# *Section 3: The Empirical Investigation of Select Hypotheses and Open Research Questions*

## Chapter 6. Select Hypotheses and Open Research Questions

This chapter provides a framework for organizing the numerous hypotheses under investigation. Hypotheses can be categorized as being *differential, developmental,* and *applied* in nature.

### 1. Hypotheses Regarding Individual Differences and Outcome

At its core, this study is concerned with individual differences. The basic premise of this approach, of course, is that individuals differ with regards to their personality, which in turn, influences their behavior. In previous sections of this paper, theoretical and empirical research on three personality constructs (the dependent personality, trait affiliation, and attitudes toward authority) were reviewed. We are now able to formulate answers to the essential questions that have shaped this investigation, namely: *who is likely to become dependent on a caregiver?*

*Hypothesis 1a: Persons with high trait dependency are more likely to exhibit social dependency.*

Individuals with high trait dependency, because of their particular disposition, are more likely to actively solicit and accept help from their caregivers.

*Hypothesis 1b: Persons with high stoicism are less likely to exhibit social dependency.*

Conversely, stoic individuals embrace a life philosophy that eschews help. They are therefore less likely to become socially dependent.

*Hypothesis 2a: Persons with high trait affiliation are more likely to exhibit social dependency.*

Every care interaction affords the elderly care recipient a chance for social exchange. Persons with strong affiliation tendencies are more likely to initiate or prolong care interactions in the interest of satisfying underlying needs for warmth and human contact. Hence, they should exhibit higher social dependency.

*Hypothesis 2b: Persons with high caregiver affiliation are more likely to exhibit social dependency.*

Some individuals may be selective in their affiliation, and may not regard their caregiver as an appropriate social partner. The person with strong caregiver affiliation, however, expressly states the opposite. Hence persons with strong caregiver affiliation should be especially likely to exhibit social dependency.

*Hypothesis 3a: Persons who respect authority are more likely to exhibit social dependency.*

Caregivers are authority figures, and they have a procilivity to reinforce dependency, as much research attests. The older individual with greater respect for authority will more likely comply with the caregiver's demands, which require the individual to remain passive and dependent. Hence, the individual who respects authority will be inclined to exhibit more social dependency.

*Hypothesis 3b: Persons who respect medical authority are more likely to exhibit social dependency.*

Because most of the caregiver's authority derives from their medical expertise, persons with respect for medical authority should be especially likely to exhibit social dependency.

*On the Relation of the Personality Constructs under Investigation to Well-being*

A further question of differential significance concerns whether the personality dimensions described above are, in fact, *adaptive* in later life. Three of these dimensions, it will be noted, are wholly new, and the role they might play in terms of successful aging is completely unknown. Comparatively little appear to be written on the relation between specific personality measures and well-being in later life (e.g., Adkins, Martin & Poon, 1996).

Whether or not dependency is an adaptive trait among the disabled elderly is unknown. Trait dependency has been linked to physical illness as well as depression and lower well-being (Bornstein, 1993). These can hardly be described as beneficial outcomes. However, the natural proclivity to solicit and accept help might become more adaptive in later life, particularly when one faces chronic infirmity. Thus, although current empirical evidence runs against the notion, there are theoretical grounds for asserting that the dependent personality might be better able to adjust to age-related declines in functional health.

Affiliation is often interpreted as the desire to associate with others. High affiliation tendency might therefore be construed as a manifestation of loneliness, and if the elderly care recipient is currently living in relative isolation or in a socially impoverished environment (e.g., a poorly run nursing home), the construct could well have a negative impact on well-being. Conversely, if affiliation reflects a high level of social activity and engagement -- an equally plausible interpretation -- then the gerontological literature would suggest that affiliation is positively related to well-being, regardless of where one lives.

Respect for authority is commonly construed as a maladaptive personality trait. Authoritarianism, for example, is a very undesirable characteristic, understood in terms of aggression, submission, and rigidity. Yet even respect for authority, in certain contexts, might prove adaptive, such as when one must adhere to the rules and regulations of institutional environments, such as in military camps, prisons, boarding schools, and of course, nursing homes.

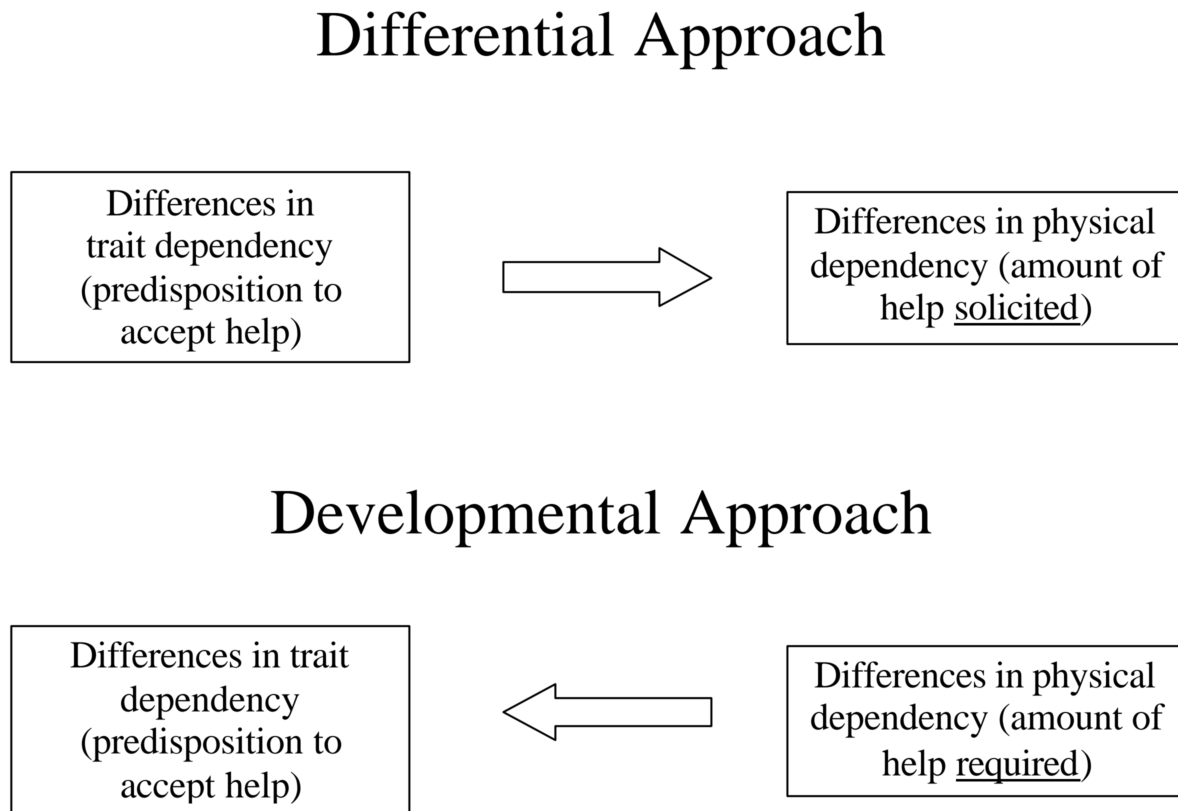
As these examples illustrate, there are no clear hypotheses concerning the adaptivity of dependency, affiliation, and authority in old age. Nonetheless, an explicit goal of the present study is to explore what relations these personality constructs have to well-being among elderly care recipients.

**2. Hypotheses Regarding Adult Development**

Aging is a developmental process. It would be remiss to neglect developmental questions concerning personality -- and *change* in personality -- in this study of later life. The

difference between the differential and developmental perspectives of the personality-dependency relationship is illustrated in **Figure 5** (below).

**Figure 5. Differential vs. Developmental Approaches**




As **Figure 5** shows, differences in physical dependency might be the impetus for personality change. Thus, one particular developmental question of interest is: *Does age-related dependency foster psychological dependency?*

*Hypothesis 4: The disabled elderly have higher trait dependency than able ones.*

The current consensus on personality across the lifespan might read something like this: Change in personality is evident, if one only knows where to look. One of the most promising places to look, in my opinion, is in very advanced age, as disability sets in. Disability requires older individuals to seek help and assistance. It is only natural and adaptive for elders to actively seek out and become more accepting of such assistance.

Moreover, because age-related decline is natural in later life, becoming dependent loses much of its stigma. Hence, age-related disability should foster the dependent personality.

Of course, the limitations of the present study preclude longitudinal assessment. Using a cross-sectional design, one can only investigate group differences, e.g., whether disabled elders score significantly higher on a measure of trait dependency compared to their healthy counterparts. Likewise, one might calculate bivariate correlations between disability and trait dependency scores. Unfortunately, neither of these solutions goes to the heart of the problem, i.e., whether personality actually *changes* over a longitudinal interval. Despite these limitations, cross-sectional evidence of a link between disability and trait dependency would still be intriguing.

A second, more general developmental question, is not concerned with the process of aging per se, but rather with age differences between cohorts. Values and beliefs are, to a large extent, inherited from the child's sociocultural milieu. If this is the case, then it is logical to ask: *Do older persons have different personalities than younger ones?*

*Hypothesis 5: Older persons are more stoic than younger ones.*

First-hand observations of the elderly suggest that they embrace a stoic life philosophy. This world view seems to have its roots in socialization experiences in prewar Germany, as well as the hardship experiences thereafter. To be sure, aging itself can be construed as a kind of hardship, which might further promote a sense of stoicism.

*Hypothesis 6: Older persons have more respect for authority than younger ones.*

The older German's respect for authority is likewise an inheritance of sociocultural values, especially family values, held in the earlier part of last century. Economic threat, lack of education, and lower social standing are all forces which are likely to buttress respect for authority among the elderly.

Both of the latter hypotheses postulate cohort effects, which again, due to the cross-sectional nature of the present study, are confounded with age effects.

## 3. Questions with Relevance for Applied Research

Applied research seeks to answer questions that can be translated into action *now*. To do so, applied research must define the specific context it wishes to address. Three of the constructs employed in the present study (caregiver affiliation, respect for medical authority, and social dependency) appear to have particularly strong implications for healthcare delivery among the elderly. The points of inquiry associated with these constructs do not lend themselves to the formulation of hypotheses, but rather to open questions.

*Questions Regarding Caregiver Affiliation*

How do the elderly feel about their caregivers? What do they want out of the caregiving relationship? Should care recipients and caregivers become closer and more intimate over time, or is some amount of professional distance essential to a good working relationship? These are questions that have a fundamental impact on the elderly individual's satisfaction with healthcare services, in both institutional and home settings.

*Questions Regarding Respect for Medical Authority*

How much trust do the elderly have in their doctors and in the medical system? Do they understand their rights as a patient? Are they inclined to take an active and participatory role in their long-term treatment? These are promising personality variables that directly influence important health behaviors in the elderly. Moreover, because misconceptions regarding the patient role can be corrected, this line of inquiry gives rise to a host of potentially useful interventions.

*Questions Regarding Social Dependency*

Beyond being clean and fed, what kinds of needs do elderly care recipients have? Is motivational support -- to date, a largely theoretical construct -- a real issue in caregiving practice? Most importantly, how does the caregiving context (i.e., home vs. institutional care) affect social dependency? For example, do nursing home residents need more psychosocial care than homecare recipients? The current trend towards inhome models of healthcare delivery could profit from knowing how the caregiving context influences dependency, with a view to meeting the elderly client's demands on the system.