How Do Actors and Actresses Age?: Self-Monitoring and Aging

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HOW DO ACTORS AND ACTRESSES AGE?:

SELF-MONITORING AND AGING

by

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Abstract

This study investigates the relationship between life events, self-monitoring, and aging. This relationship is explored in the following five areas: religious practices, social networks, intergenerational relationships, retirement, and leisure. It was hypothesized that, compared to low self-monitors, high self-monitors would (a) spend less time in private devotional activities as they age, (b) feel a heavier impact from the reduction in the quantity of social networks, (c) have more distant intergenerational ties, (d) adjust to forced retirement more quickly, and (e) be less satisfied with leisure time as they age. The 120 volunteer participants ranged in age from 51 through 93. The Self-Monitoring Scale (Snyder, 1974) and the Impact of Events Inventory were administered in structured individual interviews. Findings support the hypothesis that high self-monitors will experience more impact from the reduction in the quantity of social networks as they age. However, the results fail to support the other four hypotheses. Possible alternative explanations for these findings are explored. An appeal is made for future research on the topic of self-monitoring and aging.
How Do Actors and Actresses Age? : 

Self-Monitoring and Aging

Helen Hayes, often referred to as "First Lady of the American Theatre," made this comment at age 72 about growing old: "I never had time for myself. I was always busy... entertaining people in the theater... now I have that time... and I'm beginning to find myself a little bit" (1991, p. 279). This statement piqued my curiosity about self-monitoring and aging. Actors and actresses have represented the epitome of high self-monitors (HSM). Yet here is an older actress now sounding very much like a low self-monitor (LSM).

The difference in self-monitoring style seems to be in the type of actor or actress. High self-monitors view each situation as a setting for a new and different acting role. They have the ability to assume many diverse roles and enjoy a large, heterogeneous supporting cast. Low self-monitors are more like character actors or actresses. They spend much time in introspection and know their part well. Whatever the new setting they tend to play the same character role--themselves. These character actors like a small, intimate supporting cast (Snyder, 1974).

Self-presentation and impression management by self-monitoring has been a popular topic for research since Snyder's early work on the subject (1974). A more formal definition of self-monitoring would be "individual differences in the extent to which people monitor (observe and control) their expressive behavior and self-presentation"

Snyder developed the Self-Monitoring Scale in 1972 to begin his empirical research of the subject. The statements of the scale describe the following: "concern with situational appropriateness of self-presentation; attention to social cues to situationally appropriate self-presentation; ability to control expressive behavior; use of this ability in particular situations; and situation-to-situation shifts in expressive self-presentation" (Snyder, 1987, pp. 15-16). Individual differences exist in the areas of personal motivation, focus of attention, ability to control behavior, strategic use of ability, and situational specificity of behavior.

The motivational concern is self-congruence for the LSM, but is situational or social appropriateness for the HSM. The focus of attention is introspection for the LSM, whereas social comparison appeals to the HSM. The ability to control behavior also differentiates the LSM and the HSM. Low self-monitors have a small repertoire of less-developed skills, whereas high self-monitors have a large repertoire of well-developed skills. The two groups also vary in the use of their ability. The LSM uses it for self-verification, but the HSM uses it for strategic self-presentation. The social behavior differs also—low self-monitors act like themselves consistently and have cross-situational similarity in their behaviors. High self-monitors, on the other hand, act like different people, with situationally specific behavior (Snyder, 1987).
Prototypically, high self-monitors observe, regulate, and control the self they present to others. They think to themselves, "What does this situation call for me to be and how can I best be that person?" High self-monitors make good multi-role actors and play charades well. Their behavior is situationally specific (Snyder, 1987). They choose friends by the activities they share together and usually have a large and heterogeneous group of casual friends (Snyder, Gangestad, & Simpson, 1983). After all, if a tennis partner is a whiz, the high self-monitor will look good on the court too. High self-monitors rely more strongly on physical attractiveness in dating partners than do low self-monitors (Snyder & Simpson, 1984). Beautiful co-stars appeal to high self-monitoring actors or actresses. In contrast, low self-monitors look within and think, "Who am I and how can I best be me in this situation?" (Snyder, 1987). Their behavior is consistent across situations. They choose friends based on similarities and mutual affection. They tend to have close friendships, but fewer of them (Snyder, Gangestad, & Simpson, 1983).

Self-monitoring has been investigated from a developmental perspective. Eder (as cited in Snyder, 1987) developed a measure of self-monitoring that can be used with children as young as three years. A self-monitoring scale for those in middle childhood has been developed by Graziano, Leone, Musser, and Lautenschlager (1987). Of course, numerous college students have participated in a variety of studies on the topic (see Snyder, 1987, for a review).
Much less frequently have older adults and the elderly been cited as subjects in research on self-monitoring. McFarland and Sparks (1985) found that age and education are both linearly related to the internal consistency with which subjects respond to personality scales, including the Self-Monitoring Scale. Allen (1986) used the Revised Self-Monitoring Scale (Lennox & Wolfe, 1984) in a study of the following four age groups: 16 to 18-year-olds, 21 to 34-year-olds, 35 to 54-year-olds, and 55 to 82-year-olds. He found no significant differences in self-monitoring scores among the various age groups. Reifman, Klein, and Murphy (1989) also conducted a study of two adult samples with ages ranging from 18 to 73 years. Both samples displayed negative correlation between self-monitoring and age. In other words, the older the individual, the lower the score tended to be on the measure of self-monitoring.

Further research is indicated to look more closely at the relationship between self-monitoring and aging. Higgins and Parsons (1983) postulate that children may have stagelike changes in social cognition. These changes result from the interaction of cognition and social-life changes. A child's social life changes during different age phases, such as when one enters elementary school. Similar social-life changes may take place in older individuals, such as when one retires or enters a nursing home. What effect do such life events have upon one's self-monitoring style?

As individuals grow older, they are exposed to numerous and diverse situations in which they can express their self-monitoring style. Ferrini and Ferrini (1986) state that the process of aging is a complex, continuous one that begins at maturity (some people
believe it begins at birth) and continues until death. For purposes of consistency, chronological age is typically used to differentiate the ages of childhood, young adulthood, middle age, and older adulthood. Age 65 has traditionally been used to define the beginning of old age in our country because this is the age of full retirement benefits from Social Security. However, some gerontologists make distinctions between the young-old (65-74) and the old-old (75+); others distinguish between functional age, sociological age, and psychological age (Ferrini & Ferrini, 1986).

As they age, individuals vary widely in their physical conditions and their cognitive and psychological abilities (Craig, 1989). Substantial differences exist in terms of income and health status; these differences interact with the individual’s social and psychological resources, bringing still greater heterogeneity and individual differences (Kimmel, 1990). Generally, those in their sixties are still closely involved with family and friends and even actively pursue new interests after formal retirement. Yet some persons at this age must begin to cope with reduced incomes, the loss of friends and spouses, and a lessening of physical strength. Many of those in their seventies experience a contracted social world and are more likely to be ill. Those in their eighties and nineties tend to withdraw more from social contacts and are even more inclined to be frail with health problems (Craig, 1989).

How does aging and the changes associated with it affect one's self-monitoring style? Does one become more of one's own self as Helen Hayes seemed to infer? Or does one look to others for cues as to how to adjust to the many changes in life? Is the
self-monitoring style significantly influenced by specific life events as one ages? In what way does one's self-monitoring style correlate with the impact of recent events? Take the example of an elderly person who is no longer able to drive a car. The strong impact to a low self-monitor may be due to decreased independence, but to a high self-monitor it may mean less opportunity to attend group functions. Another common loss is the death of friends. High self-monitors may be distraught because they no longer have partners for specific activities. On the other hand, low self-monitors may be devastated and severely depressed by the loss of one of their few intimate friends. Are high self-monitors more likely to choose communal living, such as a retirement village? Or do they simply respond to the social cues and adapt more easily than low self-monitors to the new setting?

As individuals age, retirement becomes a major focus of their life. Directly related to this topic are the issues of how to spend leisure time and with whom--family, friends, or both? The additional time offered by retirement also allows the aging person more time to explore spiritual issues. These topics have been researched empirically. Theoretically they should also relate to self-monitoring as one ages. This paper will explore the relationship of self-monitoring and aging in the following five areas: religious practices, social networks, intergenerational relationships, retirement, and leisure. The underlying and recurrent theme seems to be quantity versus quality. As you recall, high self-monitors surround themselves with a large group of casual friends--the quantity aspect. On the other hand, low self-monitors limit themselves to a few intimate friends--the quality side of the story. This same theme of quantity or quality reveals itself in each of the five areas.
The relationship between religious practices and aging is an area in which individual differences exist. A longitudinal study by Blazer and Palmore (1976) revealed that positive religious attitudes remained stable with aging, but that participation in religious activities showed a general decline. Ainlay and Smith (1984) conducted a study to determine if these changes in participation were both qualitative and quantitative. Their findings showed that private, nonorganizational participation showed no decline in the religious life of the elderly. A major factor in the quantity of time spent in organized religious activities were the individual differences in physical mobility. In other words, older individuals confined to wheelchairs would have more difficulty getting out to participate in religious activities (or activities of any nature). Overall, the age-related trend in religious practices is a decrease in public participation and an increase in private participation. The amount of participation correlates with well-being. This seems to highlight again the theme of quantity versus quantity.

How does this trend apply to high and low self-monitors? High self-monitors with their expansive repertoire of acting roles probably include that of "religious person." Remember, however, that this HSM actor likes a large supporting cast. As public participation in religious activities declines with age, the HSM will miss the quantity of social relationships. In contrast, self-congruent low self-monitors are accustomed to introspection and private time. The increase in private religious and devotional activities will allow them to learn their "character scripts" in even more qualitative depth. It is hypothesized that older low self-monitors will be less negatively impacted by a decline in
public religious activities than will high self-monitors. It is hypothesized that low self-monitors will spend more time in private devotional activities as they age than will high self-monitors and that the LSM will be positively impacted by doing so.

Social networks frequently change as one grows older. Network narrowing often follows retirement, relocation, death of friends, reduced income, and health problems. A progressive network system for support and/or aid to the elder typically begins with the immediate family. It then broadens to extended family, community, formal agencies, and finally, broader societal or health care structures as needed (Hansson & Carpenter, 1994). The impact of changing social networks to the elderly is moderated by individual differences. Studies show that individual differences exist in marital status. Older persons who were married had greater life satisfaction (Larson, Zuzanek, & Mannell, 1985). Several studies (Chappell & Badger, 1989; Levitt, Clark, Rotton, & Finley, 1987) emphasize that the quality of the social network is the relevant issue. Negative social ties were found to have an additive effect to negative daily events leading to psychological distress in a study by Okun, Melichar, and Hill (1990). The quality of social networks contributes strongly to the elder's life satisfaction according to Gray, Ventis, and Hayslip (1992). The age-related trend seems to be that the size of the social networks shrinks with age. This may relate back to the issue of reduced physical mobility and access mentioned earlier. The quality or intimacy of the social networks remains unchanged with age.
It is predicted that individual differences in self-monitoring with aging will moderate the findings of these studies. Recall that the prototypical high self-monitor has a large heterogeneous network of casual friends whereas the low self-monitor has fewer, but more intimate, friends. That is, the quantity of friendships is important to high self-monitors, whereas the quality of friendships is important to low self-monitors. It is hypothesized that high self-monitors will feel a heavy impact from the sheer reduction in quantity of social networks. Conversely, low self-monitors will be more strongly impacted by the loss of close friends.

Family ties and intergenerational relationships distinguish another area of importance as one grows older. The perception of those family ties has been shown to impact both the elder's mental health and risk for mortality (Heller, Thompson, Vlachos-Weber, Steffen, & Trueba, 1991; Troll & Bengston, 1992). Once again, the qualitative aspect of relationships is vital. Satisfaction of the elderly when in a joint living arrangement with a relative is directly related to the power structure of the relationship (Brackbill & Kitch, 1991). The elder's increasing dependency upon family members may be heightened by a desire for attention or a desire for status (Welford, 1992). In the role of grandparenting, not all elders perceive their role the same way, according to Bahr and Peterson (1989). In each of these studies the quality of the family relationships seems to make the difference. When the older individual is allowed to make some of the decisions regarding their interactions with the family, the quality goes up. Overall, the trend with
intergenerational relationships and aging is that the relationships remain close and act as a
buffer effect for the aging person.

The individual differences in self-monitoring styles will probably also reveal
themselves in intergenerational relationships. As you remember, the low self-monitor's
behavior is consistent across situations and includes close, intimate relationships. Recall
also that low self-monitors value the quality of close relationships more than high
self-monitors do. As you remember high self-monitors prefer casual relationships to
intimate ones. The intergenerational relationships remain close with aging. These close
ties offer a buffer effect to the elder. It is predicted that high self-monitors will avoid
these close ties and therefore will not benefit from the buffer effect that would result from
the close intergenerational relationships. On the other hand, it is predicted that low
self-monitors will maintain their close family ties and will benefit from the buffer effect as
a result.

Retirement is a major event in the life of the elderly person. Studies reveal gender
differences in the adjustment to retirement (Atchley, 1976; Szinovacz & Washo, 1992).
Women's retirement adaptation seems to be more affected than men's by the experience of
life events (Szinovacz & Washo, 1992). This could be a favorable or an unfavorable
adaptation depending on the nature of the life event.

Another area of influence on adjustment to retirement is the location, with
suburban living correlating highly with well-being (Reitzes, Mutran, & Pope, 1991).
Hooker and Ventis (1984) found that retirees with stronger work ethic values were
neither as active nor as satisfied after retirement. Beck (1982) found that the major
determinants of low satisfaction with retirement were poor health, lowered income, and
forced early retirement. Overall, it seems that good health, adequate income, and
retirement by choice contribute to the quality of life after retirement.

How will individual differences in self-monitoring styles correlate with adjustment
to retirement? I believe that the relationship will be a complex one with specific factors
such as job satisfaction and self-selection of retirement interacting with self-monitoring.
As you recall, the focus of attention for the high self-monitor is social comparison. In our
country, retirement is an accepted norm and the high self-monitor will follow the socially
acceptable path, especially with voluntary retirement. The prototypical high self-monitor
also has a large repertoire of well-developed skills in adapting to new roles. Low
self-monitors would be more inclined to have found a job which fit their self-congruent
character well. They would not adapt readily to the severance of those close ties if forced
to retire. It is hypothesized that high self-monitors will adjust to forced retirement more
quickly than low self-monitors. It is predicted that low self-monitors will have more
negative impact than high self-monitors from the transition.

After retirement one has more time available for leisure activities. Studies by
Steinkamp and Kelly (1985) reveal three motivational orientations toward leisure activity
that are related to life satisfaction in older persons. These three motivations are challenge
seeking, concern with recognition and reward, and family focus. Social activity and travel
were most satisfying to those aged 65-74 years, but family and home-based activities
appealed more to those aged 75 years and over (Kelly, Steinkamp, & Kelly, 1987). Studies emphasize several possible phases of retirement (Atchley, 1976; Ekerdt, Bosse, & Levkoff, 1985). Initially, enthusiasm leads to a euphoric and busy time, followed by a letdown phase after the first year of retirement. A reevaluation usually then occurs, with subsequent settling into a satisfying routine. The trend of these studies seems to be initial busyness (quantity), followed by emphasis on family activities (quality) that leads to satisfaction. Overall, the quality of leisure time seems to be a better predictor of well-being as one ages than the quantity of leisure activities.

Styles of self-monitoring will most likely influence the satisfaction with the use of leisure time. Typical high self-monitors have a large number of casual friends. They tend to choose activity partners based on the other person's skill in each activity and desire a large quantity of diverse activities. In keeping with their consistency of behavior, low self-monitors will be more selective in pursuing fewer pleasurable activities in which they have had a longterm interest. They will tend to pursue these activities with a few close friends. As mentioned earlier, low self-monitors will also maintain close ties with family. The quality of time spent in activities has always been important to the low self-monitor. It is hypothesized that low self-monitors will be more satisfied with leisure time as they age than will be high self-monitors.

The conjectures regarding individual differences in response to specific, concurrent life events as one ages are numerous and fascinating. This study will explore many
possibilities of the dynamic relationship of aging, life events, and self-monitoring. In essence, how do actors and actresses age?

Method

Subjects

The 120 volunteer participants ranged in ages from 51 through 93 (M = 69, SD = 8.47). Seventy-nine were females and 41 were males. Participants were mainly members of local chapters of American Association of Retired Persons (AARP). This organization was chosen as the major source of volunteer participants because it is the nation's largest organized group for people age 50 and over ("Writing to AARP," 1994, July-August). Eleven local chapters are located in different areas of Duval County and provided a broad geographic access to participants in the local area.

The largely professional sample ranged in years of education from 8-20 (M = 14.27, SD = 2.49). The typical subject was voluntarily retired for a mean of 8.32 years (SD = 7.67). Occupational history revealed a mean of 28 years (SD = 13.05) in the same occupational field. As to marital status, 61 were married, 37 were widowed, 20 were divorced, three were never married, and one was separated. The typical subject had four or more children. The majority of the participants were Caucasian and Protestant. The socioeconomic status ranged from less than $12,000 annual family income to more than $100,000. Income was fairly evenly distributed in the following three groupings: $12,000-$19,999, $20,000-$39,999, and $40,000-$100,000+. 
Materials

Participants were administered a questionnaire concerning demographics. Demographic items included information regarding sex, age, occupation, retirement status, education, race, marital status, number of children, socioeconomic status, and religious identification (see Appendix A). This information was collected to see how comparable this sample was to other groups used by different researchers.

Participants were administered the Impact of Events Inventory (IEI). This inventory consists of 194 items regarding events that may have occurred in the 6 months preceding administration (see Appendix B). Five major categories included in the inventory are religious activities, social networks, intergenerational relationships, retirement, and leisure activities. In addition to the five areas of interest, other events are also sampled for exploratory purposes. The IEI is a modification of measures used in the following life event studies: Social Readjustment Rating Scale (Holmes & Rahe, 1967), Life Experience Survey (Sarason, Johnson, & Siegel, 1978), and the Psychiatric Epidemiology Research Interview Life Events Scale (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978). The modification encompasses a wider range of events and more potentially pleasant events. An additional modification is that the IEI uses the participant's identification of the pleasantness or unpleasantness of each event and its personal impact instead of using raters. Using the IEI, the participant is first asked if the event has occurred in the preceding 6 months. Next the participant is asked to identify each event that has occurred as either pleasant or unpleasant. Then the participant is asked to rate
the impact of that event on a scale of 1 to 10 ( 1 = low impact; 10 = high impact ).

This inventory was pretested in a pilot study of 44 college students, ages 19 to 53. Half of the participants were interviewed; the other half completed the inventory as a questionnaire. No significant differences were found in either the number of events that had occurred or in the level of impact of those events. It was decided to use the structured interview because of the richness of anecdotal comments that may lead to insights for future research.

The Self-Monitoring Scale consists of 25 true / false self-descriptive statements ( Snyder, 1974 ). Items are scored in the direction of high self-monitoring. A median split is then used to distinguish between high and low self-monitors. This scale has shown internal consistency with a Kuder-Richardson 20 reliability of $r = + .66$ ( Gangestad & Snyder, 1985 ). Its temporal stability has been demonstrated with test-retest reliability estimates of $r = + .83$ at 1 month ( Snyder, 1974 ) and of $r = + .77$ for a 3.5-month interval ( Kendzierski, 1982 ). Both criterion groups ( e.g., professional stage actors ) and peer ratings ( e.g., fraternity brothers ) have been used to validate the scale. Discriminant validity has been established by showing insignificant relationships between self-monitoring and Machiavellianism, need for approval, and extraversion ( Snyder, 1987 ). The overall pattern suggests that Snyder's Self-Monitoring Scale does measure a distinct psychological construct of self-monitoring.
Procedure

The District Director of AARP was contacted by letter, followed by a phone call. He subsequently met with the researchers. The study was explained to him and his cooperation was sought to obtain participants. He extended an invitation to attend the AARP Community Council meeting where all chapter presidents would be in attendance. At this council meeting the researchers explained the study, answered questions, and asked the chapter presidents to assist in recruiting volunteers. Informational data and sign-up sheets were given each president to share at the next chapter meeting. In addition, an article appeared in the Golden Times Newsletter with an appeal for AARP members to volunteer. Explanations and appeals were also made at several local retirement communities.

From the above-mentioned sources, a list of potential participants was obtained. Telephone calls were made to each of the potential participants. Questions regarding the study were answered and appointments made. Informed consents were obtained prior to the interviews. Each of the 120 participants was interviewed individually in a private setting by a trained interviewer. The total time of each interview was between 40 and 60 minutes.

The interviewers were blind to the participants' scores on the Self-Monitoring Scale. A structured interview technique was used. Demographic items were asked first, followed by the Impact of Events Inventory, and by the Self-Monitoring Scale last. The interviewer read the 194 items of the IEI to the participant and asked for a "yes" or "no"
response to each item. After completing all items, the participant was re-read each "yes" item and asked if the event was "pleasant" or "unpleasant." For example, the interviewer said, "You answered 'yes' that your spouse had been away frequently on business trips during the past 6 months. Was that pleasant or unpleasant?" The interviewer then asked the participant to rate the impact of that event on a scale of 1 to 10 (1 = lowest impact; 10 = highest impact). For example, the interviewer might have said, "Please rate the impact of your spouse being away frequently on business trips on a scale of 1 to 10, with 1 being the lowest impact and 10 being the highest."

Lastly, postexperimental interviews were conducted with each participant. This was a time for questions and answers. The interviewer gave a brief description of the purpose of the study and offered to share some of the final results with the participants. The interviewer was also able to probe for the participants' implicit hypotheses regarding the study. Finally, participants were thanked for participating in this study.

Results

The items which were aggregated to arrive at the dependent variables used in the analysis of each of the five hypotheses can be found in Appendix C. Participants were classified as either high or low in self-monitoring using the median split of the full range of scores (Mdn = 17). The sample was divided into three age groups as follows: Cohort I (will be referred to as young-old), ages 50-65; Cohort II (referred to as middle-old), ages 66-72; and Cohort III (will be referred to as old-old), ages 73 and older.
A self-monitoring by cohort chi square analysis showed that the proportion of high and low self-monitors was approximately equal across all three age groups, $\chi^2(2, N = 114) = 2.20, p = ns$. A 2 (self-monitoring) x 3 (age cohort) ANOVA design was used. When necessary, post-hoc comparison tests were conducted using Newman-Keuls test.

For each dependent variable, three separate analyses were run. The first was for the occurrence of the event, the second was for the pleasantness or unpleasantness of that event, and the third was for the impact on the life of the participant.

**Religious Practices**

The first hypothesis is that low self-monitors will spend more time in private devotional activities as they age than will high self-monitors and that doing so will have a positive impact. For the occurrence of life events of a religious/spiritual nature, there were no differences among high and low self-monitors, $F(1, 114) < 1.00$. On the average, both lows ($M = 3.01$) and highs ($M = 3.19$) experienced a similar number of these events. Additionally, the frequency with which low and high self-monitors experienced religious/spiritual events did not vary with age, $F(2, 114) = 1.87, p = ns$.

There were, however, differences among age groups in terms of the occurrence of religious events, $F(2, 114) = 6.34, p < .01$. Overall, there was no difference in the extent to which religious/spiritual events occurred for young-olds ($M = 2.75$) and middle-olds ($M = 2.54$). Compared to these groups, religious/spiritual events occurred more frequently for the old-old cohort group ($M = 4.03$), $p < .05$. 

For the pleasantness or unpleasantness of the religious/spiritual events that did occur, there were no significant differences between high and low self-monitors, $F(1, 114) < 1.00$. Overall, both lows ($M = 1.37$) and highs ($M = 0.70$) rated these events as pleasant. Additionally, the degree of pleasantness with which lows and highs rated the occurring events did not vary with age, $F(2, 114) < 1.00$.

Similarly, no significant differences were found among the three age groups in their ratings of pleasantness or unpleasantness of the occurring religious/spiritual events, $F(2, 114) < 1.00$. All three of the cohort groups rated these events as pleasant. The oldest group ($M = 1.31$) rated the events no differently than did the middle-old group ($M = 1.12$) or the young-old group ($M = 0.80$).

For the impact of these religious/spiritual events there was very little difference between low and high self-monitors, $F(1, 114) < 1.00$. Low and highs rated the impact on their lives very similarly. In addition, the rated impact of religious activities did not vary with age, $F(2, 114) = 1.94, p = ns$.

Once again, however, there were differences among age groups in terms of the impact of religious/spiritual events, $F(2, 114) = 8.74, p < .05$. Overall, there was no difference in the rated impact of these events for the young-olds ($M = 18.83$) and middle-olds ($M = 17.78$). The old-old group ($M = 32.93$), however, rated the impact of religious/spiritual events much more strongly than either the young-old ($M = 18.83$) or the middle-old group ($M = 17.78$), $p < .05$. 


Taken together, the analysis of religious/spiritual events indicates no main effect for self-monitoring. Neither does an interaction exist between self-monitoring and age. A cohort effect does exist though. The analysis does indicate that the oldest group of subjects (those older than 73) experiences more events of a religious/spiritual nature. In addition, they rate these events as pleasant. The oldest group also rated the impact upon their lives of these religious/spiritual events in a much stronger fashion than did the other cohort groups.

Social Networks

The second hypothesis is that high self-monitors will feel a heavy impact from the reduction in the quantity of social networks, whereas low self-monitors will be more strongly impacted by the loss of close friends. Consistent with this expectation, differences did exist between low and high self-monitors for the occurrence of social network events, $F (1, 114) = 7.40, p < .01$. High self-monitors ($M = 3.51$) experienced more of these events than did low self-monitors ($M = 2.57$). There were no differences among age groups for the occurrence of events relating to social networks, $F (2, 114) < 1.00$. Likewise, the frequency of social networks events for high and low self-monitors did not vary with age, $F (2, 114) < 1.00$.

In contrast to the results involving the frequency of events, no differences were found between highs and lows in their ratings of pleasantness of these events, $F (1, 114) < 1.00$. Pleasantness or unpleasantness ratings did not vary across age groups. No difference was demonstrated among the three age groups, $F (2, 114) < 1.00$. Neither did
these ratings of high and low self-monitors vary with age, $F (2, 114) < 1.00$. In all instances the events were rated as pleasant.

Consistent with our expectations, there was a difference in the impact of social network events between low and high self-monitors, $F (1, 114) = 9.11, p < .01$. Highs ($M = 27.85$) rated the impact of these events much higher than did lows ($M = 18.56$). On the other hand, for the impact of the social network events, there was very little difference among the three age groups, $F (2, 114) = 1.54, p = ns$. Likewise, no difference was found for high and low self-monitor as a variation with age, $F (2, 114) < 1.00$.

Overall, for social network events, the analysis shows no cohort effect for the events' occurrence, rating of pleasantness, or impact level. Likewise, no interaction was found between self-monitoring and age for these events. There were, however, strong self-monitoring effects for social networks. High self-monitors experienced more events relating to social networks. In addition, high self-monitors were found to rate the impact on their lives of these social network events in a much stronger fashion.

**Intergenerational Ties**

The third hypothesis is that low self-monitors will maintain closer family ties than will high self-monitors as they age. For the occurrence of events relating to intergenerational ties, there were no differences between low and high self-monitors, $F (1, 114) < 1.00$. Likewise, there was no major difference among cohort groups for these
occurrences, $F(2, 114) = 1.63$, $p = ns$. Additionally, the occurrence of such events for highs and lows did not vary with age, $F(2, 114) < 1.00$.

When events occurred of an intergenerational nature, there was no difference between low and high self-monitors in how they rated the pleasantness or unpleasantness of these events, $F(1, 114) < 1.00$. The events were viewed as slightly pleasant. Similarly, no differences were found in the pleasantness ratings among cohort groups, $F(2, 114) < 1.00$. In addition, there were no differences in these ratings of pleasantness among low and high self-monitors across age groups, $F(2, 114) < 1.00$.

Looking at the impact on the participants' lives of events relating to intergenerational ties, no differences were found among low and high self-monitors, $F(1, 114) < 1.00$. Similarly, no differences were found between the two self-monitoring groups as a variation with age, $F(2, 114) < 1.00$. A difference was noted among age cohort groups, $F(2, 114) p < .05$. The impact of intergenerational events was stronger for the old-old group ($M = 32.16$) than for the middle-old group ($M = 23.52$), $p < .05$. The young-old group ($M = 28.60$) did not differ from either the middle-old ($M = 23.52$) or the old-old ($M = 32.16$) group.

Taken together, the analysis of intergenerational ties and events reveals no main effects for self-monitoring. Neither does it reveal any interaction effects for self-monitoring and age. To a limited extent, a cohort effect does exist. The frequency and pleasantness of intergenerational events did not change with age. The impact, however, of these events was strongest for the oldest group of participants (age 73+).
This group rated the impact of these intergenerational events more strongly than did the other age groups.

Retirement

The fourth hypothesis is that high self-monitors will adjust to forced retirement more easily than will low self-monitors. The occurrence of events relating to retirement issues revealed no difference among low and high self-monitors, $F(1, 114) < 1.00$. Likewise, there was no difference between the low and high self-monitoring groups across age groups, $F(2, 114) < 1.00$. There was, however, a difference among cohort groups, $F(2, 114) p < .01$. The young-old age group ($M = 10.83$) had more retirement issues than either the middle-olds ($M = 8.27$) and the old-olds ($M = 8.44$), $p < .01$. The latter two groups did not differ from each other in frequency of retirement issues.

Similar findings were revealed for the rated pleasantness or unpleasantness of the retirement issues that occurred. These events were found to be rated positively by all groups. There were no differences among low ($M = 2.96$) and high ($M = 3.00$) self-monitors, $F(1, 114) < 1.00$. No significant differences were found among cohort groups $F(2, 114) < 1.00$. In addition, there were no differences between lows and highs as a variation of age, $F(2, 114) < 1.00$.

For the impact of these retirement events, there was no difference found between the low and high self-monitors, $F(1, 114) = 1.00, p = ns$. Overall, there was no major difference found among cohort groups for the impact, $F(2, 114) = 2.33, p = ns$. Neither did the impact among highs and lows vary with age, $F(2, 114) < 1.00$. 
Taken together, the findings on retirement issues reveal no main effect for self-monitoring. Neither do they show an interaction effect between self-monitoring and age. The analysis does indicate, however, a cohort effect for frequency of events. The youngest group (age 50-65) experienced more events relating to retirement issues.

Leisure

The fifth, and final, hypothesis is that low self-monitors will be more satisfied with leisure time as they age than will be high self-monitors. For the occurrence of leisure activities, there were no major differences among low and high self-monitors, \( F(1, 114) = 2.24, p = \text{ns} \). There were also no differences among the cohort groups, \( F(2, 114) < 1.00 \). Neither did the frequency of these leisure events for lows and highs vary with age, \( F(2, 114) < 1.00 \).

For the pleasantness or unpleasantness of the leisure events that did occur, there were no differences among low and high self-monitors, \( F(1, 114) < 1.00 \). Both lows (\( M = 2.16 \)) and highs (\( M = 2.73 \)) rated these leisure events as pleasant. In addition, no differences were found among cohort groups, \( F(2, 114) < 1.00 \). In the same vein, lows and highs had no difference in their ratings across cohort groups, \( F(2, 114) = 1.20, p = \text{ns} \).

For the impact of the leisure events, no differences were found among low and high self-monitors, \( F(1, 114) = 3.17, p = \text{ns} \). Neither were any differences found among the cohort groups, \( F(2, 114) < 1.00 \). In a similar fashion, there were no differences for low and high self-monitors across age groups, \( F(2, 114) < 1.00 \).
Overall, for leisure events, no main effects for self-monitoring were found. Likewise, there were no cohort effects. In addition, no interaction effects were found between self-monitoring and age groups.

Supplemental Analyses

The foregoing analyses were based on an aggregated number of variables (see Appendix C). Not all of these may be equally suited to directly test the hypothesis of interest. To provide a more powerful test, a subset of original items was selected which, upon face validity, directly tapped the processes of interest. This supplemental analysis revealed findings that basically paralleled the original analyses. In sum, neither a fine-tuned nor a broad analysis demonstrated our predicted relationship between self-monitoring and aging.

Discussion

For the most part, the results of this study failed to support our hypotheses regarding self-monitoring and aging. The one exception to this generalization occurred with life events concerning social networks. Consistent with our expectations, high self-monitors experienced more events relating to social networks than did low self-monitors. High self-monitors also rated the impact of these social network events more strongly than did low self-monitors.

These results confirm our earlier speculation about the relationship of self-monitoring and aging. Age-related transitions, such as retirement or death of cohorts, tend to be accompanied by a narrowing of social networks. These reductions
Self-Monitoring should be more disruptive for high self-monitors than for low self-monitors because, as you recall, the prototypical high self-monitor prefers a large and heterogeneous social network (Snyder, Gangestad, & Simpson, 1983).

However, the results were not so favorable to our other hypotheses. Several possible explanations for these findings exist. First of all, the nature of the sample might have been unrepresentative of the age groups of interest. As you may recall, AARP members were chosen as the pool from which to select volunteer participants. The AARP organization was chosen because it is the largest organized group for people age 50 and over in the United States (Writing for AARP, 1994). However, this sample may have been exceptional in nature. Anecdotally, several participants told of overcoming catastrophic illnesses. In addition, one subject was a multiple award winner in the state Senior Olympics. A number of participants appeared 20-30 years younger than their stated ages. Overall, this was an extremely active group of participants who demonstrated remarkable resiliency. Future researchers might wish to replicate the study with a sample more representative of older adults.

A second possible explanation for the unsupported hypotheses may be due to the nature of the measures. The Self-Monitoring Scale was chosen because of its extensive use for the past two decades. It has demonstrated both reliability and validity in many studies (Snyder, 1987). However, the bulk of these studies have involved subjects who were of college age. A possible explanation for our results may be that the SMS has less validity for older adults. In a similar fashion, the Impact of Events Inventory
Self-Monitoring was a modification of life event inventories which had been widely used and had demonstrated both reliability and validity (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978; Holmes & Rahe, 1967; Sarason, Johnson, & Siegel, 1978). A wide range of specific events were included in the inventory. In addition, the impact of each occurring event was self-rated by the individual participant instead of using outside raters. Researchers in the future might desire to create a test with items more specifically framed to tap the processes of interest. The wording of the items could be more directly related to that of the hypotheses (i.e., "Has your social network become smaller?").

Still another possible explanation for our unexpected results might be that the time frame of six months in the Impact of Events Inventory was either too short or too long. The time frame of six months to one year had been used in previous studies with well-documented results (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978; Holmes & Rahe, 1967; Sarason, Johnson, & Siegel, 1978). However, the time frame of six months may have failed to reveal differences between HSMs and LSMs. For example, perhaps both high and low self-monitors were able to adjust to retirement within that time period, but in different ways, indicative of their styles (i.e., a HSM may have adjusted in a few months by becoming involved with diverse group interests, whereas a LSM may have adjusted by spending additional time with a close friend).

Alternatively, numerous participants stated that they had participated in private devotional activities for several years. In other words, private devotional participation was of major importance to these folks, but the recency of six months did not tap into that
impact. Similarly, the author heard anecdotes of adjustment and adaptation to life events. In these cases, the time frame of six months may have been too short to reveal differences.

Some possible, but implausible, explanations for the results are the participants' awareness of the hypotheses, interviewer effect, and experimenter bias (Mitchell & Jolley, 1992). Null results might have occurred had the participants known the five hypotheses and their own self-monitoring styles and tried to answer items accordingly. All participants were blind to the hypotheses and to the concept of self-monitoring. In debriefing sessions, none of the participants indicated any clue as to the hypotheses being tested. In addition, more items were included in the IIEI than specifically tapped into the hypotheses of interest. It is highly unlikely, therefore, that our results were due to the awareness of the hypotheses by the participants.

The null results might also have occurred if interviewers had failed to establish rapport with the participants or had administered the structured interview ineptly. In this case participants might have felt intimidated, uncomfortable, or bored and responded haphazardly. However, the interviewers were well-trained in the art of rapport-building with subjects and in objectively administering the structured interview. Anecdotally, all participants indicated enjoyment in participating in the study. In addition, the subjects did not answer items automatically or haphazardly, but appeared to give thoughtful consideration to items before responding. It is extremely doubtful that interviewer effects influenced our findings.
It is also highly unlikely that experimenter bias explains our results. Had experimenter bias been a factor, our results would have consistently supported the five hypotheses (the author would have been delighted with such results). With the exception of the author, all other interviewers were blind to the hypotheses. Additionally, all interviewers were blind to the self-monitoring style of the participants. The SMS was the final measure to be administered. Therefore, experimenter bias is not a probable alternative explanation for our findings.

We must also rule out the lack of statistical power as a possible explanation for our results. A small sample size increases the chances of sampling error and reduces the power of a study (Phillips, 1992). As you may recall, our sample size was well over one hundred participants. Had we chosen to conduct the study by using a smaller sample, we might have failed to obtain support to our hypotheses due to lack of statistical power. The sample of one hundred and twenty participants seemed to be adequate to provide the necessary power.

Finally, one interpretation of our unsupported hypotheses may be that this is the state of nature. Personality has been shown to remain relatively stable from age 20 to 60 (McCrae & Costa, 1994) and this may be the case of older adults in particular. Additionally, the social worlds of the elderly may become equally stable for high and low self-monitors. The transitions and life events in one's later years may be so nearly universal that less variability exists in response. The differences between high
self-monitors and low self-monitors may tend to converge with aging with the shrinking of social networks and the predictability of life events associated with aging.

In closing, we call for further research on this issue. Future researchers may wish to use a more representative sample of older adults. Those conducting similar studies might use inventories of life events with more specific wording and different time frames. Additionally, more studies with older adults are indicated to establish the validity of the Self-Monitoring Scale with this particular population. Only then will we know with certainty how actors and actresses age.
Appendix A

DEMOGRAPHIC INFORMATION

Explain to your subject that these are several items concerning their general background. We are asking these questions in order to get an idea of what kind of sample of people we have. Specifically, we want to see how comparable this group is to other groups used by different researchers. Remind them that all of the answers will be held in strict confidence. Do not put a name on this sheet. Ask them to please be accurate and honest in their responses. Now read the demographic questions to them, along with the answer choices, and mark their responses.

Sex  Female  Male

Age (in years)  

Occupation  For how long have you worked in this field? 
Retired?  No  Yes  For how long have you been retired? 
Voluntary retirement  Involuntary retirement

Highest Educational Level  H.S. Graduate  College Graduate

Highest Degree Obtained  When  Major

Currently a student?  No  Yes  What level  Auditing class  Major

Race

Afro-American
American Indian
Asian American
Caucasian
Hispanic  Other
Marital Status (check one)
- Divorced
  For how long have you been divorced?
- Married
  For how long have you been married?
- Never Married
- Separated
  For how long have you been separated?
- Widow/Widower
  For how long have you been widowed?

Children
- Zero
- One
- Two
- Three
- Four or more

Socioeconomic Status (combined family income)
- Less than $12,000 per year
- $12,000-$19,999 per year
- $20,000-$29,999 per year
- $30,000-$39,999 per year
- $40,000-$49,999 per year
- $50,000-$100,000 per year
- More than $100,000 per year

Religious Identification (check one)
- Agnostic / Atheist
- Jehovah's Witness
- Baptist
- Jewish
- Catholic
- Mormon
- Hindu / Buddhist
- Protestant
- Islamic
- Other
Appendix B

IMPACT OF EVENTS INVENTORY (I.E.I.—for older adults)

Please indicate your participant's answer to each of the following questions—"yes" by marking a "Y" to the left of the question or "no" by marking a "N" to the left of the question. "Non-applicables" are to be marked "N." These questions relate to events that may have occurred in your subject's life in the last six months (since ____________). Remind your subject that all answers will be handled confidentially.

SCHOOL / WORK
1. Have you started or finished school or any classes in the last six months?
2. Had trouble controlling emotions?
3. Have you been accepted to an undergraduate or graduate college of your choice?
4. Not been accepted to undergraduate or graduate program of your choice?
5. Will you be graduating as planned?
6. Not graduating as planned?
7. Have you had trouble with a teacher?
8. Have you had a problem with being too tall, too short, too thin, or too fat?
9. Have you had trouble on the job?
10. Have you had a summer job?
11. Are you concerned about getting a full-time job when you graduate?
12. Have you had any problems in managing your money?
13. Are you being required to pay some of your own expenses at home?
14. Have you had a desirable change in work hours, conditions, etc.?
15. " " an undesirable change in work hours, conditions, etc.?
16. Increase in work responsibilities?
17. Decrease in work responsibilities?
18. Have you had significant success or achievement at work in the last six months?
19. Have you had trouble with your boss?
20. Have you lost a job, had your position terminated, or been fired?
21. Have you been out of work less than a month?
22. Have you been out of work more than a month?
23. Changed to a different employer, but same line of work?
24. Changed to different line of work?
25. Have you had a desirable change at work, such as a promotion or bonus?
26. An undesirable change at work, such as a demotion or fine?
27. Have you taken forced retirement in the last six months?
28. Have you taken regularly planned retirement?
29. Has your spouse begun working outside the home in the last six months?
30. Has your spouse stopped working in the last six months?

FAMILY / HOME / FINANCIAL / LEGAL
1. Have you had a desirable change in residence?
2. " an undesirable change in residence?
3. Moved to a new town or city?
4. Do you live long distance from your children or grandchildren?
5. Have you moved in with your family in the last six months?
6. Has a relative come to live with you?
7. Recent birth or adoption of a child or grandchild or great grandchild?.
8. Do you have an unmarried child or grandchild who is pregnant?
9. Have you had more trouble with a brother or sister?
10. Less trouble with a brother or sister?
11. Has a brother or sister left home in the last six months?
12. Has your family had money problems?
13. Has your family had enough money to enjoy life?
14. Have you had an economic problem with rising costs, such as medical bills, college costs?
15. Economic problem with increasing taxes?
16. Have you had a problem with a pension plan?
17. Have you needed to get a new mortgage or home equity loan in the last six months?
18. Have you had foreclosure of a mortgage?
19. Have you filed for bankruptcy in the last six months?
20. Have you had credit rating difficulties?
21. Have you been a victim of a scam or con artist?
22. Financial necessity of having a second job?
23. Have you defaulted on a major loan in the last six months?
24. Has there been a decrease in your expenses?
25. Have there been fewer arguments between your parents?
26. More arguments between your parents?
27. Fewer arguments between your parents and
   a. Other children in the family?
   b. In-laws?
28. More arguments between your parents and
   a. Other children in the family?
   b. In-laws?
29. Fewer arguments between you and your parents?
30. More arguments between you and your parents?
31. Have you had fewer arguments with your children?
32. More arguments with your children?
33. Has there been a family dispute over an inheritance?
34. Do you share your bedroom with someone other than a spouse?
35. Do you have too many household duties or chores?
36. "too few household duties or chores?"
37. Do you have more control over your own money?
38. Do you have less control over your money?
39. Are your parents living together?
40. Have your parents divorced in the last six months?
41. Have you gotten a new stepparent?
42. Have you had a divorce of a child or grandchild in the last six months?
43. Has there been an increase in your family gatherings?
44. Decrease in family gatherings?
45. Has a family member entered the Armed Forces?
46. Has a family member moved back home?
47. Have you had the responsibility for taking care of a grandchild or great grandchild daytimes?
48. Have you been separated from your spouse due to business trips, etc.?
49. Separated from your spouse due to illness, etc.?
50. Have you spent more time with your spouse?
51. Have you had fewer arguments with your spouse?
52. " " " more arguments with your spouse?
53. Have you had sex difficulties in your marriage?
54. Have you had a marital separation in the last six months?
55. " " " a marital reconciliation?
56. Have you been divorced in the last six months?
57. Has there been a serious illness or injury of your spouse?
58. Has your spouse died in the last six months?
59. Have you had a minor violation of the law in the last six months?
60. Have you lost your driver's license ?
61. Have you had trouble with IRS?
62. Have you been arrested in the last six months?
63. Have you been to court?
64. Have you been involved in a law suit or similar legal action?
65. Have you had a jail term in the last six months?
66. Have you had a loss, robbery, or damage to personal property?
67. Have you had loss of an object of great value, such as a family heirloom?
68. Has there been a community crisis, such as a fire, crimes, hurricane?
69. Have you relocated to a retirement community in the last six months?
70. Have you needed assistance with household and yard chores?
71. Have you or your spouse relocated to a nursing home or assisted-living facility in the last six months?

HEALTH / SPIRITUAL
1. Have you started wearing glasses, contact lenses, or special visual aids?
2. Serious injury or illness of brother or sister?
3. Serious injury or illness of either parent?
4. Have you had a serious injury or illness yourself?
5. Do you have a physical handicap?
6. Have you started smoking cigarettes, using tobacco, drugs, or alcohol?
7. Have you stopped using cigarettes, drugs, or alcohol?
8. Have you had a serious injury or illness of a child or grandchild?
9. Have you had the death of a child or grandchild in the last six months?
10. Death of a grandparent in the last six months?
11. Death of a brother or sister in the last six months?
12. Death of either parent in the last six months?
13. Do you feel more physically coordinated than last year?
14. Less coordinated than last year?
15. Have your eating habits improved?
16. " " " " gotten worse?
17. Have your sleeping habits improved?
18. " " " " gotten worse?
19. Have you been involved in an accident (eg. auto, sports, machinery)?
20. Do you have more feelings of sadness?
21. Less feelings of sadness?
22. Do you feel more lonely?
23. Less lonely?
24. Do you feel more bored?
25. " " less bored?
26. Do you feel better about yourself?
27. Do you feel worse about yourself?
28. Are you more depressed?
29. Less depressed?
30. Do you feel less appreciated or understood?
31. Do you feel more appreciated or understood?
32. Have you felt rejected by your peers in the last six months?
33. " " by your parents in the last six months?
34. " " by your children?
35. Have your exercise habits improved?
36. Have your exercise habits gotten worse?
37. Have you had major dental work? (braces, bridges, or dentures)
38. Have you had frequent minor illnesses?
39. Have you had chronic health problems?
40. Have you been hospitalized in the last six months?
41. Have you had emotional problems such as intense anger or long-lasting grief?
42. Have you needed to take care of an ill or disabled spouse, parent, other close relative?
43. Have you had severely diminished hearing or eyesight?
44. Have you had severely diminished physical mobility?
45. Recent change in religious beliefs?
46. Increase in church activities?
47. Decrease in church activities?
48. Has there been an increase in the time you spend reflecting on values?
49. A decrease in the time you spend reflecting on values?
50. Has there been an increase in time reviewing your own life and goals?
51. A decrease in time reviewing your own life and goals?
52. Has there been an increase in time spent in meditation?
53. A decrease in time spent in meditation?
54. Has there been an increase in time spent in prayer?
55. A decrease in time spent in prayer?
56. Has there been an increase in time reflecting on meaning of life and death?
57. A decrease in time reflecting on meaning of life and death?

RELATIONSHIPS

1. Have you made new friends in school or in your neighborhood?
2. Have you broken up with a close friend?
3. Have you been separated from a close friend?
4. Has a close friend moved?
5. Has a close friend had a serious illness or injury?
6. Has a close friend died in the last six months?
7. Have you joined a new church or synagogue?
8. Has a favorite pet died in the last six months?
9. Have you started to date in the last six months?
10. Do you have a new significant other or romantic partner?
11. Have you broken up with a romantic partner in the last six months?
12. Have you had disagreements with your children regarding your dating?
13. Have you begun a serious romantic relationship in the last six months?
14. Ceased steady dating?
15. Become engaged?
16. Broken engagement?
17. Have you been recently married (within the last six months)?
18. Have you begun an extramarital affair in the last six months?
19. Have you made a major decision regarding the future in the last six months?
20. Have you had an increase in social interests, such as politics or community affairs?
21. Decrease in social interests?
22. Have you had an outstanding personal achievement in the community?
23. Have you had a desirable change in recreational habits?
24. " " " an undesirable change in recreational habits?
25. Have you had increase in travel?
26. " " " decrease in travel?
27. Have you had a pleasant vacation in the last six months?
28. " " " a stressful vacation in the last six months?
29. Have you had a change in political beliefs?
30. Have you had an increase in the amount of volunteer work?
31. " " " a decrease " " " "
32. Have you had an increase in time spent with friends?
33. " " " a decrease " " " "
34. Have you had a serious argument with a friend or neighbor?

*****Now that your subject has answered all of the questions on the inventory, start back at the first page of the inventory and re-read to them each question they answered with a "Y." For each "Y" answer, ask your subject if that event was pleasant or unpleasant. Mark a "P" or a "U" to the left of the "Y". Then ask them to rate the impact on their lives of that event on a scale from 1 - 10, with 1 being the lowest impact and 10 being the highest impact. Then mark the number to the left of the "P" or "U."

Example--

8 P Y 32. Have you had an increase in time spent with friends?

Please look at each page carefully so you do not miss any "Y" answers.
After this is done, you will read the T/F statements of the Self-Monitoring Scale and record answers on the Scantron sheet with a #2 pencil.
Appendix C

AGGREGATED ITEMS FOR HYPOTHESES TESTING

HYPOTHESIS I re: Religious Activities
   Health / Spiritual items # 45 through 57; also HS 5, 43, and 44. Relationships 7.

HYPOTHESIS II re: Social Network
   Relationships items # 1 through 16; 20, 21, 30 through 34.

HYPOTHESIS III re: Intergenerational Relationships
   Family / Home items 4 through 13; 25 through 34; 39 through 47.
   Health / Spiritual 2, 3; 8 through 12, 33, 34, 42.

HYPOTHESIS IV re: Retirement
   School / Work items # 12 through 30
   Family / Home 1 through 4; 12 through 24; 35 through 38; 50 through 53.
   Health / Spiritual 15 through 32; 48 through 51.
   Relationships 30 through 33.

HYPOTHESIS V re: Leisure Activities
   Family / Home item # 70
   Health / Spiritual 20 through 36; 42.
   Relationships 20 through 34.
References


Vita

The author, Barbara A. Bowman, was born in on . Mrs. Bowman graduated from Bethesda Hospital School of Nursing, Cincinnati, Ohio, in 1959. She has worked in diverse positions as a licensed Registered Nurse in Ohio, California, West Virginia, Georgia, and Florida. A strong commitment to working with the elderly population from a psychological perspective led her to return to school to pursue a new career in geriatric counseling. She received her A.A. degree from Florida Community College of Jacksonville in May of 1992 and her B.A. degree from University of North Florida in August of 1993. The author chose the Liberal Studies track with a focus on aging. She will receive her Master of Arts in Counseling Psychology degree in May of 1995 from University of North Florida. Her student internship has been done with the Senior Services Division of Jewish Family and Community Services. The author will be working in a clinical setting counseling a geriatric population.