1974) defined assertiveness as "behavior which enables a person to act in his own best interest, stand up for himself without undue anxiety, to express his rights without destroying the rights of others" (p. 2). Another definition of assertiveness was offered by Rich & Schroeder (1976): assertiveness "is the ability to seek, maintain, and enhance reinforcement in an interpersonal situation through an expression of feelings or wants when such expression risks loss of reinforcement or even punishment" (p. 1082). Instead of a single definition, Lazarus (1973) proposed that assertiveness be divided into four independent response patterns:

1) The ability to say "No!"
2) The ability to ask for favors or make requests.
3) The ability to express positive and negative feelings.
4) The ability to initiate, continue, and terminate
general conversations.

An assertive response involves several components. Alberti & Emmons (1974), Serber (1972), and Wolpe & Lazarus (1966) found verbal and non-verbal components which included eye contact, body posture, gestures, distance from another person, facial expression, paralinguistic speech characteristics, and socially appropriate content of response (Rich & Schroeder, 1976). The non-verbal components may be more important than the verbal components in determining the effectiveness of an assertive response (Mehrabian, 1968). Therefore, incongruent verbal and non-verbal components in an assertive response would tend to limit its effectiveness (Rich & Schroeder, 1976).

The measurement of assertiveness has proven to be a difficult task. Self-reports have proven unreliable in most settings (Fixsen, Phillips, & Wolf, 1972). Behavioral observations have been accomplished, but obtaining adequate samples of behavior in natural settings has been a consistent problem (Rich & Schroeder, 1976). Another method of behavioral observation, called the contrived behavioral task may be an improvement over observation in a natural setting. In the contrived behavioral task, a confederate interacts with the subjects in a pre-rehearsed manner. This approach "permits adequate samples of beha-
behavior necessary for large comparisons and achieves some measure of standardization and control over antecedent stimulus conditions (Rich & Schroeder, 1976, p. 1092).

Of the various written instruments used to assess assertiveness, McFall & Marston (1970) and Rich & Schroeder (1976) found none of them to be adequate. Rich & Schroeder examined the A. S. Reaction Study (Allport, 1928), the Guilford-Zimmerman Temperament Survey (Guilford & Zimmerman, 1956), the Wolpe-Lazarus Assertiveness Questionnaire (Wolpe & Lazarus, 1966), the Action-Situation Inventory (Friedman, 1968), the Lawrence Assertiveness Inventory (Lawrence, 1970), the Constriction Scale (Bates & Zimmerman, 1971), the Rathus Assertiveness Scale (Rathus, 1973a), the College Self-Expression Scale (Galassi, et al., 1974), the Conflict Resolution Index (McFall & Lillesand, 1971), and the Assertion Inventory (Gambrill & Richey, 1975). Of these, only the Conflict Resolution Index and the Assertion Index were found to have shown "demonstrable validity and usefulness for screening and assessment purposes" (p. 1091). Although the Rathus Assertiveness Scale was found to have moderate to high reliabilities (.78) and high validity (.70 with independent ratings of 47 subjects), Rich & Schroeder found Rathus' validity procedure inadequate to provide a truly external measure of assertive behavior. "All that
was demonstrated in the study was that self-report as assessed by the RAS was consistent with self-report as assessed in a question and answer session” (p. 1090).

Of the remaining instruments, the Constriction Scale and the College Self-Expression Scale failed to correlate their instruments against external criteria. The items on the A. S. Reaction Scale were badly outdated. The Guilford-Zimmerman Temperament Survey contained an assertiveness scale, but is composed of 270 items which measure other variables. The Wolpe-Lazarus Assertiveness Questionnaire distinguished high and low assertive subjects, but no reliability or validity data exist for this instrument. The Action-Situation Inventory failed to present reliability data and had low correlation (.00 and .12) with two behavioral measures of assertion on males. On females, the ASI correlated higher (.49 and .34) with the behavioral measures of assertion. Finally, the Lawrence Assertiveness Inventory was found to have poor predictive ability and a low correlation between self-reported disagreement ability and actual disagreement behavior.

To summarize, although there are several operational definitions of assertiveness currently in use, there is still a need to specify the separate response classes of assertive behavior. Lazarus (1973) believes that assertive responses fall into four separate response patterns which
function independently of each other, but nobody has yet
delineated specific classes of responses. Part of the
reason for this may be that each assertive response is
made up of many verbal and non-verbal components which
affect the effectiveness of the response. It may be neces-
sary to identify the interaction of the various components
in an assertive response before specific response classes
can be delineated.

Finally, most measurement of assertiveness is done
with written inventories (Rich & Schroeder, 1976), but
most of the inventories presently in use may be inadequate
for validly assessing assertiveness. The best of these
instruments are lacking because they have only been vali-
dated with college populations and are of questionable
validity with non-college subjects.

More research is needed with assertiveness to define
concepts, specify individual components, and develop
reliable, valid instruments for use with non-college as
well as college populations. Virtually no research has
been done with assertiveness and the elderly. The only
clear reason for this is that there are presently no valid
measures of assertiveness for older persons. If research
is to be conducted with the elderly and assertive beha-
vior, these instruments need to be developed.
Counseling and Research with Older Persons

The purpose of this section is to provide an overview of the context in which this study will be conducted. Several researchers have noted special problems which are unique to the elderly. The researcher or counselor working with older persons also may face unique problems. This section will review some of those problems.

The most important problem revealed by the literature is the neglect of the elderly. They have been neglected by both the psychologist and society (Butler, 1969). What psychological assistance is available to the elderly is often inadequate due to the misconceptions and lack of knowledge as to their beliefs and desires. Lawton & Gottesman (1974) pointed out that most individual assessment instruments have not been validated on older persons and that there is a need for tests tailored to older persons.

Due to their disregard by society, and the accumulation of losses as they grow older, today's elderly may face an identity crisis of potential concern to the prospective counselor or researcher (Buckley, 1972). Many of them need support, empathy, and due to their feelings of separateness, to feel part of the mainstream again (Buckley, 1972). And because of their unique circumstances, they may be less likely to seek out or become involved in
a helping relationship than younger persons (Buckley, 1972; Kowal, Kemp, Lakin, & Wilson, 1964).

Another important factor in counseling and conducting research with the elderly seems to be the age of the counselor or researcher. Donahue (1965) found that young interviewers tend to get results which conform to their own biases about the elderly. Older persons were reluctant to perform tasks in the presence of younger people and when they did, they went to extraordinary lengths to assure that they were successful in completing whatever they attempted. Freitag & Barry (1974), Pressey (1973), and Kowal, Kemp, Lakin, and Wilson (1964) have stated or implied that the elderly respond better, in terms of sharing themselves and developing a relationship, to older than to younger counselors (or interviewers).

There has also been some evidence of age bias against the elderly in referrals to counseling. A study by Ginsberg & Goldstein (1974) found that physicians refer a greater number of younger patients for psychological counseling than older patients, regardless of the extent of abnormality shown on their MMPI scores. This indicates that perhaps many elderly people who could use psychological assistance are not getting it. Physicians might also re-assess their attitudes toward referral of elderly patients for counseling.
Overall, the literature on counseling the elderly suggests a potential need for psychological services which has not been met in the past and is only starting to be met now. Lack of interest, knowledge, instrumentation, and age bias have retarded progress in this area.

A young researcher is likely to face more problems in working with older persons than an older counselor or researcher. Younger persons in this category should be aware of their biases toward the elderly to help lessen the effects of biases on their interactions with older clients (Donahue, 1965). Whether or not these effects can be eliminated has not been determined, but an awareness of their potential impact on results may lessen that impact.

This chapter has examined selected literature on life satisfaction and its correlates, assertiveness, and counseling and conducting research with older persons. Each topic area has been reviewed to convey central concepts, and to point out specific aspects of that topic area which have particular relevance to this study.
Population: For the purposes of this study, the target population was persons of at least 60 years of age. Using the age of 60 as a division between elderly and non-elderly is an arbitrary decision based upon previous work with elderly populations (Kutner, et. al., 1956; Larson, 1975; Lowenthal & Haven, 1968; Maddox, 1963; Paul, 1978).

Sample: The sample consisted of 65 females and 20 males of age 60 and older drawn from Franklin County, Ohio. The ages ranged from 62 to 92; the mean being 78; the standard deviation being 7.8; and the mode being 84. A minimum sample size of 80 was required for valid statistical interpretation of the results. The participants were volunteers from a range of residential settings which included nursing homes, retirement communities, and independent residences. It is believed that this sample is representative of this elderly population.

Instruments: Two written inventories were used: The Life Satisfaction Index "A" (LSIA); and the Rathus Assertiveness Scale (RAS). Demographic data were collected by questions on a separate page from either of the questionnaires.

The LSIA was devised by Neugarten, Havighurst, & To-
bin (1961) for use in the Kansas City Studies of Adult Life. It was designed as a measure of life satisfaction that would be short, easily administered, relatively independent of other psychological and social variables, and could be used in other studies. It consists of twenty statements to which subjects may either agree, disagree, or mark a third column which is labelled "?", to indicate that they are not sure how they feel about that item (see appendix "A"). These items were shown to reflect five different components of life satisfaction (Neugarten, Havighurst, & Tobin, 1961):

1) zest v.s. apathy
2) resolution v.s. resignation
3) congruence between achieved and desired goals
4) high physical, psychological, and social concept
5) happy, optimistic mood-tone

The LSIA was originally validated on a sample of 92 people of age 50-90, and was found to correlate moderately with other Life Satisfaction Ratings scores obtained in the study (r=.55). The Life Satisfaction Ratings scores were obtained through a series of extensive interviews, per subject, conducted over a two and one-half year period. The LSIA scores were correlated (r=.64) with clinical psychologists' ratings. It was found that the LSIA scores were more highly correlated with the clinical psychologists' ratings when the subjects were over age 65.
In an analysis of the LSIA, Adams (1969) concluded that the LSIA was particularly useful because it was based on neither activity nor disengagement theory but could test either. It has been validated on an urban population (Neugarten, Havighurst, & Tobin, 1961) and found to be useful with a rural population (Wood, Wylie, & Sheafer, 1966).

The Rathus Assertiveness Scale (RAS) is a thirty item self-assessment inventory for measuring assertive behavior (Rathus, 1973a). The RAS consists of statements which subjects must rate as being either characteristic or uncharacteristic of themselves (see appendix "B") on a scale of six possible choices ranging from "very characteristic" to "very uncharacteristic".

The RAS was shown to have moderate to high test-retest reliability (r=.78) and moderate to high homogeneity, or split-half reliability (r=.77). Test-retest reliability statistics were obtained from 67 undergraduates ranging in age from 17 to 27. Testing was conducted over an eight week period. Split-half reliability statistics were obtained from 67 non-college subjects ranging in age from 15 to 70. Twenty-seven of the thirty items correlate significantly with the total score. Nineteen of the thirty items correlated significantly with external criteria.

Validity was established by comparing RAS scores to
two external measures of assertiveness. One was a seventeen-point scale rated by the tester, who knew the subject well. The second had seventeen co-eds answer five questions about what they would do in situations where assertive behavior could be profitably used. Subjects were questioned by a neutral interviewer. Their answers were taped and analyzed by raters who were blind to who the subjects were and what their RAS scores were. The correlation between RAS scores and audio-tape ratings was moderately high ($r = .9382$, p < .01). Inter-rater reliability was high ($r = .9382$, p < .01). However, it should be noted that Rich & Schroeder (1976) in an extensive review of various measures of assertiveness, found Rathus' validity procedures questionable because they may not have used truly external measures.

Several factors were involved in choosing the RAS for use in this study. First, it is relatively short and easy to administer, which will help keep stress and time impositions on the subjects to a minimum. Second, the items in the RAS reflect general situations and feelings which are not college-specific, which makes it possible to use with non-college (elderly) subjects without major modification of test items. Although the procedures used to validate the RAS have been questioned by Rich & Schroeder (1976), the only two assertiveness inventories which
were judged to be superior to the RAS consist of college-specific items which are inappropriate for older persons. Finally, although it was validated on a college sample, the RAS has been used with non-college samples (Rathus, 1973a) and found to be reliable (r=.77). Overall, of the assertiveness instruments presently available, the Rathus appears to be the most appropriate for use with older persons.

Demographic information regarding health, marital status, non-familial participation, and socio-economic status was obtained from questions about the subjects' self-perceptions of their current status (see appendix "C"). Previous studies (Andrews & Whitney, 1973; Bradburn, 1969; Robinson & Shaver, 1969) have found that self-reports of well-being in the elderly have high reliability and validity in reflecting their actual status. This procedure is also intended to capitalize on findings that self-perceived measures of some demographic variables (e.g. health, socio-economic status) are more strongly related to life satisfaction in the elderly than objective measures (Edwards & Klemmack, 1973; Spreitzer & Snyder, 1974).

Procedure: The administrators of various nursing homes and retirement communities were contacted and asked for per-
mission to approach their residents about participating in the study. Residents who agreed to participate, as well as persons living independently who agreed to participate, were briefed by the experimenter or an assistant about the identity and institutional affiliation of the experimenter and/or the assistant; the general nature of the research; the exact nature of what the participants in the study were expected to do; the fact that participation was voluntary and that any information given was confidential; that they could withdraw at any time should they so desire; and that any questions they had regarding the research itself or any part thereof would be answered (see appendix "D").

Those who decided to volunteer were asked to sign a standard consent form (see appendix "E") which stated that they were informed of the above information; were aware of their right to ask questions and to withdraw at any time; and that they willingly consented to participate in the study.

Those who participated were given questionnaires which were arranged so that the LSIA was answered first; the demographic questions next; and the AS last. The directions for each of the three questionnaires were presented orally to the subjects and appeared on the questionnaires. Participants then filled out the question-
naires. In a few cases, the participants were unable to fill out the questionnaires themselves, due to poor eyesight or some other physical ailment. In these situations, the questionnaires were read to the participants and their answers were written down by the experimenter or an assistant. Following the completion of the questionnaires, any further questions regarding the research were answered. The subjects were thanked for their participation.

Data Analysis: The data were analyzed using a step-wise regression analysis to measure the main effects and the interaction effects of the demographic variables, and assertiveness on life satisfaction. The step-wise regression procedure allowed for statistical control of the demographic variables, which enabled the strength of the relationship between life satisfaction and assertiveness to be assessed after the effects of the demographic variables which were more strongly related to life satisfaction had been taken into account. A best possible subsets regression analysis was also used to assess any screening of the effects of one variable by the effects of another which might have occurred. Finally, t-tests were used to measure differences in assertiveness and life satisfaction as a function of the sex of the subject.
Hypotheses: Previous research (Edwards & Klemmack, 1973; Larson, 1975; Spreitzer & Snyder, 1974) has found health, socio-economic status, non-familial participation, and marital status to be associated with life satisfaction, even when other demographic variables are controlled for. In light of these findings, it was hypothesized that:

1) There would be a significant relationship between life satisfaction levels and the demographic variables of socio-economic status, marital status, health, and non-familial participation.

Although there have been some anecdotal data and implied association between life satisfaction and assertiveness (Weichenbaum, 1974), there are currently no empirical data to support such an association. If Alberti & Emmons (1974) conclusions that assertive individuals experience more feelings of self-worth, well-being, and self-satisfaction are correct, then a positive association between assertiveness and life satisfaction would be expected. However, these conclusions have not yet been established empirically with an elderly population. Given the lack of empirical support for a directional hypothesis, the second hypothesis was stated in the null form:

2) There would be no significant relationship between life satisfaction and assertive behavior.

Finally, there has been no research, to date, establishing a relationship between assertiveness and the
above listed demographic variables in older persons. No suggestion of such a relationship appears in any of the life satisfaction and/or assertiveness literature examined for this study. Given the lack of empirical or implied support for a directional hypothesis, it was expected that:

3) There would be no significant relationship between assertive behavior and the demographic variables named above.
Results

The data were analyzed using a step-wise regression analysis with life satisfaction (Life S.) as the dependent variable, and assertiveness (Assert.), health, socioeconomic status (Socio.), non-familial participation (Part.), and marital status (Marit.) as the independent variables. This procedure allows one to examine the effects of any or all of the independent variables upon the dependent variable. It locates the independent variable which accounts for the greatest amount of variance in the dependent variable and proceeds to examine the remaining independent variables in order of their explanatory power for the variance of the dependent variable, from greatest to least effective.

Table 1. Summary of the step-wise regression analysis using life satisfaction as the dependent variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Multiple r</th>
<th>r square</th>
<th>adjusted r square</th>
<th>standard error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>0.52318</td>
<td>0.27372</td>
<td>0.26497</td>
<td>6.14234</td>
</tr>
<tr>
<td>Part.</td>
<td>0.56544</td>
<td>0.31972</td>
<td>0.30313</td>
<td>5.98077</td>
</tr>
<tr>
<td>Marit.</td>
<td>0.60384</td>
<td>0.36462</td>
<td>0.34109</td>
<td>5.81560</td>
</tr>
<tr>
<td>Assert.</td>
<td>0.60632</td>
<td>0.36762</td>
<td>0.33600</td>
<td>5.89801</td>
</tr>
<tr>
<td>Socio.</td>
<td>0.60663</td>
<td>0.36800</td>
<td>0.32800</td>
<td>5.87309</td>
</tr>
</tbody>
</table>
In table 1, the multiple $r$, $r^2$, adjusted $r^2$, and the standard error for each of the independent variables are shown. Health accounted for the greatest amount of variance in life satisfaction ($r^2 = .27$). Participation was the next strongest variable in explaining variance in life satisfaction, accounting for approximately an additional 4% of the variance. Marital status brought the total amount of explained variance to about 37%, an increase of another 4%. Assertiveness explained very little of the variance in life satisfaction, accounting for only a .3% increase in the amount of explained variance. Socio-economic status accounted for virtually none of the explained variance, accounting for an increase of only .04% in the total explained variance in life satisfaction.

A Pearson Correlation Coefficient matrix was computed to examine the strengths of the correlations between the variables. Table 2 shows the values reported in that matrix. Health, non-familial participation, and marital status were all significantly correlated to life satisfaction. Health was the most strongly related to life satisfaction ($r = .52; p < .001$), followed by participation ($r = .33; p < .01$); and marital status ($r = .24; p < .05$). Health was also significantly correlated to participation ($r = .23; p < .05$), and to socio-economic status ($r = .22; p < .05$).
<table>
<thead>
<tr>
<th>Marit.</th>
<th>Part.</th>
<th>Health</th>
<th>Socio.</th>
<th>Life S.</th>
<th>Assert.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0000</td>
<td>-0.1790</td>
<td>0.1510</td>
<td>0.0545</td>
<td>0.2363</td>
<td>0.0438</td>
</tr>
<tr>
<td><em>p</em>=.001</td>
<td><em>p</em>=.101</td>
<td><em>p</em>=.168</td>
<td><em>p</em>=.621</td>
<td><em>p</em>=.029</td>
<td><em>p</em>=.691</td>
</tr>
<tr>
<td>Part.</td>
<td>0.1790</td>
<td>1.0000</td>
<td>0.2275</td>
<td>0.1939</td>
<td>0.3279</td>
</tr>
<tr>
<td><em>p</em>=.101</td>
<td><em>p</em>=.001</td>
<td><em>p</em>=.036</td>
<td><em>p</em>=.075</td>
<td><em>p</em>=.032</td>
<td><em>p</em>=.718</td>
</tr>
<tr>
<td>Health</td>
<td>0.1510</td>
<td>0.2275</td>
<td>1.0000</td>
<td>0.2188</td>
<td>0.5232</td>
</tr>
<tr>
<td><em>p</em>=.168</td>
<td><em>p</em>=.036</td>
<td><em>p</em>=.001</td>
<td><em>p</em>=.044</td>
<td><em>p</em>=.001</td>
<td><em>p</em>=.883</td>
</tr>
<tr>
<td>Socio.</td>
<td>0.0545</td>
<td>0.1939</td>
<td>0.2188</td>
<td>1.0000</td>
<td>0.1758</td>
</tr>
<tr>
<td><em>p</em>=.621</td>
<td><em>p</em>=.075</td>
<td><em>p</em>=.044</td>
<td><em>p</em>=.001</td>
<td><em>p</em>=.108</td>
<td><em>p</em>=.582</td>
</tr>
<tr>
<td>Life S.</td>
<td>0.2363</td>
<td>0.3279</td>
<td>0.5232</td>
<td>0.1758</td>
<td>1.0000</td>
</tr>
<tr>
<td><em>p</em>=.029</td>
<td><em>p</em>=.302</td>
<td><em>p</em>=.001</td>
<td><em>p</em>=.108</td>
<td><em>p</em>=.001</td>
<td><em>p</em>=.582</td>
</tr>
<tr>
<td>Assert.</td>
<td>0.0438</td>
<td>-0.0398</td>
<td>0.0162</td>
<td>-0.0180</td>
<td>0.0605</td>
</tr>
<tr>
<td><em>p</em>=.691</td>
<td><em>p</em>=.718</td>
<td><em>p</em>=.883</td>
<td><em>p</em>=.870</td>
<td><em>p</em>=.582</td>
<td><em>p</em>=.001</td>
</tr>
</tbody>
</table>

Assertiveness was not significantly correlated with any of the demographic variables. It showed little correlation with life satisfaction (*r*=-.06). Using Fisher's *r* to *Z* transformation, a 95% confidence interval for this data was established:

\[ Z\text{-}1.96 \leq Z \leq Z\text{+}1.96 \]

So we can say with 95% confidence that the correlation between assertiveness and life satisfaction in the population (if it could be known) would be somewhere between -.155 and .284, inclusive.

A "best possible subsets" regression analysis was computed to examine the possibility that some of the
effects of the variables of assertiveness and socio-economic status could have been "screened out" by the effects of the other independent variables. This seemed especially possible in the case of socio-economic status, which was significantly correlated with health. Often, when two independent variables are highly correlated with each other, they both account for some of the same explained variance. In a step-wise regression, the independent variable which has the strongest correlation with the dependent variable (in this case, health with life satisfaction) will be shown as accounting for that variance which is actually accounted for by both independent variables. The other independent variable (in this case, socio-economic status) is not shown to account for any of the variance which is also measured by independent variable #1. In effect, that variance which is explained by socio-economic status, but is also explained by health, is "screened out" and does not show up as part of the variance explained by socio-economic status in the step-wise regression. The "best possible subsets" regression is useful in finding instances where this type of screening has occurred.

Using this procedure, several possible subsets were considered. Each time assertiveness and/or socio-economic status was substituted into the equation to replace one of the other independent variables, its explanatory power
decreased. When each independent variable was examined individually, with the other independent variables being controlled for, health was the variable which explained the most observed variance in life satisfaction \((r \text{ square } = .27)\). Table 3 shows the results of the best regressions with one independent variable. Again, assertiveness and socio-economic status accounted for the least amount of explained variance. Together, they accounted for only 3.4% of the observed variance in life satisfaction.

Table 3. Summary of the best possible subsets with one independent variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>r square</th>
<th>adjusted r square</th>
<th>CP</th>
<th>t-statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>0.273722</td>
<td>0.264972</td>
<td>9.78</td>
<td>5.59</td>
</tr>
<tr>
<td>Part.</td>
<td>0.107519</td>
<td>0.096767</td>
<td>30.58</td>
<td>3.16</td>
</tr>
<tr>
<td>Marit.</td>
<td>0.055612</td>
<td>0.044446</td>
<td>37.02</td>
<td>2.22</td>
</tr>
<tr>
<td>Socio.</td>
<td>0.039907</td>
<td>0.019232</td>
<td>40.14</td>
<td>1.63</td>
</tr>
<tr>
<td>Assert.</td>
<td>0.003662</td>
<td>0.008342</td>
<td>43.54</td>
<td>0.55</td>
</tr>
</tbody>
</table>

These results indicate that there was some screening of the effects of socio-economic status by other variables, but not a significant amount. The removal of the screening effects only raised the amount of explained variance accountable to socio-economic status to 3% of the observed variance. Assertiveness appears not to have been affected by any screening effects, as its explanatory
power remained at approximately .36.

A t-test was computed to measure differences in life satisfaction based upon the subjects' sex. For males, the mean life satisfaction score was 11.05, while for females the mean score was 7.56. This difference was significant (p<.05). Another t-test was conducted to measure differences in assertiveness scores based on subjects' sex. For males, the mean assertiveness score was 11.75. For females, the mean score was -5.83. This was a significant difference (p<.001). Table 4 shows the results of the two t-tests.

Table 4. Summary of t-tests measuring differences in life satisfaction and assertiveness based upon subjects' sex.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>t-value*</th>
<th>2-tailed Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>11.050</td>
<td>5.186</td>
<td>1.160</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>7.985</td>
<td>7.559</td>
<td>0.938</td>
<td>-2.06</td>
<td>0.046</td>
</tr>
<tr>
<td>Assert.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>11.75</td>
<td>14.614</td>
<td>3.263</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>-5.83</td>
<td>19.154</td>
<td>2.376</td>
<td>-4.35</td>
<td>0.000</td>
</tr>
</tbody>
</table>

*Using a separate variance estimate

A breakdown of each of the demographic scales was done to examine how well the questions had differentiated the various categories of subject responses. Marital
status offered the subjects two possible choices. Sixty-six subjects indicated that they were currently single, due to a number of possible factors which included: never having married; having been divorced; or having been widowed. The nineteen remaining subjects indicated that they were presently married with their spouses still living.

In response to the question regarding non-familial social activities, nine subjects stated that they participated all of the time in non-familial social events. Twenty-six subjects stated that they participated frequently in such events. Twenty-eight subjects reported that they participated occasionally in these events. Twenty-two subjects stated that they never participated in social activities without their family.

The question about health asked subjects to report whether they felt that their health was excellent, good, fair or poor. Only five subjects reported that their health was excellent, and only ten subjects felt that their health was poor. Twenty-seven subjects felt that their health was good. While forty-three subjects felt that their health was fair.

In the category of socio-economic status, subjects were asked to state whether they felt that their economic situation was excellent (more than adequate), good (adequate), fair (barely adequate), or poor (not adequate).
Of the eighty-five subjects in the study, only eight chose one of the two extremes (four chose excellent; four chose poor). Of the remaining seventy-seven subjects, 33 reported their economic situation to be good, and 44 reported their economic situation to be fair.

A breakdown of scores on the LSIA revealed a range of scores from -16 to +20 (out of a possible -20 to +20). The mean was 8.7 with a standard deviation of 7.2. The mode was +16. A breakdown of RAS scores revealed a range of scores from -51 to +36 (out of a possible -90 to +90). The mean was 1.7 with a standard deviation of 19.6.
Discussion

The results of this study reveal no evidence of a relationship between assertiveness (as measured by the RAS) and life satisfaction in the elderly. Therefore, hypothesis 2 could not be rejected in this case. There are several possible reasons for these results. One is that there is no relationship between assertiveness and life satisfaction in older persons. If this is the case it would be contrary to the beliefs of Alberti & Emmons (1974) that assertive individuals experience more feelings of well-being and self-satisfaction. There is no evidence to support their view from this sample.

It is also possible that the results stem from an inability of either the LSIA or the RAS to accurately measure the subjects' levels of life satisfaction or assertiveness. The LSIA has been validated with an elderly population and used extensively with other studies dealing with life satisfaction in the elderly. There have been few, if any, reported problems with the instrument in any of these studies. Overall, it is considered to be one of the best instruments available to measure life satisfaction in older people (Adams, 1969).

On the other hand, the RAS has not been used with older people before. Although the subjects of this study
were carefully questioned to determine if they understood the scale items, it is possible that there was enough confusion on the part of some of the subjects to prevent an accurate measure of their actual assertiveness levels. The RAS did not pose any obvious problems to the subjects in the study, however, certain items within the scale (items 4, 7, 13, 17, 18, and 26) were questioned by the subjects more frequently than other items and these items may not be appropriate for an elderly population. An item analysis of the RAS to determine which items were the best predictors of assertiveness would seem appropriate and could be useful in refining the RAS to be a more accurate estimator of assertiveness in older persons.

Another possibility is that a relationship exists between life satisfaction and assertive behavior in the elderly, but it is part of a more complex relationship involving other factors beyond the scope of this study. If this is the case, the other factors need to be identified and a more complex experimental design employed to clarify the relationship between life satisfaction and assertiveness.

As speculation by the author is that one such intervening factor may be strength of religious beliefs. Religion appeared to play a major role in the lives of most subjects in this study. The majority of subjects mentioned
the importance of God, or religion, or a "Christian" ethic in their lives at some point in the interview. Many of the subjects who were very unassertive, yet very happy, held strong religious beliefs. Unfortunately, the religious factor was not anticipated when the study was being devised and was not mentioned in any of the literature so no effort was made to include it in this study. The investigation of the relationship between religious beliefs, assertiveness, and life satisfaction in the elderly could be an informative and fruitful area of research.

The finding that health, participation, and marital status are all significantly correlated with life satisfaction confirms hypothesis 1 and is consistent with the findings of numerous previous studies on life satisfaction (Edwards & Klemmack, 1973; Larson, 1975; Spreitzer & Snyder, 1974). Health was the strongest predictor which is also consistent with what Larson (1975) reported from the majority of the life satisfaction studies he reviewed.

The biggest surprise in the results of this study was the absence of a significant relationship between socio-economic status and life satisfaction. Previous research (Cutler, 1973; Edwards & Klemmack, 1973; Larson, 1975; Larson, 1978) has consistently found socio-economic status to be one of the strongest predictors of life satisfaction, even when all other factors are controlled. In this study, there was very little correlation between socio-
economic status and life satisfaction even when possible "screening" effects from other variables were controlled for.

There are at least two reasons for the lack of a relationship between socio-economic status and life satisfaction in this study. First is the possibility that in spite of the results of previous studies, there is no relation between the two factors. Given the amount and quality of research in this area, this is not very likely.

A more likely reason for the discrepancy raised by this study may lie in the way in which socio-economic status was determined. The distribution of subjects' responses would seem to support this. Of the four choices available to the subjects, 77 out of 85 chose the middle two choices, leaving only 8 other subjects to split the other two choices amongst them. Thus, the question did not really differentiate between perceived levels of socio-economic status very well. With 91% of the responses occurring in two of the four possible alternatives, it is doubtful that the question differentiated the sample sufficiently to allow for much predictability from socio-economic status.

Another factor which may have contributed to the lack of a relationship between socio-economic status and life satisfaction is that the actual range of socio-economic
levels was limited in the sample used for this study. Most of the subjects came from nursing homes and/or retirement communities which would have required that the subjects be in a middle-class to upper-class income level just to be able to maintain their residence in these homes. Those subjects who were living independently were also living in middle-class to upper-class surroundings. Combining the two factors of limited differentiation in the question itself, and a limited range in actual socioeconomic status was due to the structure of the question and the competition of the sample.

Since no relationship was found between assertiveness and any of the demographic variables, hypothesis 3 can not be rejected. This finding is consistent with previous research and theory.

A t-test, computed to measure differences in life satisfaction based on sex, found that men were significantly more satisfied than women in this sample (p<.05). This finding contradicts much previous research (Kutner, et. al., 1956; Lawton, 1972; Spreitzer & Snyder, 1974; Streib & Schneider, 1971) which has shown sex to have weak and inconsistent relationships to life satisfaction which disappear when other factors are controlled. A factor contributing to this result may be that the study had only 20 male subjects. Thus, a small number of unusually
high life satisfaction scores may account for a significant difference to the .05 level. In any event, this finding should be interpreted cautiously, if accepted at all.

Another t-test was computed to measure differences in assertiveness levels between sexes. This, too, showed the men to be significantly more assertive than the women (p<.001). The degree of significance is much greater here than for life satisfaction. Given the amount of differences between assertiveness levels of the two sexes, it seems unlikely that this finding would "wash out" with the presence of more male subjects. Still, this finding must be interpreted with caution due to the few number of males in the study.

That older men are more assertive than older women would be consistent with the views of several writers in the areas of assertiveness and women's issues. The proposition is quite commonly advanced that men traditionally have been socialized to be more assertive and dominant than women (Bloom, Coburn, & Pearlman, 1975; Jakubowski-Spector, 1972, 1973; Osborn & Harris, 1975; Phelps & Austin, 1975).

Certain limitations must be considered in any interpretation of the data from this study. The subjects were all from middle to upper class settings, therefore generalization to lower socio-economic groups should be
avoided. All data were collected via paper and pencil inventories, not from behavioral observations. Generalization from paper and pencil inventories to "real-life" must be done with caution, for the two do not necessarily coincide. Finally, subject selection was not completely random. Given the availability in the Columbus area of elderly subjects for a study such as this, random selection of subjects was realistically impossible. Although every effort was made to insure as little bias as possible in subject selection, all subjects were volunteers and it is possible that response bias could have affected the results. The possible differences between those who volunteered for the study and those who refused can not be known but should not be ignored.

In conclusion, this study uncovered no evidence for a relationship between assertiveness and life satisfaction. Such a relationship may exist, but if it does it is part of a more complex relationship which is beyond the scope of this study. Of the four other demographic variables which have been linked to life satisfaction by previous research, three of them (health, marital status, and non-familial participation) were found to be significantly correlated to life satisfaction in this study. The fourth variable, socio-economic status, did not correlate significantly with life satisfaction, which contradicts
previous research. None of these demographic variables was found to correlate with assertiveness.

Differences based on sex were also uncovered in this study. Men were found to be significantly more assertive and satisfied than women, however, both findings must be interpreted with caution.

One implication of this study is that further analysis of the RAS with the elderly may be useful, including items more relevant for older persons. Another implication is that assertiveness may not occupy the position in the lives of older people that researchers such as Alberti & Emmons (1974) imply. Assertiveness may have a quite different character and meaning among elderly persons than among younger persons on whom the majority of assertiveness research has been conducted.

Finally, this study is just a preliminary one. It has raised more questions than it has answered. Hopefully, some of these questions will be the subject of other studies. If the elderly are to be counseled responsibly, psychologists will need to learn much more about them.
References


Larson, R. Is satisfaction with life the same in different subcultures? Unpublished manuscript, 1975.


Appendix A--Life Satisfaction Index A (attitude inventory).

Here are some statements about life in general that people feel different ways about. Would you read each statement on the list and if you agree with it, put a check mark in the space under "Agree". If you do not agree with a statement, put a check mark in the space under "Disagree". If you are not sure one way or another, put a check mark in the space under "?". Please be sure to answer every question on the list.

<table>
<thead>
<tr>
<th></th>
<th>DIS-</th>
<th>AGREE</th>
<th>AGREE</th>
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<tbody>
<tr>
<td>1. As I grow older, things seem better than I thought they would be.</td>
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<td>2. I have gotten more of the breaks in life than most people I know.</td>
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<td>3. This is the dreariest time of my life.</td>
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<td>4. I am just as happy as when I was younger.</td>
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<td>5. My life could be happier than it is now.</td>
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<td>6. These are the best years of my life.</td>
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<td>7. Most of the things I do are boring or monotonous.</td>
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<td>8. I EXPECT SOME INTERESTING AND PLEASANT THINGS TO HAPPEN TO ME IN THE FUTURE.</td>
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<td>9. THE THINGS I DO ARE AS INTERESTING TO ME AS THEY EVER WERE.</td>
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<td>10. I FEEL OLD AND SOMewhat TIRED.</td>
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<td>11. I FEEL MY AGE BUT IT DOES NOT BOTHER ME.</td>
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<tr>
<td>12. AS I LOOK BACK ON MY LIFE, I AM FAIRLY WELL SATISFIED.</td>
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<tr>
<td>13. I WOULD NOT CHANGE MY PAST LIFE EVEN IF I COULD.</td>
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<tr>
<td>14. COMPAREd TO OTHER PEOPLE MY AGE, I'VE MADE A LOT OF FOOLISH DECISIONS IN MY LIFE.</td>
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<td>15. COMPAREd TO OTHER PEOPLE MY AGE, I MAKE A GOOD APPEARANCE.</td>
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<tr>
<td>16. I HAVE MADE PLANS FOR THINGS I'LL BE DOING A MONTH OR A YEAR FROM NOW.</td>
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<tr>
<td>17. WHEN I THINK BACK OVER MY LIFE, I DIDN'T GET MOST OF THE IMPORTANT THINGS I WANTED.</td>
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</table>
18. COMPARED TO OTHER PEOPLE, I 'GET DOWN IN THE DUMPS TOO OFTEN.

19. I'VE GOTTEN PRETTY MUCH WHAT I EXPECTED OUT OF LIFE.

20. IN SPITE OF WHAT SOME PEOPLE SAY, THE LOT OF THE AVERAGE PERSON IS GETTING WORSE, NOT BETTER.
Appendix B

RAHTUS ASSERTIVENESS SCHEDULE

INSTRUCTIONS: INDICATE HOW CHARACTERISTIC OR DESCRIPTIVE EACH OF THE FOLLOWING STATEMENTS IS OF YOU BY USING THE CODE GIVEN BELOW:

+3 = VERY CHARACTERISTIC OF ME, EXTREMELY DESCRIPTIVE
+2 = RATHER CHARACTERISTIC OF ME, QUITE DESCRIPTIVE
+1 = SOMewhat CHARACTERISTIC OF ME, SLIGHTLY DESCRIPTIVE
-1 = SOMewhat UNCHARACTERISTIC OF ME, SLIGHTLY NONDESCRIPTIVE
-2 = RATHER UNCHARACTERISTIC OF ME, QUITE NONDESCRIPTIVE
-3 = VERY UNCHARACTERISTIC OF ME, EXTREMELY NONDESCRIPTIVE

1. MOST PEOPLE SEEM TO BE MORE AGGRESSIVE AND ASSERTIVE THAN I AM.

2. I HAVE HESITATED TO MAKE OR ACCEPT DATES BECAUSE OF "SHYNESS".

3. WHEN THE FOOD SERVED AT A RESTAURANT IS NOT DONE TO MY SATISFACTION, I COMPLAIN ABOUT IT TO THE WAITER OR WAITRESS.

4. I AM CAREFUL TO AVOID HURTING OTHER PEOPLE'S FEELINGS, EVEN WHEN I FEEL THAT I HAVE BEEN INJURED.
5. IF A SALESPERSON HAS GONE TO CONSIDERABLE TROUBLE TO SHOW ME MERCHANDISE WHICH IS NOT QUITE SUITABLE, I HAVE A DIFFICULT TIME SAYING "NO!".

6. WHEN I AM ASKED TO DO SOMETHING, I INSIST UPON KNOWING WHY.

7. THERE ARE TIMES WHEN I LOOK FOR A GOOD VIGOROUS ARGUMENT.

8. I STRIVE TO GET AHEAD AS WELL AS MOST PEOPLE IN MY POSITION.

9. TO BE HONEST, PEOPLE OFTEN TAKE ADVANTAGE OF ME.

10. I ENJOY STARTING CONVERSATIONS WITH NEW ACQUAINTANCES AND STRANGERS.

11. I OFTEN DON'T KNOW WHAT TO SAY TO ATTRACTIVE PERSONS OF THE OPPOSITE SEX.

12. I WILL HESITATE TO MAKE PHONE CALLS TO BUSINESS ESTABLISHMENTS AND INSTITUTIONS.

13. I WOULD RATHER APPLY FOR A JOB OR FOR ADMISSION TO A COLLEGE BY WRITING LETTERS THAN BY GOING THROUGH WITH PERSONAL INTERVIEWS.

14. I FIND IT EMBARRASSING TO RETURN MERCHANDISE.
15. IF A CLOSE AND RESPECTED RELATIVE WERE ANNOYING ME, I WOULD SMOOTHER MY FEELINGS RATHER THAN EXPRESS MY ANNOYANCE.

16. I HAVE AVOIDED ASKING QUESTIONS FOR FEAR OF SOUNDING STUPID.

17. DURING AN ARGUMENT I AM SOMETIMES AFRAID THAT I WILL GET SO UPSET THAT I WILL SHAKE ALL OVER.

18. IF A FAMED AND RESPECTED LECTURER MAKES A STATEMENT WHICH I THINK IS INCORRECT, I WILL HAVE THE AUDIENCE HEAR MY POINT OF VIEW AS WELL.

19. I AVOID ARGUING OVER PRICES WITH CLERKS AND SALESPERSONS.

20. WHEN I HAVE DONE SOMETHING IMPORTANT OR WORTH-WHILE, I MANAGE TO LET OTHERS KNOW ABOUT IT.

21. I AM OPEN AND FRANK ABOUT MY FEELINGS.

22. IF SOMEONE HAS BEEN SPREADING FALSE AND BAD STORIES ABOUT ME, I SEE THEM AS SOON AS POSSIBLE TO HAVE A TALK ABOUT IT.

23. I OFTEN HAVE A HARD TIME SAYING "NO!".

24. I TEND TO BOTTLE UP MY EMOTIONS RATHER THAN MAKE A SCENE.

25. I COMPLAIN ABOUT POOR SERVICE IN A RESTAURANT AND ELSEWHERE.
26. WHEN I AM GIVEN A COMPLAINT, I SOMETIMES JUST DON'T KNOW WHAT TO SAY.

27. IF A COUPLE NEAR ME IN A THEATRE OR AT A LECTURE WERE CONVERSING RATHER LOUDLY, I WOULD ASK THEM TO BE QUIET OR TO TAKE THEIR CONVERSATION ELSEWHERE.

28. ANYONE ATTEMPTING TO PUSH AHEAD OF ME IN LINE IS IN FOR A GOOD BATTLE.

29. I AM QUICK TO EXPRESS AN OPINION.

30. THERE ARE TIMES WHEN I JUST CAN'T SAY ANYTHING.
AS THE LAST PART OF THIS INVENTORY, A LITTLE MORE INFORMATION ABOUT YOU WOULD BE HELPFUL TO THIS RESEARCH.

1) WHAT IS YOUR SEX?
   _____ MALE
   _____ FEMALE

2) WHAT IS YOUR PRESENT AGE? _____

3) WHAT IS YOUR MARITAL STATUS?
   _____ SINGLE
   _____ MARRIED
   _____ DIVORCED
   _____ WIDOWED
   _____ IF MARRIED, WIDOWED, OR DIVORCED, HOW MANY TIMES?

4) WOULD YOU SAY THAT, IN GENERAL, YOUR HEALTH IS:
   _____ EXCELLENT
   _____ GOOD
   _____ FAIR
   _____ POOR

5) WOULD YOU SAY THAT YOUR ECONOMIC SITUATION IS:
   _____ EXCELLENT (MORE THAN ADEQUATE)
   _____ GOOD (ADEQUATE)
   _____ FAIR (BARELY ADEQUATE)
   _____ POOR (NOT ADEQUATE)
6) Would you say that you participate in social activities without your family:
   ___________ All the time (constantly)
   ___________ A lot of the time (frequently)
   ___________ Sometimes (occasionally)
   ___________ Never

7) Have you ever consulted a counselor, psychologist, psychiatrist, or clergyman for assistance with a personal problem?

8) Would you consult a counselor if you felt the need to do so?

9) If you were to consult a counselor, what sort of person would you prefer?
Appendix D

SUMMARY OF ORAL PRESENTATION TO SUBJECTS (from Paul, 1978)

I am a graduate student in counseling psychology at Ohio State University. I am conducting a research project and would like your help with it. The purpose of this project is to learn about the beliefs and opinions of older people and how satisfied they are with their lives.

If you are willing to participate in this research, you will be answering questions on two different questionnaires. In filling out these questionnaires, either the questions will be read to you or you can read them to yourself if you prefer. It should take no longer than a half-hour to complete these questionnaires. It will probably take less time.

Would you be interested in helping me?

(If the subject agrees to participate, the experimenter will say the following:)

I would like you to know that all the information you give on these questionnaires is completely confidential. No names will be used. It is your right to refuse to continue to participate at any time. Any questions that you have regarding the research will be answered either during or immediately following the completion of the questionnaires.
Appendix E

Research involving human subjects
consent to serve as a subject in research

Protocol No.__________

I CONSENT TO SERVE AS A SUBJECT IN THE RESEARCH INVESTIGATION ENTITLED:

ASSISTIVE BEHAVIOR AND LIFE SATISFACTION IN THE ELDERLY

THE NATURE AND GENERAL PURPOSE OF THE RESEARCH PROCEDURE HAVE BEEN EXPLAINED TO ME. THIS RESEARCH IS TO BE PERFORMED BY GARY PIGGLEM__, WHO IS AUTHORIZED TO USE THE SERVICES OF OTHERS IN THE PERFORMANCE OF THE RESEARCH.

I UNDERSTAND THAT ANY FURTHER INQUIRIES I MAKE CONCERNING THIS PROCEDURE WILL BE ANSWERED. I UNDERSTAND THAT MY IDENTITY WILL NOT BE REVEALED IN ANY PUBLICATION, DOCUMENT, RECORDING, VIDEO-TAPE, PHOTOGRAPH, COMPUTER DATA STORAGE, OR IN ANY OTHER WAY WHICH RELATES TO THIS RESEARCH. FINALLY, I UNDERSTAND THAT I AM FREE TO WITHDRAW MY CONSENT AND DISCONTINUE PARTICIPATION AT ANY TIME FOLLOWING THE NOTIFICATION OF THE INVESTIGATOR.

SIGNED_____________________

DATE ______________________

TIME ______________________

________________________________________________________________________

INVESTIGATOR