

McGill University

THE PERSONAL FAMILY AND  
SOCIAL CIRCUMSTANCES  
OF OLD PEOPLE  
IN GREATER MONTREAL 1961 - 1962

A Thesis submitted to  
The Faculty of Arts and Science  
In Partial Fulfilment of the Requirements  
for  
The Master's Degree in Social Work

by

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## PREFACE

Members of the Research Group express their appreciation and extend their thanks to all persons whose interest and assistance contributed to this Study. In particular they wish to thank Dr. J.R.D. Bayne and the Health Section of the Montreal Council of Social Agencies, and Professor Eva R. Younge, Director of Research, McGill School of Social Work.

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ABSTRACT

A STUDY OF THE PERSONAL, FAMILY AND SOCIAL CIRCUMSTANCES  
OF OLD PEOPLE IN GREATER MONTREAL, 1961-1962

By

Olive Chesworth  
Sheila Kelly  
Kathleen Lucas  
Lena Negru  
Barbara Witkov

This thesis describes a pilot study carried out in Montreal to help plan a larger cross-Montreal survey of old age. The primary aim of the project is to pre-test a schedule developed by Mr. Peter Townsend of the European Section of the Social Science Research Committee, International Association of Gerontology. The Townsend schedule is to be used as a basis for the collection of data in cross-national surveys in other countries.

The present pilot study is based on the results of interviews with 54 men resident in Montreal and retired from the same large Canadian industry.

After noting some pertinent aspects of aging and retirement in Canada and other industrialized countries, a brief profile of the sample is developed. The body of the thesis contains an analysis of

data collected during the interviews. <sup>Topics investigated</sup> ~~Areas studied~~ include housing and living arrangements, health and capacity for self-care, economic and employment aspects, and the family and social relationships of the Montreal group.

The final part of the thesis contains a summary of the findings of the project, as well as a critique of the schedule used with suggestions for modifications.

PART I

GENERAL INTRODUCTION

BY

Kathleen Lucas

and the

Research Group

## CHAPTER I

### INTRODUCTION

This study is based on findings in a pilot survey made to determine the effects of aging and retirement on the personal, family and social circumstances of a group of elderly males. The 54 men who make up the sample had all been employed by a large Canadian industry on an average of 35 years prior to retirement. All live in the greater Montreal area.

It is difficult to find a concise definition for either "elderly" or "old". Dictionary definitions of: "somewhat old, verging on old age" reflect the difficulty of specifically defining elderly. While definitions such as: "that has lived long; far advanced in years or life; or pertaining to advanced life," clearly indicate the indefinite quality of the adjective "old."<sup>1</sup>

A survey of the literature devoted to a study of the aged reflects a recognition of the same problem. An American sociologist explains that:

Old age is many diverse things wrapped up in one phrase. It covers vigorous, healthy people as well as those so feeble that their bodily needs must be cared for. No specific birthday can mark the beginning of old age for any group.

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<sup>1</sup> Shorter Oxford Dictionary (Oxford: Clarendon Press, 1936), p. 591, Volume 1; p. 1365, Volume 2.

Chronological age is not indicative of physical or mental age of anyone.<sup>1</sup>

Another sociologist tells us that:

Old age commences when a person is no longer able to maintain some stated proportion of the achievements of the average adult of his culture.<sup>2</sup>

Throughout this study elderly will refer to those people who are 65 years of age or over. While this is a somewhat arbitrary decision, it is related to the retirement policy of the industry studied. It is also the age Townsend decided to use for males in his pilot study which was designed to test a cross-national schedule.<sup>3</sup>

Problems of aging and retirement are relatively new and they are peculiar to western, industrialized countries. From an historical viewpoint the change from rural to urban society has been rapid. Conflict, related to the transition, has been intensified because of the conservative nature of social institutions. The concept of a self-sufficient, extended family group still tends to be idealized. This ideal is deeply rooted in cultural and social values and is based on the dominant economic forces of a rural society. In such a

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<sup>1</sup>Robert J. Havighurst and Ruth Albrecht, Older People (Toronto: Longmans Green & Co., 1954), p. 9.

<sup>2</sup>Ruth S. Cavan et al., Personal Adjustment in Old Age (Chicago: Science Research Association, Inc., 1949), p. 8.

<sup>3</sup>Peter Townsend and Brian Rees, The Personal, Family and Social Circumstances of Old People (London: London University, 1960), p. 4. Hereafter referred to as the Townsend Report.

setting the family is an economic as well as a social unit. Children and the elderly can assume responsibility for light but time-consuming chores, and thereby free adult members of the kinship group who are capable of performing heavier work.

Industrialization has had a marked effect on the roles played by all members of the family. Children are no longer an economic asset. Because industry needs trained, skilled technicians, the period at which young people gain independence has been postponed while more emphasis is placed on formal education. "In 1911 the average length of schooling in Canada was eight years. By 1951 the average length of schooling had increased to just over ten years."<sup>1</sup> In the United States "in 1950 only 26 per cent of aged persons had received more than elementary school education. The comparable figure for the entire population 25 and over was 52 per cent."<sup>2</sup>

Industrialization disrupted the stream of continuity in the lives of middle-aged males. They can no longer look forward to a period of gradual lessening of responsibility, but realize that the clockwork regularity of their lives will abruptly change as soon as they reach a certain age. These economic and social changes have been most difficult for the elderly who now live in urban centres.

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<sup>1</sup>Encyclopedia Canadiana (Ottawa: The Canadiana Company Limited, Copyright 1958), p. 382, Volume 3.

<sup>2</sup>Peter O. Steiner and Robert Dorfman, The Economic Status of the Aged (Los Angeles: University of California Press, 1957), p. 30.

Most of these people were born and spent their formative years in a rural setting. Originally their training and expectations were geared to a rural set of values-values emphasizing the importance of being a "jack-of-all-trades." Many elderly people did not have an opportunity to obtain highly developed skills demanded by technology. As a consequence they have tended to gravitate to unskilled or semi-skilled types of work, or to be self-employed. "The occupations that show a high concentration of older male workers have certain features that differentiate them from occupations of low concentration in that they a) usually involve light work, b) rate own-account or employer status, c) earn relatively low wages and d) have requirements involving relatively little education or advanced training."<sup>1</sup>

During the early state of industrial expansion there were mild recessions, but the unskilled older worker was usually able to find some type of work. Though there were some drawbacks to the system, it was relatively satisfactory until the extended economic depression of the 1930's. At that time the elderly had to cope with marked discrimination because it was felt they should step aside for younger men. While discrimination declines during periods of full employment, it reappears as soon as the demand for labour lessens.

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<sup>1</sup> Department of Labour, The Aging Worker in the Canadian Economy (Ottawa: The Queen's Printer, 1959), p. 27.

Wolfbein's comments on the United States scene reflect a trend common to industrialized countries.

In 1940, after a decade of severe depression, worker rates at both ends of the age scale were very low. But after a war and continued high levels of economic activity in the post-war period, worker rates moved up sharply. For example, the retirement rate for men 55-59 years of age fell from 96 per thousand to 45 per thousand between 1940 and 1947 - more than a 50 per cent drop. Thus a sharp change in the economic climate resulted in a reversal of long-time trends and the age of exit from the labour force actually went up. By 1950, however, the employment situation had changed sufficiently so that worker rates among the older persons were down close to<sup>1</sup> their 1940 levels, with a return to observed secular trends.

One of the most outstanding features of western society is its rate of technological change. Since the end of the 1914-1918 war, change has been occurring at an increasingly accelerated rate. Many skills possessed by the elderly are now obsolete. As Steiner and Dorfman note, "one would suspect that among the older craftsmen there are too many blacksmiths and too few radio repairmen."<sup>2</sup>

Canada is one of the newest of the western industrialized nations. Because the change from rural to industrial society in this country has been so rapid, its effects are dramatically illustrated by the change in the numbers of workers engaged in different occupations. "In the first sixty years of the twentieth century the number of workers engaged in manufacturing rose from

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<sup>1</sup> S.L. Wolfbein, "The Length of Working Life in the United States", Ch. V, Aging and Social Health in the United States and Europe (Ann Arbor: University of Michigan, 1959), p. 56.

<sup>2</sup> Peter O. Steiner and Robert Dorfman, op. cit., p. 51.

15 per cent to 25 per cent of the total industrial labour force, while those engaged in providing services rose from 15 per cent to 25 per cent. On the other hand the number of agricultural workers dropped from 40 per cent to 11 per cent.<sup>1</sup> The numbers of self-employed has dropped from three-sixths to one-sixth of the total labour force during this period.<sup>2</sup>

Because of increased productivity modern industrial countries enjoy a higher material standard of living than non-industrialized countries. Improved medical services, nutrition, and sanitary facilities are a direct result of the improved standard of living. The effectiveness of these improvements are revealed by an increase in the life span. Life expectancy for Canadians increases every year. While it is still consistently higher for women than men, "expectancy at birth in 1960 has reached 67.6 years for males and 72.9 years for females. For males this compares with 60 years in 1931, with 63 years in 1941 and with 66.3 years in 1951."<sup>3</sup> The following table illustrates the life expectancy for the Canadian male

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<sup>1</sup> Dominion Bureau of Statistics, Canada 1962 (Ottawa; Queen's Printer, 1962), p. 65.

<sup>2</sup> Department of Labour, op.cit., p. 13.

<sup>3</sup> Dominion Bureau of Statistics, Health and Welfare Division, Vital Statistics, 1960 (Ottawa; Queen's Printer, 1962) p. 60.

at given age levels, in 1960.

Table 1  
1960 Life Expectancy Rates for Canadian Males<sup>a</sup>

Age in Years	Life Expectancy in Years
1	69
25	46.6
70	10.5

<sup>a</sup>Dominion Bureau of Statistics, Health and Welfare Division, Vital Statistics, 1960 (Ottawa: Queen's Printer, 1962), p. 60

The percentage of the elderly in the general population of Canada reflects this increase in life span. The following table shows the percentage increase of Canadians 65 years of age and over since 1921.

Table 2  
Percentage of Population 65 Years of Age and Over - 1921 and 1960<sup>b</sup>

Age Group (Years)	Percentage of Total Population - 1921	Percentage of Total Population - 1960
Total, 65 Years and Over	4.8	7.5
65 - 69	2.0	2.6
70 - 74	1.4	2.2
75 - 79	0.8	1.5
80 - 84	0.4	0.8
85 plus	0.2	0.4

<sup>b</sup>Dominion Bureau of Statistics, Health and Welfare Division, Vital Statistics, 1960 (Ottawa: Queen's Printer, 1962,) p. 68.

This represents an increase of 56.2 per cent in the proportionate strength of our population 65 years of age and over, during a 40 year period.

The universality of this trend is reflected by statistics from the United States where "the number of persons age 65 and over has quadrupled between 1900 and 1950 and is still growing. By mid 1957 there were over fifteen million persons in the United States age 65 and over."<sup>1</sup>

Paradoxically industrialization has placed a premium on young workers and there are now fewer elderly people in the labour force than there were around 1900, "when out of every ten men 65 years and over, six were still working. In 1957 only four out of ten men in this age group were working." <sup>2</sup>

It is apparent that many elderly persons drop out of the labour market simply because they are no longer able to meet the physical demands of their job. Others possess skills which have become obsolete and they are either unable or unwilling to develop new ones. Because the aged are such a heterogeneous group, it is essential to keep in mind that many are still able and want to work. The employment rate of the elderly, as noted on page 5 is closely related to the business cycle. Their capacities have been utilized during periods of full employment both in North America and Europe. Great Britain enjoyed a lengthy period of full employment both during and following the last war. There "it was found that two-thirds of

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<sup>1</sup> Wilbur J. Cohen, "Income Adequacy and Pension Planning in the United States", Ch. IV, Aging and Social Health in the United States and Europe (The University of Michigan, 1959), p. 27.

<sup>2</sup> Ibid. p. 27.

the men and one-half of the women who have become 65 years of age since July 1948, when the new plan of old age security began to operate, have foregone their retirement benefits and remained in employment,"<sup>1</sup> Undoubtedly some of this group have continued working in order to increase their retirement benefits; however, the percentages of employees who have continued working are so large they indicate that for many people working is the only way of life they can readily accept.

Although comprehensive social security programmes are necessary in an industrial society, there is also a need to provide employment opportunities for elderly people who are capable and who want to work. It is recognized that employment opportunities for this group, who represented 7.5 per cent of Canada's population in 1961, are closely related to the economic vitality of the country as a whole. While life expectancy can be regarded as a basic index of a nation's well being, its ability to provide opportunities for those who want to contribute toward its productivity should also be considered.

Canada, more than other industrialized countries, displays ambivalence toward the problems of the aged. This is related to the conservative nature of a large segment of the population who have been steeped in the traditions of a rural, pioneer society, coupled with the essentially puritanical beliefs of our bi-cultural country. Pioneer attitudes are still so strong they have effectively blocked the development of a positive, overall plan of social security. The physical transition

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<sup>1</sup>Social Security in Old Age (Ottawa: Canadian Welfare Council, 1950), p. 5.

from an agricultural to an industrial society was achieved relatively rapidly, but ideals and beliefs are more resistant to change. Social planning in this country has been developed on a piece-meal basis. Little effort has been made to co-ordinate social welfare policies with industrial retirement policies. Although the average age of retirement for Canadian males is 65 years, one is not eligible for Old Age Security benefits until one reaches the age of 70.<sup>1</sup> Retirement benefits are related to the earning power of the retired employee. Many who are now retired worked during an era when wages, as well as the cost of living, were relatively low. A number of these elderly people are now in a difficult financial position. The five year period following retirement, and before their eligibility for Old Age Security benefits can be established, may be unusually painful.

Although Canadian welfare provisions still lag behind those of many countries of Western Europe, there is a growing recognition that industrialization has created many difficult problems for our elderly citizens. Efforts are now being made to provide them with basic services to assure both financial and social security.

By way of comparison it is worth noting that as early as 1889 Germany passed insurance laws providing coverage for sickness, disability and old age. Great Britain adopted a compulsory, contributory plan in 1925. By 1935 the United States had also developed a comprehensive

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<sup>1</sup>  
Old Age Assistance, based on a means test, is available at the age of 65.

social security programme. Although Canada has not been able to develop a comparable comprehensive plan of social security, some progress has been made as witness our Old Age Security Programme of 1952 and our recent federal-provincial Hospital Insurance Plans. Since Quebec joined the Hospital Insurance Plan in 1961, all Canadians now are covered by the plan. These programmes reflect increased public awareness of specific social needs. However, we do not yet appear to be ready for a comprehensive social security programme similar to that outlined in the Marsh Report in 1943.<sup>1</sup>

Certain problems of aging and retirement are similar in all western industrialized countries. As two American sociologists explain it, "the job in our society exerts an influence which pervades the whole of the human life span. It can be regarded as the axis along which the worker's pattern of life is organized."<sup>2</sup> Ours is a job-oriented society. Our attitudes toward work have lagged behind technical changes. Technology has so increased our productivity that it is no longer necessary for people to work from "dawn to dusk" in order to maintain a satisfactory standard of living. However, work still enjoys a high positive value, similar to the standard which was essential in a pre-industrial society. Among Canadians economic and social status is primarily based on occupation. Leisure and retirement activities are

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<sup>1</sup>Canada, House of Commons, Special Committee on Social Security. Report on Social Security in Canada, prepared by Dr. I. C. Marsh for the Advisory Committee on Reconstruction (Ottawa, 1942).

<sup>2</sup>Eugene A. Friedmann and Robert Havighurst, Meaning of Work and Retirement (Chicago: University of Chicago Press, 1954), p. 3.

<sup>a</sup>  
still relegated to low status position in our present-day scale of values, particularly when they are related to males. Great emphasis is placed on the development of commercial or technical skill, and relatively little importance has yet been given to the development of satisfactory leisure activities. Relatively few people are accomplished in the leisure arts. Despite the fact that increasingly large percentages of our population will have to adjust to living an increasing part of their lives in retirement, little attention has been given to the problems this condition entails. While the ability to adjust to new situations may diminish with age, training and preparation, as well as the social and cultural climate of the community, are the important factors which determine whether retirement can be a period of satisfaction or of unhappiness.

Since the time of Booth, LePlay and Rowntree many interested laymen, and later on many social scientists have been concerned with the effects of industrialization on the population where technological changes occurred. Efforts have been made by sociologists, anthropologists and psychologists to study the effects of industrialization on the individual and on society as a whole.

Following the last world war increased emphasis was focused on the impact of industrialization on the elderly employee. Interest was generated because of the dramatic contribution men and women in older age groups made during the war. Associations of Gerontology were established on a national basis. The International Association of Gerontology is a recent outgrowth of this continuing concern. Its primary focus is to facilitate the exchange of ideas and of scientific

studies related to all aspects of aging in the industrial community. It is a voluntary organization whose members include representatives from most western countries.

During October, 1956, the European Section of the Social Science Research Committee of the International Association of Gerontology organized a conference to discuss the need of a cross-national survey of old age in order to broaden and deepen our knowledge of problems involved in day-to-day living of the elderly. The following summer, at a conference in Marino, Italy, Peter Townsend of London, England was named chairman of a committee which agreed to design and pre-test a schedule that could be used in cross-national surveys.<sup>1</sup>

The schedule was designed to encourage new and uniform investigation which could lead to the collection of meaningful data concerning the aged in any industrialized country. Because of the cross-national aspects of the study, the standardization of terms and definitions presented many new problems. The schedule was designed for the collection of interview materials and questions were drastically limited to items of essential, concrete information. Only one question involving attitudes was included.<sup>2</sup> It was recognized

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<sup>1</sup>Countries represented at the International Seminar held in Marino were: Denmark, England, Finland, France, Germany, Italy, The Netherlands, Sweden, Switzerland and the United States. Belgium, Canada, Eire and Norway are also members of the Social Science Research Committee.

<sup>2</sup>Montreal Schedule, p. 5, section a (iii), question c (1)  
"Do you(still)feel able to do a job?"

that research workers in the countries who participate in the survey would want to add their own questions regarding more limited or local spheres of interest.

Problems related to the development and application of the Townsend pilot schedule are discussed in detail in Chapter III.

The questionnaire was pre-tested and the first British pilot study was conducted during the summer of 1959. Although most of the elderly people interviewed lived in the London area, care was taken to ensure the group was as diversified as possible so that all economic and social sections of English society would be included. One hundred and twenty people were interviewed. Ninety of the group came from London. Their names were selected at random from the electoral register in different socio-economic areas of the city. Twenty of these elderly persons lived in institutions for the aged. The remainder of the sample, ten people, lived in a rural area outside London.

On the basis of the results of the British pilot study it was decided to continue planning for cross-national surveys of elderly people.

During the fall and winter of 1961-1962 the McGill School of Social Work, under the auspices of the Montreal Council of Social Agencies, conducted the present pilot study in an effort to determine the effects of aging and retirement on a group of male pensioners who had been employed by a large transportation industry. Sampling procedures and a profile of the persons who were interviewed <sup>are</sup> ~~is~~ given in Chapter III. There were two main reasons for undertaking a small pilot study. It was felt that the cross-national schedule should be

pre-tested to see if any changes should be made before it was applied on a large scale in the Greater Montreal area. The Health Section of the Montreal Council of Social Agencies was keenly interested in participating in a comprehensive study to determine the needs of elderly people living in the metropolitan area, in order to have a realistic basis for developing adequate, long-range plans to meet the specific needs of people in various older age groups.

The elderly people involved in the present survey are all males. All had worked regularly in the same industry for an average of 35 years. The research directors hope to involve an industry which employs mainly women in another larger study. Eventually, it is hoped that the study will be extended to include a group of elderly people who have not worked regularly in any one industry during their lifetime.

While the following parts of the thesis develop naturally from the different sections of the cross-national schedule, they also follow certain natural demarcations which are related to the most important areas of day-to-day living.

The first three chapters of the thesis which make up Part I, provide a general orientation and selected background information for the present study. Chapter I briefly compares the roles of the elderly in a rural and in an industrial society, and then outlines the purposes of the cross-national survey of aging, first in Europe and then in Greater Montreal. Chapter II, focuses on the social welfare structure in the province of Quebec as it determines the consequent patterns of welfare services available to elderly people in Greater Montreal.

Methodology is also included in Part I. In Chapter III, details of sampling techniques, interviewing procedures, coding and the various research methods used in analyzing the original data are outlined. Certain problems which emerged when the schedule was applied to Metropolitan Montreal are also noted.

Part II, Chapter IV, is devoted to a detailed study of the housing and living arrangements of the retired group.

Part III, which comprises Chapters V and VI, evaluates the health of the retired group and notes how health affects other important aspects of daily living.

Part IV, Chapter VII, discusses the present sources and broad income levels of the retired group and relates them to previous occupation, then notes how they affect the present way of life.

Part V, Chapters ~~VIII~~ and ~~IX~~, studies and makes an evaluation of the quality and quantity of the social and family relationships of the retired men.

Part VI, Chapter X, states the general findings and conclusions of the Montreal Pilot Study and it raises certain issues for further study.

## CHAPTER II

### THE SOCIAL WELFARE STRUCTURE IN THE PROVINCE OF QUEBEC

This chapter focuses on the social welfare structure in the Province of Quebec as it determines the consequent patterns of welfare services available to elderly people in Greater Montreal.

For a better understanding of the material in this chapter a brief historical description of this structure is given. The summary is intended to place in proper perspective the welfare services available to the 54 Montreal pensioners represented in the present study.

First, it should be noted that Canada's constitution--the British North America Act of 1867--leaves exclusively to the provinces the "Establishment, Maintenance, Management of Hospitals, Asylums, Charities and Eleemosynary Institutions in and for the Province other than Marine Hospitals"<sup>1</sup>

In order to examine the Quebec welfare structure currently in operation, the background from which the deeply entrenched cultural patterns emanate should be known.

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<sup>1</sup> British North America Acts 1867-1951 7 and 8  
Vic. S.92, p.31

In the France of the 17th Century, the Catholic Church had practically complete responsibility for assistance in the realm of both welfare and health. Hence, when pioneers from "Old France" to "New France" encountered welfare problems, it was quite natural for them to seek solutions in terms of their old-world culture patterns. Thus, the responsibility of the whole welfare system came inevitably to be vested in the Catholic Church of New France and its related organizations--perpetuating the social prototype that had proved effective in the motherland.<sup>1</sup>

It follows that from this pattern of welfare institutions under church leadership there evolved in Quebec a welfare structure that was basically different in character from that which developed in other parts of the country settled by English-speaking pioneers.

As an example, services were exclusively private and grew out of private initiative. Secondly, they were denominational, since they were under the auspices of religious communities. This system was in effect throughout the French regime, and it was adequate to the needs of the population at that period.<sup>2</sup>

The British conquest of 1763 brought no attempt to uproot the existing welfare services in "New France." Hence, the existing welfare pattern was left undisturbed in what became Lower Canada and later the

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<sup>1</sup> Welfare Services in the Province of Quebec, An anonymous paper (McGill School of Social Work Library, 1961), p. 1.

<sup>2</sup> Dorothy Aiken, The Role of the Montreal Council of Social Agencies in the Establishment of Public Assistance. Master of Arts Thesis (Chicago: 1950), pp. 32-40.

Province of Quebec.

The English-speaking non-Catholic settlers that followed the conquest were spurred of necessity to design their own welfare structure in Lower Canada. They, too, established denominational services under private auspices. Thus, there was a parallel development in Lower Canada of two separate welfare structures. Meanwhile the English-speaking colonies outside of Quebec followed the spirit and pattern of the Elizabethan Poor Law (which put direct responsibility on municipalities for the care of the needy) in the development of welfare services for the people.

In Quebec as elsewhere in Canada, the shift from a rural to an urban economy accelerated by industrialization after World War I created massive welfare and assistance problems. These problems were too overpowering for the existing system to sustain. The need for a widening of the base of welfare services became urgent. This urgency culminated in <sup>the federal</sup> government's response to the need through adoption of the Quebec Public Charities Act of 1921.<sup>1a</sup>

This Act represented the first structured and permanent venture of the provincial government of Quebec into the field of direct financial assistance to private institutions.

Even this Act showed vestiges of a past society, for no direct aid was given to the needy person. Instead, the institutions were

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<sup>1</sup> Quebec Public Charities Act, R.S.P.Q. 1941, Chapter 187.

<sup>a</sup> This statute will henceforth be referred to in the present study as Q.P.C.A.

reimbursed for a portion of the costs incurred by them for their services to the poor and the aged. "The Act was initially planned to help hospitals and charitable institutions that actually had beds and inmates who could be counted within their walls."<sup>1</sup>

This system was continued until about 1925, when social agencies first began to become recognized as "institutions without walls."<sup>2</sup> This breakthrough made possible in Quebec province the creation and development of the kind of social agencies we know today.

Subsequent broadening of the Q.P.C.A. coverage culminated in the undertaking by the province on April 1, 1960, to reimburse the municipal social welfare departments or authorized agencies for the full cost of aid given to individuals.<sup>3</sup>

A major development in the welfare picture occurred on April 1, 1956, when a private welfare agency, for the first time, began to refer to municipal social welfare departments all persons in need of financial aid.<sup>4</sup>

For all intents and purposes, the municipal social welfare department was to function as a non-denominational professional agency. It was

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<sup>1</sup>The Quebec Public Charities Act, Elinor G. Barnstead for the Casework Section, Montreal Council of Social Agencies (November, 1957) p.2.

<sup>2</sup>Ibid, p. 2.

<sup>3</sup>S.P.Q. An Act Modifying the Q.P.C.A. §-9 Eliz. II, Chapter 73, March 10, 1960 and Quebec Department of Social Welfare, Regulations of the Q.P.C.A., May 1960, Retroactive to April 1, 1960.

<sup>4</sup>Govt. of Quebec, Order-in-Council, No. 30, January 10, 1957, Retroactive to April 1, 1956.

to accord direct financial assistance where needed, but could refer a client to other agencies in the community for other required services.

Since September, 1961, the province has chosen itself to administer a number of the cases formerly handled by municipal social welfare departments. This again is on a non-denominational basis.<sup>1</sup>

As far as the vast majority of the private social agencies are concerned, their denominational aspect has remained constant. This is demonstrated by the existence in Montreal of four separate welfare federations.<sup>2</sup>

At the present time in Quebec, as elsewhere, the position and problems of the older person are the subject of intense study and discussion.

There is no legislation in Quebec province explicitly for the elderly except that which exists in conjunction with the federal government's.<sup>3</sup>

A classic example of this arrangement as it emerged from the unique welfare structure in the province is embodied in the federal government's Old Age Pension Act of 1927. This Act grew out of <sup>the federal</sup> government's awareness of the hardships among a large portion of the older

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<sup>1</sup>Govt. of Quebec, Orders-in-Council Nos. 1664 and 1665, July 27, 1961 and No. 1887, Sept. 7, 1961.

<sup>2</sup>Federation of Catholic Charities  
Federation des Oeuvres de Charite Canadiennes-Francaises  
Federation of Jewish Community Services of Montreal  
United Red Feather Services.

<sup>3</sup>Department of National Health and Welfare, Services for the Aged in Canada (Ottawa: Queen's Printer, 1957).

population. In the light of article No. 92 of the B.N.A. Act the provinces were required to pass enabling legislation before participating in the scheme.<sup>1</sup>

Quebec province originally rejected the federal government's Old Age Pension Act. It was only when Quebec came to weigh the cold economic facts--namely, that Quebec taxpayers were contributing to the federal treasury moneys from which no benefit accrued to this province--that Quebec entered into the plan in 1936.<sup>2</sup>

This joint federal-provincial program of cash benefits for senior citizens in need underwent several changes until January, 1952, when the Act, as amended, provided a universal pension payable by the federal government to all persons aged 70 or over, subject to a residence qualification.

This program "represents the greatest single venture in the development of social security in Canada."<sup>3</sup>

When at the same time the Federal Old Age Assistance Act of 1951, went into effect, providing for joint federal-provincial assistance to needy persons from 65-69 years of age inclusively, Quebec participated from the start.<sup>4</sup>

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<sup>1</sup>Article 92, Supra, p. 18.

<sup>2</sup>S.P.Q. 1 Edw. VIII, Chapter 1, June 10, 1936.  
S.P.Q. 1 Edw. VIII, Chapter 5, November 12, 1936 (Second Session).

<sup>3</sup>Encyclopedia Canadiana, Vol. 8 (OGD-REH), p. 12.

<sup>4</sup>Provincial Act to Assist Persons aged Sixty-five to Seventy years, 15-16 George VI, c 3, 1951-52.

Another major venture by the federal government into social security that had saliency for the elderly was the Hospital Insurance and Diagnostic Services Act promulgated in 1957.<sup>1</sup> And here again the Province of Quebec expressed its uniqueness in welfare matters by abstaining from participation in the hospitalization insurance program until 1960.<sup>2</sup>

The present trend toward government participation in social welfare thus has not by-passed Quebec. The basic welfare structure of this province may be different from that in the remainder of Canada, but Quebec's population has at its disposition services that are parallel to those in the remainder of Canada.<sup>3</sup>

The present decade has seen a crescendo in interest in the problems of the aged in Montreal.<sup>4</sup> It is hoped that this pilot study will in some measure, however small, contribute towards the general pool of research into these problems of the elderly.

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<sup>1</sup>Department of National Health and Welfare, Public Health and Welfare Services in Canada (Ottawa: Queen's Printer, 1960), pp. 65-70.

<sup>2</sup>S.P.Q. 9-10 Eliz. II Chapter 78, December 15, 1960.

<sup>3</sup>Public Health and Welfare Services in Canada, op. cit.

<sup>4</sup>Continuous study in the area of gerontology by the Montreal Council of Social Agencies, Health Section; the University of Montreal, and the Jewish General Hospital, et cetera.

## CHAPTER III

### METHODOLOGY

The present study is primarily of an exploratory nature. Its purpose is to discover the effects of aging and retirement on basic areas of day-to-day living. Areas included in this study are housing, health, maintenance of income and family and social relationships.

The study is based on information gathered during interviews with 54 retired males.<sup>1</sup> All the men had been employed by the same industry. With the exception of six who retired early, all the group had worked regularly until they were 65 years of age.<sup>2</sup> The group was diversified in that it represented an ethnic, economic and occupational cross-section of the industry's employees. Those interviewed had been employed in a variety of occupations, ranging from the unskilled to the executive level. As was expected, more employees were seen who were closer to the base of the occupational pyramid than were near its summit.

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<sup>1</sup>Fifty-five schedules were completed. It was decided not to include the results of an interview with the widow of a retired employee, as this information would not have been statistically significant.

<sup>2</sup>Four of the employees retired early because of ill-health. No reason was given for the voluntary retirement of the other two men. Length of service varied from 20 years to 42 years. The average period of employment for this group was 34.2 years. In one instance the number of years of employment was not given, but the pension policy of the industry states that a male employee must work for at least 20 years, and be 45 years of age before being eligible for pension benefits.

Despite the fact that the group interviewed represented a random sample of retired employees within the industry, the sample differed in several respects from a random sample of the Montreal community as a whole. The sample is not representative of the ethnic composition of the Metropolitan Montreal. In the sample studied French and English employees are almost equally represented, whereas French Canadians constitute two-thirds of the population in Greater Montreal.<sup>1</sup> Six of the men interviewed are members of other ethnic groups, two are Italian. One Slovak, Russian, Ukrainian and West Indian are also included in the sample. The following table shows the ethnic origin and religious affiliation of the group.

Table 3

Ethnic Origin and Religious Affiliation of 54 Men Interviewed

Ethnic Origin	Roman Catholic	Protestant	Other
Total 54	33	20	1
French	26	1	-
British	22	17	-
Other	6	2	1 <sup>a</sup>

<sup>a</sup>A member of the Russian Orthodox Church

<sup>1</sup>Census of Canada, 1951, Population and Housing Characteristics by Census Tracts of Montreal (Ottawa, The Queen's Printer, 1953), Bulletin: C.T.3, p. 4.

While five of the elderly men are English-speaking Roman Catholics, only one man of French Canadian background is non-Catholic. One of the group is a member of the Russian Orthodox Church. Despite the fact that more individuals of British background are included in the sample than would be if the survey had included a random sample of the Greater Montreal area, there is no discrepancy between the ethnic origin and the religious affiliation of the sample and that of Greater Montreal.

At the outset of this research undertaking it had been assumed that the entire sample would be 65 years of age or over. It was surprising to learn that one man out of nine had retired before he reached this age. The following table shows a break-down of the sample according to age and marital status.

Table 4  
Marital Status of 54 Retired Men by Age

Age Group	Total	Married	Single	Widowed
Total	54	41	2	11
55-59	1	1	-	-
60-64	2	2	-	-
65-69	18	16	1	1
70-74	24	16	1	7
75-79	9	6	-	3

It is noted that only two of the men have never married. This rate of just over one per cent is much lower than that of the general population. "In 1956 over ten per cent of the mature males in Canada were unmarried."<sup>1</sup>

Fifty-two men had married. At the time the interviews took place 11 men had been widowed.

Seven of the married men have never had children. Another 15 men have either one or two children. The remainder of the group, 30 men, have families which range in size from 3 to 12 children.

On an average the families of the pensioners studied contained 3.8 children. Thus the average size of family included in the Montreal pilot study is larger than the average family in the Province of Quebec.<sup>2</sup>

The rate of home ownership among the group is surprisingly high. Two men out of three own their own homes. Although the industry's headquarters are located in the City of Montreal, two-thirds of the sample live in the suburbs surrounding the city.

The purpose of this pioneer cross-national study is to gain new insights into the problems of aging and retirement, "with a

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<sup>1</sup>Census of Canada, 1956, Population, Marital Status by Age Groups (Ottawa, The Queen's Printer, 1957), Part of Chart 4.

Part of this chart indicates that slightly more than ten per cent of Canadian males 45 years of age or over are unmarried.

<sup>2</sup>Ibid., Population, Families by Size, Bulletin Nos. 1-16, p.43-1.  
In 1956 the average size of family in Quebec was 4.2, or consisted of husband and wife and 2.2 children.

Our Universe consisted of 51 families, two men were single and one schedule was incomplete.

minimal expenditure of time, effort and money."<sup>1</sup> Such an exploratory study represents the first step in the direction of the development of hypotheses. In order to be effective, the research design must be flexible and "provide opportunities for considering many different aspects of the problem."<sup>2</sup> At the same time the schedule must be limited so that only the most pertinent data are included, in order to avoid discouraging interviewee participation. Because the main purpose of an exploratory study is the collection of pertinent ideas related to specific problems, it is important that those who provide the desired information be representative of a cross-section of the universe from which the sample is drawn. While the sample studied was selected at random, the universe was restricted to a group of elderly retired males, all of whom are living in a non-institutional setting. The entire group had worked regularly in one industry. All are now receiving a regular income from the company's retirement plan. The findings and the implications of the study must be considered in terms of this somewhat restricted, and in certain respects elite universe.

Although the schedule is only one way of obtaining information, it does possess certain advantages over other survey techniques. Perhaps the most important of these is the fact that the refusal rate is lower than when mailed questionnaires are used. Out of a total of

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<sup>1</sup> Claire Selltitz et al., Research Methods in Social Relations (United States; H. Holt and Company, Inc., 1959), p. 78.

<sup>2</sup> Selltitz, op. cit., p. 50.

seventy-five men who were visited in their homes, 15 men, or twenty per cent, refused to participate in the survey.<sup>1</sup> The refusal rate in the British pilot study was ten per cent. It was considerably higher in the more fashionable areas.<sup>2</sup> The refusal rates usually vary between fifty per cent and ninety per cent when mailed questionnaires are sent to a random sample of the population. Refusal rates are invariably higher when the questionnaire is comprehensive.<sup>3</sup>

Unstructured interviews provide the most flexible way of evaluating attitudes toward specific problems. This is a particularly meaningful method of obtaining information when the area of concern is relatively restricted and when one is not too concerned with the collection of uniform, factual data.

By definition exploratory studies must focus on the collection of concrete data, as well as on ideas and attitudes. Because it is imperative to have a well-structured schedule in order to make comparisons on a cross-national basis, the unstructured interview was considered to be of limited value in this specific survey.

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<sup>1</sup>Out of a total sample of 212 people, 55 names were lost because the retired employee had died, another 55 had moved from the Montreal area, no record of address was available for 15 men, 4 had been employed by a subsidiary of the parent industry, and 8 of the addresses obtained proved to be only mailing addresses.

It should be noted that 13 of the 15 refusals occurred during the interviewing of the first sample.

<sup>2</sup>Peter Townsend and Brian Rees, op. cit., p. 17.

<sup>3</sup>Claire Selltiz et al., op cit., p. 241.

Because of the size and scope of this exploratory survey it was necessary to devise an interview schedule which focused on the collection of mainly concrete, measurable items of information. The schedule consists of a series of simple questions related to the basic areas of day-to-day life. Townsend also appreciated the importance of trained interviewers and depended on them "to add meat to the bare bones" of the schedule. An attempt was made to avoid attitude questions. One was included in the British schedule.<sup>1</sup> However, space was left at the end of the schedule and the interviewer was encouraged to note additional observations.

The sample was selected by checking retirement lists published in the employee's magazine. For a number of years it has been the practice to list in the magazine the names of all retiring personnel, along with their job classification and number of years of service. Because the industry's operations extend to all provinces of Canada, the area where the retiring employee last worked is also noted. Retirement lists were checked for a thirteen-year period, from 1948 to 1960, inclusive. The 212 names selected represent an eight per cent sample of men who had been retired in the Montreal area.

One person assumed responsibility for compiling the first retirement list. A four per cent sample of those retiring in the area was compiled by selecting the first, twenty-fifth, fiftieth and seventy-fifth name of males who had last worked in this area.

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<sup>1</sup>See page 5 of the Montreal schedule, section a (111), question c (1), "Do you (still) feel able to do a job?"

One hundred and twelve names were obtained in this manner. This master list was then submitted to the industry which provided the present addresses of all retired persons shown on our list, as well as information regarding those who had moved from the area following retirement. We were also notified of employees who had died since retiring. Table 5 shows details of the breakdown of this sample.

Table 5  
Breakdown of First Sample

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Total Potential		112
First Shrinkage:		66
Deceased Pensioner	23	
Moved from Metro.Mtl.	38	
No record of address	5	
Second Shrinkage:		22
Pensioner not located <sup>a</sup>	5	
Refusal	13	
No interest due to illness	2	
Not eligible, under 60 yrs.	1	
Interview not completed	1	
Completed Interviews		24 <sup>b</sup>

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<sup>a</sup> Pensioner was not located because address was incorrectly listed or was only a mailing address.

<sup>b</sup> One woman, the widow of a pensioner was interviewed. As noted previously it was decided not to include this interview in our total.

Shrinkage of the proposed sample due to death or moving from the area after retirement was greater than had been anticipated. Because of these factors it was decided to develop a second sample so that the results of the survey would have more statistical significance.

All members of the thesis group shared responsibility for compiling the second list of retired employees. It was decided to select the second four per cent sample on the basis of every second, twenty-sixth, fifty-first and seventy-sixth name appearing on the retirement lists. Some difficulties developed because of the closeness of the two samples. Ten names were duplicated because of this. Four names of employees who had worked for a subsidiary company, and who were not to be included in the sample were erroneously listed. Another small loss of a name or two was incurred because it was not possible to consider the thirteen years covered by the study as a unit, as had been done when one person compiled the list for the first sample. Instead the thirteen-year period was divided into six parts.

The names of one hundred retired employees, including the four who were employed by the subsidiary, were obtained for the second sample. Three names, along with corrected addresses from the first sample were also included. A breakdown of the second sample is shown in Table 6 on page 34.

Even though the refusal rate was greatly reduced, more than half the second prospective sample was lost under circumstances which were beyond the control of the interviewers.

Although the thesis group was formed in September, it was decided that the entire Research III Seminar class should participate in interviewing the first sample. After discussing the schedule in class, the 24 students were given names of at least two retired employees. They were also provided with a letter of identification. A copy of this letter is shown in the Appendix on page 208. It was

decided that the initial contact would be made in person, as it was believed that the refusal rate would increase, if the initial contact was made by telephone.

Table 6  
Breakdown of Second Sample

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Total Potential		103
First Shrinkage:		63
Deceased Pensioner	32	
Moved from Metro. Montreal	17	
No record of Address	10	
Subsidiary	4	
Second Shrinkage:		9
Pensioner not located <sup>a</sup>	3	
Refusal	2	
No interest due to illness	3	
Not iligible, under 60yrs.	-	
Interview not completed	1	
Completed Interviews		31

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<sup>a</sup>Pensioner was not located because address was incorrectly listed or was only a mailing address.

The thesis group of five students assumed responsibility for completing all interviews involving the second sample. The same interviewing procedure established during the fall was followed, but it was decided that a letter outlining the purpose and objectives of the study would be mailed to the prospective interviewee two or three days before the home visit was made. A copy of this letter is shown in Appendix, page 206. No specific arrangements for an interview were made, before the interviewer called at the home of the retired person.

As Tables 6 and 7 indicate, the number of refusals incurred during the interviewing of the second sample was two, compared to thirteen from the first sample. The reasons for the marked decrease in the refusal rate seems to be primarily related to two factors: the increased motivation of the members of the thesis group, who were much more personally involved in the outcome of the survey than many members of the Research III Seminar had been; and the letter outlining the purpose of the study had probably influenced the interviewees in favour of the research.

All interviews were conducted at the home of the retired employee. As previously noted all home visits were made without appointments. Seventeen of the 23 interviews comprising the first sample were completed during the first visit. A second call was necessary in order to complete the remaining six.

Twenty-two of the 31 interviews comprising the second sample were completed during the first visit. Two visits were made in seven instances. It was necessary to make three calls before the remaining two interviews were completed.

The length of the interview as shown in Table 7 varied from twenty minutes to one hour and forty-five minutes.

Half of the interviews conducted with the second sample lasted 59 minutes or less, whereas the modal length of time for the first sample was between 60 and 74 minutes.

Table 7

Duration of Interviews: First and Second Sample

Time	Total	First Sample	Second Sample
	54	23	31
30 min. to 44 min.	7	1	6
45 min. to 59 min.	16	6	10
60 min. to 74 min.	21	12	9
75 min. to 89 min.	3	1	2
90 min. to 104 min.	4	2	2
105 min. to 119 min.	3	1	2

Interviews lasted longer on the average than the time suggested by Townsend in the British pilot study. He felt that a schedule should be completed within 20 to 45 minutes, the average length of the interview being 35 minutes. The three interviews lasting between 105 and 119 minutes were prolonged in two cases because the elderly person was lonely and did everything possible to continue talking to the interviewer. The other lengthy interview was related to a personality difficulty on the part of the retired man. He was so involved with his religious convictions that the process of the interview was greatly impeded. In two other situations the interviewer was concerned with certain problems which the retired men were attempting to cope with and at the end of the interview arrangements were made to refer the parties to social agencies where they were eligible for service. The open-end questions added by the students to the end of the schedule did not appreciably affect the length of the interview. Nor does there appear to be any connection between the length of the interview and the

presence of others. The following table shows the people who were present during the interview situation.

Table 8  
Those Present During the Interview

	Total	Respondent Seen			Minor Children
		Alone	Spouse	Adults	
Totals	64 <sup>a</sup>	23	24	15 <sup>b</sup>	2
First Sample	28	8	10	8	2
Sec. Sample	36 <sup>c</sup>	15	14	7	-

<sup>a</sup>Adults as well as spouse have been included when they were present during the interview.

<sup>b</sup>An interpreter assisted in the completion of the schedule in two instances.

<sup>c</sup>Two wives completed the schedule in lieu of their husbands. One husband was too ill to be seen. The other was not available at the time the interviewer called.

Unlike the British pilot study, two Montreal respondents, one in each sample, refused to answer some of the questions.

Because of the rather bi-cultural situation in Montreal where education and social services are related to differences in language and religion, The Committee on the Health Needs of the Elderly of the Montreal Council of Social Agencies thought it would be meaningful to add questions regarding religion, ethnic origin and language spoken in the home, to the schedule. These questions proved to be very helpful.

As will be noted in greater detail in Part V, marked differences in living patterns were found between the French and English members of the sample group.

Only one attitude question was included in the London pilot study, namely, "Do you (still) feel able to do a job?" Responses to this question were meaningful, and made a definite contribution to the section.

The two research directors added one additional attitude question. This was related to occupation, "What kind of job would you like?"<sup>1</sup> It was felt that the answer to this question might serve as an additional indication of the interviewee's ability to evaluate his reality situation. The results of this question will be discussed in Part IV.

The Research III Seminar class added two open-end questions at the end of the schedule. It was hoped that the questions "How do you feel about the questionnaire?" and "Are there any questions you would like to ask?" would be interpreted by the interviewee as a verbal invitation to participate freely in a general discussion. It was felt that the questions would tend to emphasize the fact that the retired man alone was in a position to share unique information concerning his feelings and experiences related to retirement. Because the questions were so broad in scope, and because the interviewee was not prepared for them, his answers tended to be disappointing. It would appear that these questions contributed most by providing a logical way for the interviewer to ease out of the interview situation. Responses can be divided into the following groups.

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<sup>1</sup>Montreal schedule, page 5, section a (iii) part c (3).

Table 9

How Do You Feel About the Questionnaire?

Type of Response		First Sample	Second Sample
Totals	54	23	31
Positive Response	36	16	20
Negative Response	8	3	5
Non-committal (no opinion)	6	2	4
Question not answered	4	2	2

Positive statements varied from a rather neutral "It's all right, I don't mind" to an expressed desire to be helpful to others. One man was surprised and pleased that the "world could be interested in old people." Some of the retired men, especially in the second sample, offered specific suggestions for a happy old age. Some men stressed the importance of continuing to work saying that "retirement was all bunk." Others felt that health and private housing contributed most to happiness in retirement. It was also suggested that homes for the aged should be built in older sections of the city to enable elderly people to continue living in familiar surroundings.

Negative responses were varied. They included the following statements: "The questionnaire was tiresome, but I enjoyed your visit," to a general complaint that people were always asking questions "but nothing comes of them;" to some apprehension about the purpose of the interview.

Responses to the second attitude question can be divided into the following categories.

Table 10

Are There Any Questions You Would Like to Ask?

Type of Response	First Sample		Second Sample
Totals	54	23	31
Positive Question	5	5	-
Negative Question	2	1	1
No Questions	45	15	30
Question not Answered	2	2	-

Positive questions noted during the interviewing of the first sample referred primarily to the use of material; a request for more information regarding the purpose of the survey; and a desire to know if any positive benefits would immediately be forthcoming.

Appreciably fewer questions were asked at the end of the interview by the second sample. This seems to be primarily related to the fact that a letter outlining the purpose of the survey had been received by this group. During the second series of interviews the interviewers were also more experienced and they felt freer. They were, therefore, in a better position to discuss the individual problems as they developed during the interview.

Both negative questions related to the length of the schedule.

Certain marked differences are discernible between the first and second samples. There appears to be a direct relationship between the interest and experience of the interviewer and the quality of the completed schedule. The quality of the second sample was more or less consistent, while greater variety was noted in the first sample.

Townsend's statement that the "quality of the research stands or falls by the quality of the interviewer" finds support here.<sup>1</sup>

In order to give student researchers practical experience in coding methods the group was restricted to the use of small McBee Key Sort Punch Cards which could be sorted by hand. Because the schedule was extremely comprehensive and many of the questions were not mutually exclusive and therefore did not lend themselves readily to the coding process, it was necessary to add many data to the centre and back of the cards. Despite all efforts, it was still necessary to refer to the schedules for some information. This was especially true for items that relate to the "social isolation" and "capacity for self-care" sections. No attempt was made to code the responses to the open-end attitude questions which were added to the Montreal pilot study.

Although the schedule is an unusually comprehensive one, because of the wide range of items it includes, it was not possible to include questions covering all areas of concern for all sections.<sup>2</sup> Specific weaknesses and difficulties became more apparent during the coding of the schedule. These will be specifically discussed in the individual sections of the thesis.

Certain difficulties developed simply because some British terms do not have the same meaning in Montreal. It was discovered, for example, that the term "duplex" which is used colloquially, has

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<sup>1</sup>Peter Townsend and Brian Rees, op cit., p. 21.

<sup>2</sup>It should be noted that the original British schedule is now in the process of being revised by Townsend.

no official meaning in Montreal.

Greatest difficulties occurred in the Capacity for Self-Care and the Social Isolation sections of the schedule. Unfortunately the typographical error "In capacity for Self-Care," which appears as a heading for page 8 of the Montreal schedule, was not noticed until coding was completed. The two research directors revised the Capacity for Self-Care section, and the scoring techniques devised by Townsend shown on page 227 of the Appendix were omitted. It is felt that these changes diminish the effectiveness of information obtained in this section.

The Social Isolation section of the Montreal schedule was also revised by the research directors.<sup>1</sup> On the whole it is felt that the changes made weakened the overall effectiveness of the section. One of the reasons this part of the schedule was so poorly handled was because pages 11 and 11a appeared to be repetitious. Both the interviewer and the interviewee felt it was somewhat incongruous to ask if "a stranger had been visited in his home." The British study requested that inquiries be made to see if the social contacts noted in the schedule were typical for the individual. Our study did not include this question. Although it is difficult to evaluate the quality of social contacts, it would be helpful if specific definitions for the terms "slight contact" and "conversation" could be devised and noted in the interviewer's written instructions.

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<sup>1</sup>Townsend Report, op cit., p. 18, also notes dissatisfaction with the Social Isolation Section of the British schedule.

While it is meaningful to know the frequency of contact maintained between children and parents by telephone or letters, it would seem to be practical to ask for this information only when the children are not living nearby, or when they have not seen each other during the previous week. During the Montreal survey this question had to be asked even if the child lived with his parents.<sup>1</sup>

It is felt that Townsend's original questions of "which of your relatives do you see the most of?" and the "number of days they are usually seen in a month?" are valid and if they had been included in the Montreal study they could have given a clearer picture of this rather nebulous section.

Some confusion was caused by the employment and retirement section.<sup>2</sup> As long as the survey is restricted to the employees of a specific industry, it would seem to be valid to adjust this section so that it is related to the pension policy of that particular industry. In this connection, Section a (ii) regarding part-time employment is meaningless when the schedule is being applied to men who have been able to retire and enjoy company pension benefits. As was noted on page 1, male employees of this particular industry must work for a minimum of 20 years before they are eligible for pension benefits. The average length of employment for the group interviewed was 35 years.

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<sup>1</sup> Montreal Schedule, p. 4, section (d) Children.

<sup>2</sup> Montreal Schedule, pp.5 and 6.

It is felt that questions XI (a), page 12 of the Montreal Schedule should be omitted. This information would normally be kept in the interviewer's log where it would be more readily available than buried in the last page, of what could otherwise be an empty schedule.

Although the research directors revised the order of the various sections of the schedule, this has not altered its effectiveness. It is felt that the Amenities section, page 3, was strengthened by the inclusion of a list of household articles common to most Canadian homes. However, the student researchers questioned the decision to make changes in the original British schedule, before it was applied in the Montreal pilot study.

Because all interviews were conducted in the home of the retired employee, there was no way of controlling the setting of the interviews. Attempts were made to make an appointment for another interview, when the interviewee was found to have company, yet some of the elderly men insisted on participating on the spot. There is no way of knowing how the presence of other adults affected the information obtained in 15 out of a total of 54 interviews.

The Social Isolation section presented a number of difficulties. Most of the people interviewed appeared to be unfamiliar with this type of question and they tended to be somewhat apprehensive and uncertain of the purpose of this section of the schedule. The paragraph which appears at the top of page 11 was helpful, but its effectiveness was more than counteracted because the rest of the section was so poorly

developed.<sup>1</sup>

Some of the elderly men hesitated to give information regarding the sources and the total amounts of their income. It should be noted that this question did not worry the majority of the men interviewed. It is felt that some people inadvertently quoted a lower level of income than they had, since they did not take into consideration the money saved on rent when they owned their own homes.

No attempt was made to check the validity of any information received.

Despite these criticisms, it is felt that the results of this survey are valid and meaningful. They are based on the findings of a well-structured schedule. The elderly men who were interviewed were basically interested and wanted to participate in the survey, which they hoped might eventually be of some benefit to other elderly persons living in the Greater Montreal area. The following parts of this study will analyse the material for the specific areas covered by the schedule. General conclusions covering the entire study will be found in Part VI.

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<sup>1</sup>"Some people say that those who have retired from full-time work, or who have passed a certain age, tend to get lonely. Others say that retired or elderly persons are no lonelier than other people. We want to find out the facts."

PART II

HOUSING AND LIVING ARRANGEMENTS OF THE MONTREAL SAMPLE

by

Lena Negru

CHAPTER IV  
RESIDENCE PATTERNS AND AMENITIES<sup>1</sup>

This chapter is concerned with the pensioner in relationship to his home. It is placed first in the body of the group thesis because an elderly retired man's home is the center of his personal, family and social world. His living arrangements are closely related to his health, his social activities or the lack of them, and to his economic position.<sup>2</sup> These other related aspects will be fully discussed in subsequent chapters. Meanwhile, this chapter focuses on the pensioner's household and on his dwelling place.

The housing study is divided into two main sections. The first describes the residence patterns of the pensioner. His place of domicile is established as a frame of reference for the following material. The composition of the pensioner's household, his mode of tenure and the length of time he has occupied his present dwelling are then investigated. Finally, we describe the type and size of accommodation of his home. The residence patterns are also analyzed in relation to ethnic origin. This aspect of the analysis highlights some features of the patterns that are culturally rooted in the Province of Quebec.

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<sup>1</sup>Material in this section of the study is based upon questions contained in pages 2 and 3 of the Montreal schedule, found in Appendix E.

<sup>2</sup>Peter O. Steiner and Robert Dorfman, op. cit. pp. 142-143.

The second section describes the household amenities that are at the pensioner's disposal. For reasons of convenience in analysis these amenities have been divided into two groups: group (a), consisting of those items which usually are described as "fixed"; and group (b), consisting of those items which the pensioner chose to install for the enhancement of his enjoyment of life and which are called "movable."

As the present project is a pilot study, certain questions listed in the schedule which yielded doubtful or confusing responses will be discussed briefly. Likewise, certain information which the research worker would have welcomed as helpful in analysing the housing data, but which was not sought, will be mentioned. These comments on methodology may be of some value for continued study of elderly people in Greater Montreal.

It is generally agreed that adequate housing is essential to the happiness, health and welfare of the aging citizen. For purposes of this study adequate housing shall mean the same as described in the Report of the White House Conference on Aging:

Adequate housing means housing which the aging can afford, which meets the special physical needs of the aged, and which is designed to avoid isolation from the rest of the community or an institutionalized feeling.<sup>1</sup>

Retirement is an abrupt and disturbing transition for most men.<sup>2</sup>  
In some cases there may be the added problem of deciding whether to

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<sup>1</sup>White House Conference on Aging, 1961. The Nation and Its Older People, January 9-12, 1961, p. 181. U.S. Department of Health, Education and Welfare, (Washington, 1961).

<sup>2</sup>Brian Groombridge, Education and Retirement (London: National Institute of Adult Education, 1960), p. 2

continue to live in the same home a man occupied during his middle years or to move to one more suitable to his new status. The outcome of such decision inevitably has bearing on the kind of adjustment the pensioner makes in his retired role.

Townsend's findings in his Bethnal Green study highlight the changing living pattern of elderly people. The essence of his conclusions is this: there is a diminution of non-family activities in old age. Meanwhile, family ties and relationships become more vital than ever before to the old person's well-being. Frequently this relationship involves getting or giving help from or to his immediate family or other relations.<sup>1</sup>

Findings from three other recent studies concerned with living conditions of the elderly reveal that most old people prefer to remain in their own homes for as long as they can look after themselves.<sup>2</sup> Authorities in social gerontology, in medicine and in social work tend more and more to support them in this preference.<sup>3</sup>

It is within the context of these findings that the data concerning living arrangements of the elderly pensioners who are residents in Greater

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<sup>1</sup>Peter Townsend, The Family Life of Old People (London: Routledge and Megan Paul, 1957), pp. 204-210.

<sup>2</sup>The Council of State Governments, The States and Their Older Citizens (Chicago: 1955), pp. 30-31.

Townsend, op cit., p. 27.

The Iowa Commission for Senior Citizens, Life After Sixty in Iowa (Iowa: 1960), pp. 43-47.

<sup>3</sup>The Council of State Governments, op cit., pp. 30-31.

Montreal are analysed here.

With these general remarks about the importance of housing to elderly people we now turn to concrete material collected during interviews with 54 retired Montrealers.

The first step in analysing the housing and living arrangements is to identify the pensioner's place of domicile.

All 54 men in the sample were resident in Metropolitan Montreal. However, one of the interesting findings of this survey is that over 60 per cent, or 33 of the pensioners, lived in the suburbs of Montreal. One-third of the <sup>se</sup>suburban dwellers lived in Montreal's largest residential suburb, Verdun, which was raised to city rank in 1912.<sup>1</sup> The other two-thirds were scattered among 12 different municipalities. These radiate in all directions from the Montreal hub. For example, LaSalle, brought to its present status of city in 1958, is the home of four pensioners in the sample group.<sup>2</sup> This means that Verdun is a comparatively "old" suburb, while LaSalle is still close to its former town status.

It is important to bear in mind that the majority of these suburban municipalities were villages or small towns within the period of the pensioner's residency.

These facts about the geographic location become more meaningful when we examine other factors in the pensioner's housing situation.

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<sup>1</sup>Statutes of Quebec, An Act to Amend the Charter of the Town of Verdun, 3 Geo.V, Chap. 61.

<sup>2</sup>Statutes of Quebec, An Act to Amend the Charter of the Town of LaSalle, 6-7 Eliz. II, Chap. 73.

All of the 54 elderly men interviewed lived in private households. This means that each lived in a household consisting of "one person or a small group of persons living in an ordinary dwelling."<sup>1</sup> The researcher's original sample list of 55 contained only one pensioner in a non-private household (nursing home). When the field investigator called it was learned that the pensioner had died.

Fifty-two of the men lived in a household dwelling, which means "a structurally separate set of living premises with private entrance from outside the building or from a common hall or stairway inside."<sup>2</sup>

The other two men in the sample lived as lodgers in shared dwellings. The criteria for classifying a lodger in the present study were the same as Townsend used in his "Instructions" for the London pilot study. These criteria were:

Lodgers have or share separate accommodation to themselves... distinct from the main occupying household of the dwelling whether or not they rely on the latter for incidental services in the matter of room cleaning and food preparation etc.<sup>3</sup>

Whether an old man is living as a householder, a guest or a dependent, the composition of the family is of prime importance for an analysis of his living arrangements.

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<sup>1</sup> Dominion Bureau of Statistics, Census of Canada, 1956 Population (Ottawa, 1957), Bull. 1-17, Introduction.

<sup>2</sup> Ibid, Bull. 1-17, Introduction.

<sup>3</sup> Townsend Report, op. cit., appendix, p. 4.

Table 11  
Household Composition

	Total	Household Dwelling	Shared Dwelling
Total	54	52	2
Spouse Only	21	20	1
Spouse and Relatives	18	18	-
Spouse and Non-Relatives	2	2	-
Relatives and No Spouse	5	5	-
Relatives and Non-Relatives	1	1	-
Non-Relatives Only	2	2	-
Alone	5	4	1

Table 11, a classification of the household composition shows that 76 per cent, or 41 of the pensioners, lived with their wives. Twenty of these couples lived alone in a household; 18 lived in a household that included at least one relative; the households of 2 couples included non-relatives; and 1 couple lived as lodgers in a shared dwelling.

Eight pensioners lived with others--in most cases with their relatives.

Five pensioners lived alone and 1 of these lived in a shared dwelling as a lodger.

In light of the fact that the present study is based on a sample of male pensioners, it is not surprising to find such a large proportion living in married pairs. Other studies which included both male and female subjects consistently point out that there is a higher percentage of widows than widowers among the aged population.<sup>1</sup> This<sup>is</sup> owing to the greater longevity of women.

The significance of the married status of the majority of the sample group must be noted. If a man is married when he retires he continues, for all intents and purposes, his role as head of a household--be it real or titular. Hence, when this major role continues without disruption of the pattern, the man's retirement at an arbitrarily set age can be less shattering to his self image.<sup>2</sup>

As for those pensioners living with relatives other than a wife, the schedule did not ask for details as to whether the living arrangement represented the pensioner's choice or his necessity.

The 5 men who lived alone were widowers. One still lived in the home which he and his wife had shared. He felt too ill and disheartened to look for a more suitable place. Another widower said that he paid rent which was beyond his income, and that he made up the

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<sup>1</sup>Townsend Report, op. cit., p. 22.

National Old People's Welfare Council, Over Seventy (London: The National Council of Social Service, 1954), p. 16.

Bernard Kutner et al., Five Hundred Over Sixty (Philadelphia: Wm. F. Fell Co., 1956), pp. 62-63.

<sup>2</sup>Ibid, pp. 93-98.

difference by skimping on his food. By some peculiar logic he reasoned that he was managing well, because he had a view of the industry where he had spent 43 years of his working life. The other 3 men occupied individual flats, except for the old man in the shared dwelling who received rent-free use of a room in exchange for janitor service.

It is worth considering in brief detail the 2 men who lived with non-relatives only. Each was a boarder and each had lived in his respective home for more than 20 years. Each considered himself to be an integral part of the main household. As one bachelor without living relatives put it: "This is my family. I am their family."

From the composition of the pensioner's household we return to his place of domicile and examine his mode of tenure.

Half of the pensioners were homeowners residing in their own homes. In several cases they had lived in these homes for the greater part of a lifetime.

In view of the fact that just over 60 per cent of the sample, or 33 pensioners, resided in the suburbs of Montreal it is worth examining ownership tenure in relation to municipality of domicile.

Table 12 shows that the 27 homeowners in the sample were domiciled in 12 of the 14 municipalities listed.

A number of the homeowners residing in suburbs said they had built or acquired ownership of their homes when their present site was part of a village or small town. This would indicate that land and building costs at that time were lower than in the city.

Table 12  
Number of Homeowners Ranked According  
to Municipality of Residence

Municipality	Sample	Homeowners
TOTAL	54	27
Montreal	21	9
Verdun	10	4
Ville LeMoyne	3	3
LaSalle	4	2
Montreal North	2	2
Beaconsfield	1	1
Pointe Claire	1	1
Greenfield Park	2	1
Montreal West	2	1
St. Lambert	2	1
Outremont	2	1
Jacques Cartier	1	1
St. Michel	1	-
Town of Mount Royal	2	-

In Verdun, all the 4 proprietor-pensioners owned revenue-producing flats, but in the other suburbs most of the proprietor-pensioners owned private one-family homes.

Of the 9 pensioners who became homeowners in Montreal proper, 6 lived in a part of their revenue-producing property. This revenue undoubtedly offset the higher costs of land and building in the city as compared with the suburbs. The remaining 3 lived in private one-family homes mostly located near the periphery of the city proper.

The data in Table 13 show that the homeowners were not concentrated, as might be expected, in the higher income groups.

Table 13

Mode of Tenure According to Annual Income

Annual Income (dollars)	Total	Owner	Private Tenant	Other
Totals	54	27	15	12
500 - 999	1	-	-	1
1,000 - 1,499	6	1	2	3
1,500 - 1,999	11	6	2	3
2,000 - 2,499	12	6	4	2
2,500 - 2,999	7	5	1	1
3,000 - 3,999	7	4	3	-
4,000 - 4,999	5	4	1	-
5,000 or over	3	-	2	1
Not reported	2	1	-	1

No fewer than two-thirds of the 27 homeowners had incomes below \$3,000 a year. As will be seen from Chapter VII, the present pensions indicate that the majority of the 54 men in the sample were probably

never in the higher earnings category.<sup>1</sup>

This situation reflects long-term planning rooted in long-term economic security. It is feasible for a man, when he has better than average job security, to envision maintenance of home ownership at retirement. Chapter VII, which discusses these pensioners' continuous work records, confirms the feasibility of such planning.<sup>2</sup> Besides, the trend in the Canadian consumer economy is to stress home ownership as one way of planning for the future.

For the question, "When did you last move your home?" the time scale in the schedule stopped with "three years plus." If the word "specify" had been added to this last category seen in Table 14, the period of residency would have been more revealing.

Table 14  
Length of Time In Present Dwelling  
According to Months or Years

Age Group (years)	Total	0 to 6 months	6 to 12 months	1 to 3 years	3 years or more
Totals	54	2	2	7	43
55 - 59	1	-	-	-	1
60 - 64	2	1	-	-	1
65 - 69	18	1	-	1	16
70 - 74	24	-	1	4	19
75 - 79	9	-	1	2	6

<sup>1</sup>Infra, p. 141

<sup>2</sup>Infra, p. 137

Eight out of every 10 pensioners had lived in their homes for more than 3 years. Several of the long-term residents did state the number of years they had lived in their present dwelling. Some said they had lived there more than 30 years. Others said that 20 years was closer to their time of residency. Indeed, one old gentleman related that he had built the house "with my own hands" more than 50 years ago. One who had lived in his home for more than 40 years said: "When I built this home this place was a village and now it is a city."

It is true that there is a particular kind of support and security that an old person gets from a familiar environment that is closely related to his emotional equilibrium.<sup>1</sup>

On the other hand, long residence does not mean, ipso facto, that the old person is satisfied with his housing situation or that his needs are being met in this area. The Nuffield Study suggests that "the strongest deterrent to mobility might be inertia" because the reluctance to move is stronger among old people.<sup>2</sup>

One old gentleman said that he had built his home in that particular locality because people of his own ethnic group already were resident there. After 40 years, he found himself an isolated French Canadian in a largely English Canadian neighbourhood. He was too deeply rooted to move, yet he expressed dissatisfaction with this aspect of his residency.

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<sup>1</sup> Moses M. Frohlich, Aging in Today's Society (New Jersey: Tibbetts and Donahue, Ed. 1960), pp. 53-61.

<sup>2</sup> The Nuffield Report, Old People (London: Oxford University Press, 1947), p. 27.

The duality of culture in Quebec province is highlighted by Table 15, which presents the mode of tenure according to ethnic origin.

Table 15  
Mode of Tenure According to Ethnic Origin

Ethnic Origin	Total	Owner	Private Tenant	Other
Totals	54	27	15	12
French	26	13	6	7
British	22	9	8	5
Other	6	5	1	-

Practically one-half of the property owners were of French Canadian ethnic origin.

Home ownership has special significance for the French Canadian and connotes a different value than it does for the English Canadian. As one sociologist put it:

Ownership of property is, to the French Canadian, an income-producing investment rather than a way of coming by the luxury of being alone under his own roof in the right neighbourhood.<sup>1</sup>

In view of the fact that the average period of employment for all the pensioners in the sample was nearly 35 working years in the industry from which they retired, it seems reasonable to suppose that some of the

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<sup>1</sup>Everett Cherrington Hughes, French Canada in Transition (Chicago: 1943), p. 175.

French Canadians migrated from rural areas to Montreal and hence to work in this industry. These men brought with them the cultural values of their fathers. It was deeply imbedded in their living pattern that a man should strive to own his farm and the house upon it as well. This ingrained value finds a new expression when the French Canadian leaves rural for urban living.

Table 16 indicates that "in town the French Canadian turns quickly into a flat dweller."<sup>1</sup> It is traditional among members of this ethnic group that "...the owners occupy some part of their property and have rent-paying tenants as well."<sup>2</sup>

Table 16  
Type of Dwelling According to Ethnic Origin

Ethnic Origin	Total	Bungalow	House	Flat	Apartment
Totals	54	4	12	32	6
French	26	1	3	21	1
British	22	3	9	5	5
Other	6	-	-	6	-

By combining a rural value concerning proprietorship and preference for a multiple type of dwelling in the urban setting, the French

<sup>1</sup> Hughes, op. cit., pp. 171-175 .

<sup>2</sup> Ibid, p. 175 .

Canadians in the sample reflect a pattern of adjustment to urban living that seems to be a distinctive feature of their ethnic origin.

Six of every 10 pensioners lived in flats, and two-thirds of all flat dwellers were French Canadian. Table 15 told us that almost one-half, or 13 of all the homeowners were French Canadian. Nine of these 13 homeowners lived in flats. This means that practically 70 per cent of the French Canadian homeowners occupied a flat in their own property and derived income from rent-paying tenants as well.

Only 4 of the 13 French Canadian homeowners lived in private one-family homes. Two of these homes were semi-detached two-storey houses, 1 was a detached bungalow, and the other a detached two-storey house.

On the other hand, all the English Canadian homeowners occupied private homes that were not rent-producing. Five were detached two-storey houses, 2 were detached bungalows, 1 was a semi-detached house, and the other was a terraced house.

It is worthwhile at this point to examine also the small group of pensioners from "other" ethnic origins. In a group of 6, there were 5 homeowners--all with revenue-producing property in which each owner occupied a part for his own use.

Of the 6 apartment dwellers, 5 were English Canadian. Four of the 6 had lived there for under 3 years. There appeared to be more mobility among the apartment dwellers than among those in other types of dwellings. But evidence for this statement is meager, since no question was presented to elicit information concerning changes in residence.

It is not surprising to find that the 4 pensioners who reported that they had an elevator at their disposal were all apartment dwellers.

The data concerning mode of tenure and type of dwelling are not meant to be interpreted as meaning that one type of dwelling is better than another for old people. By the same token the data are not meant to be interpreted as meaning that the old person who owns his home is better housed than the one in a rented home. For example, the one pensioner in the sample who was referred at his own request to a social agency because of expressed economic hardship was a homeowner. Housing needs for the elderly are as individualized as they are for the younger generation. Individual need and preference involve a multitude of factors. These factors reach into every segment of the old person's well-being. It cannot be said that any single kind of tenure or type of dwelling is "universally the best" for the elderly.<sup>1</sup>

Before terminating the discussion on the mode of tenure and type of dwelling, it is appropriate to examine some of the related terms which caused confusion among the field investigators.

As the primary purpose of this study is to test the schedule's potential as a tool for further study, it is within this context that these terms are analysed.

The Canadian Census when treating of apartments and flats includes:

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<sup>1</sup>The Council of State Governments, op. cit., pp. 28-31.

The Nuffield Report, op. cit., pp. 40-41.

- i) dwelling units in apartment blocks or apartment hotels.
- ii) suites in duplexes or triplexes, i.e., where the division between dwelling units is horizontal.<sup>1</sup>

The Townsend schedule makes no mention of apartment, nor was there a classification for apartment on the schedule used for this study until it was inserted by the Montreal field investigators at an early stage in interviewing.

It can be said that what Londoners refer to as a flat, Montrealers refer to as an apartment. By the same token, what Montrealers colloquially refer to as a dwelling in a duplex or in a triplex fits the Canadian Census description of a flat or an apartment.

In sum, duplex and triplex are regional terms, and for the purposes of this study, a dwelling in one of these buildings is called a "flat."

A search of Montreal's municipal building bylaws and a check with the city's law department and with its permits and inspections department confirmed that no definition exists for the terms duplex or triplex or apartment. This accounts for the fact that the Canadian Census gives the above definition.

The original confusion among the field investigators can best be explained by the difficulty that English-speaking people sometimes can have in understanding one another.<sup>2</sup>

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<sup>1</sup> Dominion Bureau of Statistics, "Household Facilities and Equipment," 1961, Vol. 9, p.5.

<sup>2</sup> An example is here cited from The New York Times of June 17, 1962, which in the Sidelights column of its News of the Week in Review section carried this item:

Language Barrier: Britain's Minister of Education, Sir David Eccles, worried last week over the difficulty English-speaking people have understanding one another. The statement "I was mad about my flat," he said, could mean a Briton simply adored his apartment or that an American was annoyed about his punctured tire.

Thus far we have identified the geographical location and significant features of the pensioner's home. We now examine the living space inside the home.

The number of rooms in a household is meaningful in terms of the number of persons in that household.

For the purposes of this study the Canadian Census definition of "rooms" is used:

Those rooms used or suitable for living purposes. "Kitchenettes" are included if the normal kitchen functions are carried out therein and if they contain as a minimum, cooking facilities (such as a stove or range) and a sink or tub.<sup>1</sup>

Townsend uses a very similar definition of "room" in his London pilot study.<sup>2</sup> However, in that study the criterion for including a kitchen is "whether or not meals are ever taken in it...kitchenettes are excluded."

In the Montreal study the subjects were not asked for information concerning the function of their kitchen. Every kitchen or kitchenette was counted as a room.

Another concept--that of "overcrowding" also needs definition. Again the Canadian Census provides a reliable standard. A crowded dwelling (household) is defined by the Census as: "one in which the number of persons exceeded the number of rooms."<sup>3</sup> With this definition

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<sup>1</sup> Dominion Bureau of Statistics, Household Facilities and Equipment, Vol 9, p. 5.

<sup>2</sup> Townsend Report, Appendix, p. 4.

<sup>3</sup> Dominion Bureau of Statistics, 1951, Crowded and Uncrowded Households Vol. 14, p. XIX.

in mind, the analysis of information on living space of the Montreal pensioners can proceed.

A total of 165 persons lived in a total of 267 rooms in the 54 homes included in the study. Off-hand, it looks as if these men in the sample were spaciouly housed, according to the Census criterion for a crowded household. However, these figures give an obscure picture until we learn how this living space was distributed among the pensioners and their families.

Table 17 shows the main features of this distribution.

Table 17  
Number of Rooms Occupied According to  
Household Composition

Household Composition	Total	1 Room	2 Rooms	3 or 4 Rooms	5 - 10 Rooms
Totals	54	4	3	11	36
Alone	5	1	1	2	1
Spouse only	21	1	2	8	10
Spouse and Relative	18	-	-	1	17
Spouse and Non-Relative	2	-	-	-	2
Relative and no Spouse	5	-	-	-	5
Relative and Non-Relative	1	-	-	-	1
Non-Relative only	2	2	-	-	-

From this table we learn that two-thirds of all the men in the sample lived in homes with at least 5 rooms.

Contrary to expectation, the homes with the larger quantity of living space tended to have the lesser number of persons in the household.

Of the 10 couples who lived alone in 5 or more rooms, one-half lived in single-family homes. All 10 were homeowners, and none had more than 6 rooms. Of the 11 couples living in 3-4 rooms, the majority lived in 4-room flats as private tenants.

This tendency of fewer people in more rooms is also reflected among the 17 couples who lived with relatives. In this group the 5-room and 6-room dwellings were occupied to capacity without being crowded. Yet the 5 dwellings that contained from 8 to 10 rooms had a maximum of 4 persons each.

Classification of the 4 old men who lived in one-room dwellings requires a fuller explanation. Two of them were boarders who had the use of other rooms in the house. One married man lived with his wife as lodgers in one room, and the couple also had the use of the landlady's living room. The fourth old man was the janitor who lived in 1 room which had all housekeeping facilities.

The report that an old person lives in 1 room conjures the grim pictures one finds in some of the recent housing studies in England.<sup>1</sup> However, it does not appear that there is a related parallel with the old people in this study who lived in 1 room. It can also be seen from the amenities at their disposal that these one-room tenants were no

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<sup>1</sup>The Nuffield Report, Old People, op. cit.

National Council, Over Seventy, op. cit.

worse housed than those pensioners who occupied more living space.

Almost all of the pensioners in the sample reported that they used all of the rooms that they occupied.

We come now to consider the pensioners who lived in "crowded" houses. Only in 3 cases were there more people in a household than there were rooms. Of these, 1 pensioner lived with 8 relatives in a 6-room flat; another pensioner lived with 5 relatives in a 5-room bungalow; and one lived with 7 relatives in a 6-room house.

In view of the above data, it is safe to say that the majority of the pensioners were spaciouly housed. Conversely, no household in the sample was seriously overcrowded.

#### Amenities, Fixed and Movable<sup>1</sup>

At the outset of this aspect of the housing study, it would perhaps be a good idea to mention that many of these facilities called amenities are possible on a wide scale because power (steam and hydro-electric) resources are available to almost all householders in Canada's large cities and their suburbs.

It is significant that Canadians pay one of the lowest rates per kilowatt hour in the world.<sup>2</sup> The relationship between readily

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<sup>1</sup>Fixed amenities include: toilet, fixed bath, washing machine, piped water (hot and cold), and cookstove or hotplate.

Movable amenities include: radio, television, refrigerator, telephone and carpet.

<sup>2</sup>Canada, 1958, The Official Handbook (Ottawa: 1958), p. 121.

available power and most of the facilities included in this section are self-evident.

The sanitation facilities in a pensioner's home are important for his living arrangements, as their presence or absence influences both his health and his daily comfort.

Of all Canadian households, 86 per cent have flush toilets, and in Quebec province 95 per cent have the same facility.<sup>1</sup>

The fact that all the homes of the pensioners in the sample were equipped with flush toilets that were not shared reflects the sanitation standards in Metropolitan Montreal, rather than the pensioner's housing standards.

A question put in the schedule was whether the pensioner "shared" a toilet (or any of the fixed amenities). Because of several misunderstandings arising out of the word "sharing" a clarification of terms is attempted at this point.

Townsend's Report points out that defining a "household" is very difficult.<sup>2</sup> By the same token, there are difficulties in defining "shared" in relation to fixed amenities.

A "shared" toilet is described in the Canadian Census as being: "the sharing of common facilities by two or more households."<sup>3</sup>

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<sup>1</sup> Household Facilities and Equipment, op. cit., p. 15, T.17 :

<sup>2</sup> Townsend's Report, op. cit., Appendix, p. 4 .

<sup>3</sup> Household Facilities and Equipment, op cit., p. 15 ,

Interestingly enough, B. Seebolm Rowntree, a British economist who is concerned with living arrangements of the elderly, gives this example of a person "sharing" a toilet in Oldham, a county borough of Lancashire:

One old lady with heart disease has a three-minute walk to reach a shared closet. She goes into the street, passes two houses, crosses a road, goes behind a public house and across a piece of waste land.<sup>1</sup>

Ten of the pensioners interviewed reported the toilet was not on the same floor as the living room. In all of these cases the pensioner lived in a two-storey private home where all bathroom facilities were upstairs and on the same floor as the bedrooms.

All but 4 of the pensioners had a fixed bath. This small exception represents less than 10 per cent of the sample as not having a fixed bath. When one compares this percentage with that of 19 for Quebec province, it appears that even as regards this facility the Montreal sample was better equipped than the average Quebecer.<sup>2</sup>

All of the pensioners had piped cold water and only 2 lacked piped hot water. In contrast, almost 20 per cent of Quebec province households have no piped hot water.<sup>3</sup>

It is true that having piped hot water makes housework and personal cleanliness an easier task. Yet its absence does not necessarily mean that the old person cannot afford to install it.

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<sup>1</sup>The Nuffield Report, op. cit., p. 33,

<sup>2</sup>Household Facilities and Equipment, op. cit., T. 14, p. 14 .

<sup>3</sup>Ibid, p. 14, T.14 .

As if to prove that old folks are just as unpredictable as young folks, the 2 pensioners without piped hot water were property owners who reported private incomes.

Almost 9 out of every 10 pensioners said they had a washing machine or that, as in the case of apartment dwellers, they had use of one in the basement.

A phenomenon in laundry service in the Montreal area is the proliferation of electric laundry-service ("laundretts") shops that operate on a "do-it-yourself" basis for a moderate fee. The few households that had no washing machine may have been availing themselves of this service, which also allows of automatic drying service.

All of the pensioners reported that their cookstove was on the same floor as the living room. The janitor who lived alone in a room had his own hotplate in the room.

All the movable amenities are really "modern conveniences." The extent to which the radio and television or even the telephone might be a substitute for kinship or human contact is the subject of considerable current study.<sup>1</sup> The intent here is mainly to assess the extent of ownership of these amenities.

Of the more than 4,000,000 Canadian homes, at least 96 per cent have one or more radio receiving sets.<sup>2</sup> In light of these figures it is not surprising to find that all of the pensioners had at least one radio. One pensioner's wife said: "We have about 4 scattered over the house."

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<sup>1</sup>Life After Sixty in Iowa, op cit., p. 54.

<sup>2</sup>Household Facilities and Equipment, op. cit., p. 19, T.25.

In the field of television, in Canada 84 per cent of the households enjoy this facility.<sup>1</sup> When we consider that 48 pensioners or 89 per cent of the sample, owned or had use of a television set, we realize that even in this area the pensioners were, on the whole, well equipped.

The prevalence of radio and television amenities seems to be in line with findings in a recent American study. There it was reported that among 500 elderly men in the sample a very large majority rated radio and television as their preference in leisure-time activity.<sup>2</sup>

Radio and television, and to some extent the telephone, represent diversionary types of recreational activity that the pensioner can engage in when he wishes to do so. For some old people, especially those who are socially isolated, these diversions might be an important link with the world outside their home.

A refrigerator to an old person has the same high value as to a younger person. This facility is closely tied to health standards of diet.

In Quebec province 95 per cent of the households are equipped with electric refrigerators.<sup>3</sup> All the men in the Montreal sample reported having a refrigerator at their disposal in the home. The schedule did not ask whether the refrigerator was electric. However, this researcher

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<sup>1</sup>Ibid, p. 19, T.25.

<sup>2</sup>Life after Sixty in Iowa, op cit., p. 54.

<sup>3</sup>Household Facilities and Equipment, op. cit., p. 16, T.19.

assumed that they were electric. Regionally, when one refers to a "refrigerator" one usually means an electric refrigerator as distinct from an "icebox."

In regard to the presence of a telephone, all but 5 of the 54 pensioners had this facility in their home. This represents a percentage of practically 91 as compared with 84 per cent for all Canadian households.<sup>1</sup>

Almost 8 out of every 10 pensioners had a carpet covering or nearly covering the living room floor. What does this mean in the assessment of living arrangements in terms of acquired amenities? The criteria for judging this information were not defined in the Townsend Schedule. Nor are the criteria self-evident, as, say for a bathtub. Consequently, the criteria for assessment become, by default, subjective.

To some old people a carpet may be a status symbol. To others a carpet may represent a household hazard if it does not cover the floor completely. Others may consider that a carpet lessens possibility of a fall on slippery floors. Still others may consider it common sense to have linoleum instead of carpet--especially with young grandchildren at home.

The elderly persons in this study who were without carpet on the living room floor did not have any particular distinguishing features in common. They appeared as homeowners, landlords, well stocked in other amenities both fixed and acquired, and as living in three-, two-, and

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<sup>1</sup>Ibid, p. 19, T.25.

one-generation households.

In the light of the above data concerning a carpet on the pensioner's living room floor, this writer questions the value of including a carpet as an amenity to enhance the pensioner's enjoyment of life.

### Findings and Conclusions

This chapter has focussed primarily on the housing and living arrangements of the 54 pensioners in the Montreal sample.

In broad terms, the above data indicate that the great majority of the men in the sample were adequately housed. To measure adequacy only those factors of residence patterns, household facilities and equipment which were investigated in the present study were taken into consideration.

In the spheres of home ownership and proprietorship of revenue-producing houses their large numbers were striking. This widespread mode of tenure involves many factors, but one of the most interesting of these is related to the biculturalism of Quebec province.

One might ask how so many of the old couples in the sample, living on moderate income, manage to continue in the old family home after the children have left it. It appears that long-term ownership has made possible a comfortable margin of equity in the property.

It might be argued that a large proportion of the pensioners occupy houses that are too large and that they are immobile from inertia. On the other hand, moving to a smaller house might involve so many adjustments as to nullify any advantages.

Almost all of the homes visited in the sample were well stocked in most of the amenities. These amenities contribute an inexpressible degree of comfort and well-being to an elderly person in his home. As for those few who had no fixed bath or piped hot water, they seemed so favourably equipped in other aspects of their housing that it might be wondered whether they considered this lack to be a basic housing deficiency.

Though the condition of the dwellings or maintenance standard was not within the scope of the present survey, the field investigators were unanimous in commenting that the homes seemed in good repair and well maintained.

The researcher felt that a question about central heating or the lack of it would have been an important index for judging housing.

Also, information concerning the rapid change in the residential environment of the suburban dwellers would have been useful.

Too, what of the space that the pensioner might have at his disposition on the outside of his home? Was there room for a garden if he so chose?

Knowledge of these indices might have contributed to giving a fuller account of the housing and living arrangements of the pensioner.

On the whole, the salient feature of the housing study is the remarkably consistent findings to confirm the original statement that the great majority of the Montreal sample of 54 pensioners was well housed.

It is important to remember that the sample was highly selected and not typical of old people in Montreal. The over-all good housing

standards embodied in the findings mirror the standards of this select group and not of the average old person in Montreal. It is hoped that future surveys will study the cross section of housing and living arrangements of the elderly in Montreal.

PART III

HEALTH AND CAPACITY FOR SELF CARE  
OF THE MONTREAL SAMPLE

by

Barbara Witkov

## CHAPTER V

### THE PRESENT STATE OF HEALTH OF THE MONTREAL SAMPLE

#### Introduction

Health in this section is discussed from a comprehensive viewpoint. Health means more to the individual than the existence or non-existence of a physical condition. Health reaches out and touches all aspects of the person's life.<sup>1</sup> The total environment, including the social life, the economic circumstances, and the surroundings in which one lives must not be overlooked, but these aspects of daily living patterns are dealt with in other parts in this thesis.

This thesis, which is based upon the Townsend schedule and the report on the schedule,<sup>2</sup> stresses the functional approach. The writer is interested in the physical and social capacities of 54 retired Montrealers. How do these elderly men manage in their daily lives? Are they able to care for their personal needs? Do they manage alone? Who helps them? What about household chores? Are the household chores done by the interviewees or by someone else? How does marital status affect the health picture? How about illness and

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<sup>1</sup> Carol H. Cooley, Social Aspects of Illness (Philadelphia: W.B. Saunders & Co., 1951), p. 2 .

<sup>2</sup> Townsend Report .

its meaning to social relationships? Do finances influence the health of this group? Do living arrangements depend on health? What health resources are available to the elderly? Which age group have the majority of health problems? These questions and many others must be answered in order that information about the aged may become more complete.

Who the aged are is not clearly defined. Biological and chronological aging are not concurrent processes. Thus it is not really accurate to establish a certain number of years as the dividing point between middle age and old age, especially since the general health of the population has made such strides that "today the average man of sixty is as healthy as the average person of fifty-five, fifty years ago."<sup>1</sup> However, the Montreal sample consists of pensioners who, with a few exceptions,<sup>2</sup> have been retired at the age of 65 by the company for which they worked. This age limit of 65 has been accepted in this study as the lower limit of the age category for classification as an "old person."

The present analysis of the health part is divided into two chapters. The first chapter deals with the present state of health of the Montreal sample. The men's capacities and their incapacities are discussed. The health factors in the Montreal sample are compared

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<sup>1</sup>White House Conference on Aging, Background Papers, Research in Gerontology - Psychological (Washington, D.C., U.S. Government Printing Office, 1961), p. 10.

<sup>2</sup>Three of the men whose names were obtained from the list of pensioners had been retired before 65.

with the health factors in Townsend's "Family Life of Old People."<sup>1</sup> These factors which are compared or discussed include mobility, physical complaints, mental health, and health resources. Next the types of physical conditions which afflict the elderly are discussed with special reference to the Montreal sample. Ethnic origin is touched upon and finally certain nutritional aspects of health are observed.

In Chapter VI the environmental factors related to the pensioners' state of health are considered. These related aspects of living are housing, economics, and social contacts. Criticisms and comments about the Montreal schedule are interspersed throughout Chapters V and VI. Part III, on Health and Capacity for Self Care of the Montreal sample, closes with certain general findings and conclusions at which the researcher has arrived.

#### Physical Capacity for Self Care of the Sample

The Montreal sample demonstrates that old people on the whole, are an active group of individuals.

When the daily care needs of the sample are discussed, in establishing how many of the sample are able to carry out the daily care needs alone, there is a division made between personal needs,

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<sup>1</sup>Peter Townsend, The Family Life of Old People, p. 270, Appendix 4. A sample of 64 men (with comparable age distribution to the Montreal sample) whose names were obtained at random from doctors' records.

household tasks, and social contacts. Personal needs for this male sample revolve around such essential activities as bathing, shaving, and dressing; household tasks refer to cleaning, shopping, and cooking among other pertinent items; and social contacts are discussed in relationship to the pensioner's mental acumen and those faculties of seeing, hearing, and speaking.

Four out of five pensioners in this sample are able to manage their own daily care needs without difficulty. Of the 9 pensioners who require assistance, the majority are in the 70-74 age range. Only one man is completely cared for by someone else, as may be seen below.

Table 18  
Ability to Perform Daily Care Needs, by Age

Age Group (Years)	Total	Daily Care		
		Alone	Partly Alone and With Assistance	By Other
Totals	54	44	9	1
55 - 59	1	-	1	-
60 - 64	2	2	-	-
65 - 69	18	18	-	-
70 - 74	23	17	6	-
75 - 79	10	7	2	1

Thus it is evident that 82 per cent of the 54 pensioners are able to care for themselves. This finding is comparable to Sheldon's study on

Wolverhampton<sup>1</sup> where 89 per cent of the 143 males in the sample were able to care for themselves.

How does the number free from any incapacitating illness tally with the number able to care for themselves? Of the 54 pensioners in the sample, one sees in Table 19 that 44 are not incapacitated.<sup>2</sup> The remaining 10 pensioners suffer from varying degrees of incapacitation and this ties in with the number of men who are unable to care for themselves.

Table 19  
Distribution of Capacity By Age

Age Group (Years)	Total	Total Capacity	Some Incapacitation
Totals	54	44	10
55 - 59	1	-	1
60 - 64	2	2	-
65 - 69	18	18	-
70 - 74	24	18	6
75 - 79	9	6	3

<sup>1</sup>J.H.Sheldon, The Social Medicine of Old Age: Report of an inquiry in Wolverhampton (London: Oxford University Press, 1948), p. 222. Sample of 143 males and 334 females used in a regional study of Wolverhampton. The names were obtained from ration cards. Almost one-third of the group of 143 males are in the age range above 75, and 18 of the 143 are above 80. The Montreal sample has no pensioners above the 75-79 range.

<sup>2</sup>The term "incapacitation" is used when the individual is only able to carry out the necessary activities for self care with difficulty or minimally.

Thus it may be seen that incapacity and inability to perform daily care needs are closely associated conditions.

In the group of 10 who are incapacitated there is only one man under 70 years of age. Meanwhile the largest group of incapacitated men in the Montreal sample are found in the 70-74 age range.

The Montreal schedule contains a tabulation under the heading of "Incapacity" which is misleading.<sup>1</sup> However, the contents on the same page are consistent with the emphasis of this study in that the tabulation is concerned with the individual's capacity for self care rather than with his incapacity. The response to various questions can be given score values according to the person's abilities and the scale differentiates between "ability to manage with moderate difficulty" and "ability to manage in only a minimal fashion."

The present research workers have made no attempt to score the respondent's abilities. This attempt at scoring would be very unsatisfactory in any case, because the decision that a given person manages "with moderate" or "with maximum difficulty" is left to the judgement of the interviewer. Each interviewer decides according to his own impression. Hence, the meaning of a given reply may have different meanings for different persons and the score values can not be considered objective or uniform.

One example of the situation is noted for one interviewee, who is crippled by arthritis, but who manages to get around quite well by

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<sup>1</sup> Montreal schedule, p. 8, Appendix E.

means of crutches. The interviewer has placed him in the category of those individuals who are "able to manage with moderate difficulty." Another interviewer might have judged the same individual differently. In another case, a man is judged incapacitated because he is not perfectly lucid and yet he is well enough to work part time as a janitor. Here most interviewers might agree that this man is at present incapacitated to a very slight degree. Still he is placed with those who are able to perform with moderate difficulty, and if one does not examine the case in its totality, one would think of him as a much more restricted individual than he actually is.

Moreover in the scoring system of the Montreal schedule no differentiation is made between a person's ability to negotiate stairs and a person's ability to organize his thoughts in lucid speech. If one is not able to negotiate stairs the score would be 2. The same score would be given to someone completely unable to organize his thoughts in lucid speech for purpose of social communication.

The original Townsend's schedule weighted the scoring system so that certain difficulties were worth more than others. If one were bedfast<sup>1</sup> the score was 4, roombound<sup>2</sup> was worth 3, housebound<sup>3</sup> was 2,

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<sup>1</sup>"Bedfast" includes all persons confined to bed even if they are able to leave the bed for one or two hours daily according to the Townsend Report, p. 8, Appendix.

<sup>2</sup>"Roombound" refers to persons restricted to their rooms. This, and the following definition of terms is found in Townsend's Report, p. 8, Appendix.

<sup>3</sup>"Housebound" means persons who are unable to leave the building.

limited outside movement<sup>1</sup> was 1, and unlimited movement was 0. Thus the more limited one is the higher is the score received. The special handicaps of blind, deaf, liability to fall or incontinence are not differentiated in the score. On the other hand, Townsend has weighted the mental state in the following manner. Fully normal for one's age is (0); faculties slightly impaired is (1); forgetful, childish, difficult to live with is (2); and demented, very difficult to live with is (4).<sup>2</sup> The other sections on the mental state are the same as are found in the Montreal schedule. Townsend does not use the terms "without difficulty or with slight difficulty," "with moderate difficulty or only in part," "not at all or minimally" as they appear in the Montreal schedule.<sup>3</sup> He uses other terms to obtain the degree of capacity. In personal toilet, the activities are marked "Yes," "difficult" or "no" in regard to the individual's ability to carry out such necessary activities as shaving, bathing, etc. These terms seem more exact to the writer than those which appear in the Montreal schedule. In regard to special handicaps such as blindness, deafness, liability to fall, or incontinence, the degree of incapacity is expressed by "no", "moderate" or "severe" which seems more reliable than the wordiness of the phrases "without difficulty or with slight

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<sup>1</sup> "Limited outside movement" refers to a person who is unable to travel alone by bus or train or walk for more than a short distance beyond the immediate vicinity of the dwelling. All other persons are treated as having unlimited mobility.

<sup>2</sup> Townsend does not use the score of (3).

<sup>3</sup> Montreal schedule, p. 8.

or with slight difficulty (restriction)," "with moderate difficulty, or only in part," "not at all or minimally" as used in the Montreal schedule.<sup>1</sup>

In the Montreal schedule, the interviewer attempts to find out whether the interviewee is able to manage any other disabilities he might possess without requiring help. But the tabulation on incapacity in the Montreal schedule does not encourage the interviewer to investigate any additional physical conditions as long as the individual is not incapacitated by the condition. However, one must ask if all the pensioners who are not incapacitated are in perfect health.

The answer to this question is seen in Table 20. This table points out that 34 of the non-incapacitated pensioners do not have any physical complaint. However, there are 10 men who do suffer from a

Table 20

The Number of Non-Incapacitated Pensioners Having a Physical Condition, by Age

Age Group	Total	Healthy	Physical Condition
(Years) Totals	44	34	10
55 - 59	-	-	-
60 - 64	2	2	-
65 - 69	18	17	1
70 - 74	17	10	7
75 - 79	7	5	2

<sup>1</sup> Montreal schedule, p. 8.

physical condition. Table 20 demonstrates how these men are distributed. As in the case of those men who are incapacitated, these men with physical conditions also predominate in the age range of 70-74 years. However, one must remember that the majority of men in the sample are in this age range and this tends to influence the distribution.

In addition, since the information obtained comes directly from the old person without benefit of physical examination and laboratory tests, a lower incidence of disease, than actually exists, may be reported.<sup>1</sup> There may be other conditions of which the interviewee is not aware or else the importance of which he may underestimate. This inference is suggested by Table 28 on the Labour Force Status in Part IV.<sup>2</sup>

In this table there are 18 retired men who stated that they would not take<sup>a</sup> job if they could because they do not feel well enough to work. Out of these 18 men there are 9 who are reported as incapacitated, and of the others, 5 are in the physically handicapped group, but 3 have not reported any reason for feeling that they are not well enough to work. Therefore one must assume that either these 3 men have neglected to mention the condition from which they suffer or they are basing their remarks on a general feeling of weakness or fatigue.

More information might have been forthcoming in regard to physical conditions if the Montreal sample had been asked whether they regularly

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<sup>1</sup>Nathan W. Shock, Trends in Gerontology (California: Stanford University Press, 1957), p. 48.

<sup>2</sup>Infra, p. 141.

took medicines, as has been asked in the Sheffield study.<sup>1</sup> In this way, the interviewer could have found out why medication was taken and what conditions were present which required medication.

Health Factors Compared Between the Montreal Sample  
and an English Sample<sup>2</sup>

The findings from the Montreal sample will now be considered in relation to those from other studies. The variation in self care capacity among elderly people is shown between the Greater Montreal sample and the London sample in Tables 21 and 22 respectively. These are comprehensive tables which deal not only with old people's mobility, such as the individual's ability to move and to climb stairs, but also with difficulties with seeing, hearing and speaking, falls and vertigo, incontinence, and finally, mental difficulties and peculiarities. The Montreal Table 21 omits any mention of difficulties with feet and sleeping habits, although this is included in the Townsend Table 22. However, the Montreal table deals with seeing, hearing, or speaking difficulties, incontinence and mental difficulties, and these items are not referred to by the

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<sup>1</sup>William Hobson and John Pemberton, The Health of the Elderly at Home (London: Butterworth & Co. Ltd., 1955), p. 170.

<sup>2</sup>Townsend's Table in Family Life of Old People, p. 270. The researcher has taken the liberty of using only the part of the table which deals with the male portion of the sample. There are 64 men distributed in age ranges comparable to the 54 men in the Montreal sample. However, Townsend has 7 men above 80. The Montreal sample has no representation above 80.

Townsend Table. Therefore these latter items will be dealt with in their own terms for the Montreal sample before the research investigator analyses the common items in these two tables.

In the Montreal sample not one person complained of visual difficulties, as may be seen in Table 21. The questions in the Montreal schedule pertain only to seeing well enough to read, and seeing well enough to move around.<sup>1</sup> This is in line with the functional approach. A question as to whether an interviewee thinks he needs glasses to see properly could be included. In this way it might be possible to find out if all those persons in the sample who state that they need glasses, have them. It is important to know if the functioning of the sample could be improved simply by the use of existing visual and auditory aids.

Auditory problems do not trouble 94 per cent of the sample. This is a high proportion of persons who hear well since deafness is common to older people, especially men.<sup>2</sup> Hobson and Pemberton's study and Sheldon's research<sup>3</sup> both show a higher percentage of males who are

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<sup>1</sup>Montreal Schedule, p. 8.

<sup>2</sup>William Hobson and John Pemberton. The Health of the Elderly at Home (London: 1955), p. 54.

In this study 476 subjects (192 men and 284 women) were selected from a previous social survey of the elderly made by the Sheffield Council of Social Service in 1948. The men were all over 65 and the women were over 60. There are more than twice as many males over 75 as are found in the Montreal sample.

<sup>3</sup>Sheldon's Study of Wolverhampton as described on p. 6, footnote 1, shows more than twice as many males over 75 than the Montreal sample shows.

Table 21

Health Factors and Old People in Greater Montreal, By Age  
1961 - 1962

Health Factors	Age in Years						
	Totals	55-59	60-64	65-69	70-74	75-79	80 & over
	54	1	2	18	24	9	-
<b>1.Capacity for Movement</b>							
Bedridden or Housebnd.	2	-	-	-	2	-	
Limited Outside	2	-	-	-	1	1	
Unlimited	50	1	2	18	21	8	
<b>2.Difficulty with stairs</b>							
Marked Difficulty	1	1	-	-	-	-	
Slight Difficulty	6	-	-	-	4	2	
None	47	-	2	18	20	7	
<b>3.See</b>							
Well	54	1	2	18	24	9	
With Difficulty	-	-	-	-	-	-	
Not at all	-	-	-	-	-	-	
<b>Hear</b>							
Well	51	1	2	18	22	8	
With Difficulty	3	-	-	-	2	1	
Not at all	-	-	-	-	-	-	
<b>Speak</b>							
Well	54	1	2	18	24	9	
With Difficulty	-	-	-	-	-	-	
Not at all	-	-	-	-	-	-	
<b>4.Falls &amp; Giddiness</b>							
Recent Falls	-	-	-	-	-	-	
No falls but Giddiness sometimes or often	1	-	-	-	1	-	
None	53	1	2	18	23	9	
<b>5.Incontinence</b>							
Marked	1	-	-	-	1	-	
Slight	-	-	-	-	-	-	
None	53	1	2	18	23	9	
<b>6.Mental Difficulties &amp; Peculiarities</b>							
Marked	3	-	-	-	3	-	
Slight	1	-	-	-	-	1	
None	50	1	2	18	21	8	
<b>7.Frequency Medical Consultation</b>							
0-3 a year	41	-	1	17	15	8	
4-10 a year	4	-	1	-	3	-	
Over 10 a year	9	1	-	1	6	1	
<b>8.Period since in Hospital</b>							
0-5 years	17	1	2	1	11	2	
Over 5 years	20	-	-	6	8	6	
Never	17	-	-	11	5	1	

Table 22

Health Factors and Old People in London, by Age, 1957<sup>a</sup>

Health Factors	Age in Years						
	Total	55-59	60-64	65-69	70-74	75-79	80 & Over
Totals	64			25	21	11	7
1.Capacity for Movement							
Bedridden or Housebnd.	4			1	1	1	1
Limited Outside <sup>b</sup>	27			8	8	5	6
Unlimited	33			16	12	5	0
2.Difficulty with Stairs							
Marked Difficulty	17			5	4	4	4
Slight Difficulty	21			8	6	5	2
None	26			12	11	2	1
3.Periodic pain in feet							
Pain	13			4	3	3	3
None	51			21	18	8	4
4.Falls & Giddiness							
Recent Fall	6			2	1	2	1
No Fall but Giddiness							
Sometimes	10			4	4	1	1
or often							
None	48			19	16	8	5
5.Sleep							
Sleep well/fair	43			16	16	7	4
Sleep badly	21			9	5	4	3
6.Frequency Medical Consultation <sup>c</sup>							
0-3 a year	39			14	14	7	4
4-10 a year	9			4	2	3	0
Over 10 a year	16			7	5	1	3
7.Period since in Hospital							
0-5 Years	28			12	9	6	1
Over 5 years	21			9	7	2	3
Never	15			4	5	3	3

<sup>a</sup>This table is Table 62 found in Peter Townsend, Family Life of Old People, Appendix 4, p.270. A few changes have been made in the form for easier comparison with Table 21 based on the Montreal schedule.

<sup>b</sup>Definitions of these terms are found on pp.82 & 84 in Chap.V of Part III.

<sup>c</sup>"Consultation " refers to any visit with the doctor for a medical purpose regardless of whether it takes place in the home, the office, the hospital clinic, or as an in-patient at hospital.

deaf or who are having hearing problems (over 50 per cent and 38 per cent respectively). However, the samples of these two studies involve an older group of people. This suggests that as the men in the Montreal sample grow older their hearing problems may be more prevalent.

One person in the Montreal sample in the 70-74 age range has been considered incontinent although his difficulty is limited to a malfunction of the bowel. However, it is easy to see that the information obtained from the Montreal sample is probably far from accurate if one compares it with the incidence of incontinence in other studies.<sup>1</sup> The question of incontinence is a difficult one for many interviewers to ask because of their own lack of ease in discussing toilet habits. Thus if the interviewee appears to be well, this question, which is worded as "control passing of urine and faeces" may have been answered affirmatively by the interviewer without a direct question to the pensioner.

Mental health is touched upon briefly in the Montreal schedule. There is a question in the tabulation on self care which asks the interviewer to check whether the old person is able to "organize his thoughts in lucid speech or other form for purposes of social communication." The answer to this question is based on the interviewer's observation and on his own opinion. In another section the interviewer is asked to judge whether the old person is alert or confused, and whether someone in the house has suggested that the old person suffers

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<sup>1</sup>Sheldon's Study on Wolverhampton, p. 73.  
Hobson and Pemberton's Study on Sheffield, pp. 39, 40.

from mental impairment. Next the interviewer is asked to describe any other point about the interviewee's mental state with suggestions of conditions that might be recognized by the interviewer, e.g., (hallucinations, alcoholism, etc.). The answers to these questions are at best unreliable and at worst incorrect. There is no standard of judgement amongst the interviewers. There is no established definition regarding lucidity or the various suggested mental states. Certainly the interviewers have not been fully briefed upon the symptoms for which they should be looking, and except for really extreme deviations, many mental peculiarities may be overlooked.

The mental health of old people is closely related to their physical health since, as one writer expresses it, "the mind and the body are inseparable."<sup>1</sup> Many physical conditions cause mental symptoms,

such as uremia from uncontrolled diabetes, from severe chronic or acute heart failure which reduces blood supply to the brain, from mal-nutrition due to social isolation and loss of interest in eating, from small strokes. There are a number of physical conditions to which mental changes are secondary.<sup>2</sup>

Thus in discussing the health of the sample, mental symptoms may be very revealing.

In the Montreal sample the majority of pensioners are mentally fit and only 4 are classified as having mental difficulties. These 4 are reported as suffering from religious fanaticism, extreme suspicion,

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<sup>1</sup>Edward J. Steiglitz, The Second Forty Years. (Philadelphia: J. B. Lippencott Company, 1952), p. 235.

<sup>2</sup>W. Lyons, "Some aspects of Casework with the Aged" On Growing Old. (April, 1962), p. 2.

and in 2 cases, some confusion. On the whole there is only meager information about mental health problems among the Montreal pensioners. This is understandable in view of the unreliable way in which the information has been obtained.

Townsend has recognized in his report that many difficulties are encountered in questioning interviewees in regard to mental health. Thus this area is not adequately covered in either the Montreal schedule or the Townsend schedule, and Townsend omits it entirely, as the writer has mentioned in Table 22.

The writer turns now to items that are comparable for the two studies. In Tables 21 and 22 the capacity for movement of the Montreal and London samples are examined. The majority of the subjects in the respective samples are not bedridden or housebound. In the Montreal and Townsend samples approximately 94 per cent have unlimited movement. The result is in accord with a recently completed survey of 120 persons over 60, completed by the Older Person's Section of Montreal<sup>1</sup> in which 95 per cent have unlimited movement. Those who have limited movement in the Montreal sample are in the 70-74 age range. In Sheldon's study<sup>2</sup> which contains more people in the older age range than the Montreal sample, 67 per cent are unlimited in movement, and of those limited, the majority are also in the 70-74 age range. Hobson and Pemberton<sup>3</sup>

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<sup>1</sup>Canadian Welfare Council. On Growing Old, "Concerns of Older Citizens" a survey recently completed by the Older Person's Section of the Montreal Council of Social Agencies. (April, 1962), p. 5. The Council interviewed 120 individuals of both sexes from 60-90 years old.

<sup>2</sup>Sheldon's Wolverhampton Study, p. 33.

<sup>3</sup>Hobson and Pemberton's The Health of the Elderly at Home, p. 152.

have a similar proportion who are unrestricted in their movement, but of those individuals who are limited, the greatest number are more than 75 years old. This study, like Sheldon's, has a much greater representation of its sample in the "above 75 age group" than the Montreal sample. In the Iowa Study<sup>1</sup> of 1359 old people of both sexes, the greatest number of health difficulties occur near 74 years of age, and limited mobility is reported as appearing in men who are 75 years or older. This would seem to bear out the hypothesis that old persons of 65-69 years of age are comparatively well. In the early 70's disabling illness seems to flourish, and in the late 70's disability becomes a real problem. Thus in a few years the Montreal sample would probably show much different findings than appear at present, according to the facts stated previously.

In the Montreal study, 87 per cent have no difficulty with stairs, according to the information obtained. This is a definite contrast to the Townsend table which reports 69 per cent as having difficulty with stairs. This fact again highlights the comparative well-being of the Montreal sample.

The next comparable area in the Montreal and London samples deals with the health resources available to the respective samples. In the Montreal sample, 76 per cent of the 54 pensioners have either not seen a doctor at all, or have seen a doctor less than 3 times in the last 12 months. Of those who have seen a doctor, the greatest number are

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<sup>1</sup>Life after Sixty in Iowa (1359 old people--both sexes--random selection. No hospitalized people in the sample).

in the same age range 70-74 years as those who are in the incapacitated group or the group having physical conditions.

In Townsend's table in "The Family Life of Old People," 61 per cent of 64 male subjects have either not consulted a doctor at all or have not seen a doctor more than 3 times during the last 12 months.<sup>1</sup> Thus the comparative results show that more persons in the London sample than in the Montreal sample, consult a doctor. This suggests that free medical service in England encourages the old person to consult a doctor whenever he has questions regarding his health, while in Canada, the old person must feel quite sick before he calls in a physician.

Sixty-eight per cent of the Montreal sample of 54 have not been hospitalized within the last 5 years, as compared to 44 per cent of the Townsend sample of 64 males. The reason for this difference in hospitalization rates may hinge upon the fact that those in the Montreal sample who have been hospitalized or who are very ill, could not be interviewed. Thus there is in this sample, a certain amount of selectivity. The industry from which the sample is taken may also be selective in its hiring policy and employ only men who appear to be physically fit.

Moreover as the "first half of the second forty years (40-60) is the critical period which determines health and fitness thereafter,"<sup>2</sup> these men, the majority of whom have been retired at 65, have been well enough to work through the most crucial period. The ones who have dropped out because of illness are not included here. In addition the

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<sup>1</sup>The findings of the Townsend Report have approximately the same number of men consulting a doctor.

<sup>2</sup>Steiglitz, The Second Forty Years, p. 92.

industry for which these men work gives them a free medical checkup when desired, although this fact is not publicized. This free checkup may help these men to maintain good health. Certainly when one considers that 72 per cent of the Montreal sample of 54 has not been hospitalized in the last two years, as compared to 50 per cent of the 64 males in the Townsend schedule, the Montreal group does appear to be in better health. The least number of men hospitalized in the Montreal group is in the age range 65-69 and the most cases hospitalized are in the 70-74 age range. The Montreal schedule does not ask how extended a hospital stay was necessary. This would have been of interest in finding out how disrupting the illness has been in terms of care needed, expenses involved and isolation or loneliness caused. However, according to the existing data, on the whole the Montreal sample seems to show more evidence of good health than does Townsend's sample.

In the question in the Montreal schedule which asks about confinement to bed<sup>1</sup> for at least one day in the last year, again the duration of the interviewee's stay in bed is not asked. However, 74 per cent of the Montreal sample have not found it necessary to spend even one day confined to bed, as may be seen in Appendix Table 1. The age range having the most men in bed for at least one day is again the 70-74 age range. Sheldon's study<sup>2</sup> shows the same age group as

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<sup>1</sup>"Confined to bed" means "only in the home and not in the hospital," according to the Townsend Report, p. 10.

<sup>2</sup>Sheldon, Wolverhampton, p. 225.

having the most men confined to bed for the longest period of time because of illness.

### Physical Conditions in the Montreal Sample

This section deals with aging and those physical conditions which are common to the sample in this study, and to the aging groups at large. Here the conditions discussed are those found among the men in this sample who are incapacitated and also those found among men who are not incapacitated but who do have physical complaints. Moreover whether ethnic origin influences the person's state of well-being is also considered and finally the section closes with a short discussion on nutrition.

Almost all medical literature pertaining to the aged seems to agree that certain physiological and psychological changes are common to the later stages of life. Biologically there is a "decline in strength and energy reserve; reduced ability to withstand stress; slowing down in various types of performance; increased susceptibility to disease and slower recovery; infirmities; and change in physical appearance."<sup>1</sup> There are two theories concerning these aspects of aging. One bases degeneration upon too much exertion of strength and effort. The other blames the decay of senescence upon lack of purposeful work and direction.<sup>2</sup>

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<sup>1</sup>White House Conference on Aging. Aging in the United States. A Report of Progress, Concerns, Goals. Prepared by the Committee on Publication and Studies (Washington: 1961), p. 13.

<sup>2</sup>Ed. J. Steiglitz "Care of the Aged and the Aging", Geriatric Medicine, ed. by Edward J. Steiglitz (Philadelphia: Saunders & Co., 1949) p. 11.

However, regardless of which theory is correct, there seems to be a definite agreement among most geriatricians and students of gerontology that certain diseases are prevalent in the older age groups.

The prevailing physical conditions<sup>1</sup> which affect those 65 years of age or over are diseases of the respiratory system, symptoms of senility and ill-defined conditions, diseases of the digestive system, injuries, poisonings and violence, diseases of the nervous system and sense organs, diseases of the circulatory system, and diseases of the bones and organs of movements. In this sample, injuries, poisonings and violence are not mentioned, so the writer shall not enlarge upon them. The other diseases mentioned have certain common characteristics.

These diseases are endogenous and they are due to multiple obscure facts. These conditions begin silently and diagnosis is usually difficult until the condition is well along. Moreover these senescent diseases tend to perpetuate themselves and become progressively more severe. The patient becomes increasingly vulnerable and disabled.<sup>2</sup>

"In terms of both magnitude and gravity, cardiovascular diseases constitute by far the most important problems in the expanding older age segment of our population."<sup>3</sup> In Table 23 one is able to see that of the diseases mentioned almost one-fourth of them can be considered as falling in the category of circulatory diseases, which includes cardiovascular conditions.<sup>4</sup> In the 1960 Canadian Health and Welfare

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<sup>1</sup> The Canada Year Book 1957-58, Chapter VI, "Public Health, Welfare and Social Security", p. 66, Table 13.

<sup>2</sup> Aging in the States, p. 39.

<sup>3</sup> White House Conference, Background Paper - Medical, p. 76.

<sup>4</sup> Circulatory diseases include cardiovascular conditions of all types and hyper and hypo-tension for the purpose of this study.

statistics<sup>1</sup> it is seen that there are 28,416 (4,372 per 100,000) males aged 65 years and over in Canada who suffer from cardiovascular disease.

Therefore, in the total sample twice as many pensioners suffer from a circulatory and heart condition as suffer from diseases of the bones and the organs of movement. Thirteen of the conditions diagnostically classed in Table 23 occur among men who are 70-74 years old. Nine conditions occur among the 75-79 year old men. It is necessary to realize that the proportions falling into different categories of illness are very small because of the size of the sample. Six per cent is equivalent to 3 individuals. The illnesses which are not classified are listed as ill-defined. If the interviewers were medical researchers they might have interpreted better those illnesses which our Montreal interviewers left unnamed.<sup>2</sup>

Nevertheless, the Montreal interviewers have been able to observe that the ethnic origin in this sample did not seem to have influenced the number of men who are ill. The men of British and French origin have almost the same number of medical conditions. It may be worth while in a larger study to see how ethnic origin influences the number and kinds of conditions found in the sample.

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<sup>1</sup>Dominion Bureau of Statistics, Health and Welfare Division of Canada (April, 1962), p. 35.

<sup>2</sup>Old Age in the Modern World. Report of the Third Congress of the International Association of Gerontology (London: 1954), p. 350.

Table 23

Conditions Most Prevalent in Later Years in the Montreal Sample<sup>1</sup>  
Reported by Major Diagnostic Class and  
by Age Group<sup>a</sup>

Diagnostic Class	Age Groups in Years					
	Total	55-59	60-64	65-69	70-74	75-79
Totals	23 <sup>b</sup>			1	13	9
1. Diseases of the Respiratory System	-	-	-	-	-	-
2. Symptoms, senility, ill-defined conditions	7	-	-	-	3	4
3. Diseases of the Digestive System	4	-	-	-	3	1
4. Injuries, poisonings and Violence	-	-	-	-	-	-
5. Diseases of the Nervous system and sense organs	3	-	-	-	2	1
6. Diseases of the circulatory system <sup>c</sup> (includes cardiovascular conditions)	6	-	-	1	3	2
7. Diseases of the bones & organs of movement	3	-	-	-	2	1

<sup>a</sup> These conditions are based on the Canadian Sickness Survey which specifies that more people over 65 suffer from the above-named diseases than any other forms of disease.

<sup>b</sup> Twenty-three conditions are reported because some have 2 conditions such as a disease of the circulatory system and deafness.

<sup>c</sup> Circulatory disorders include cardiovascular conditions

<sup>1</sup> "Canadian Sickness Survey", Canada Year Book, 1957-58 Table 13, p.266.

Nutrition

The nutritional state of the elderly was gleaned mainly from the answer to the question on the number of persons having a hot meal daily. The necessity of a balanced diet for older people can not be overemphasized. "Optimal nutrition in older people is based essentially on the same requirements that are known to be true for the mature adult."<sup>1</sup> The survey does not ask about the daily menus of the men in the sample. It does not gather information which is standardized enough to use through asking the interviewer to fill in details of the meal if he has the time. Each interviewer answers this in his own fashion and in many instances describes the setting of the meal, who cooked it, or omits it altogether. The idea behind this question is that a hot meal requires considerable preparation, and therefore it is more likely to include the proper nutrients.

In the Montreal sample, 52 persons reported that they have a hot meal daily. Only two, one a bachelor and the other a widower, admit that they do not take the trouble to cook a hot meal. Instead they prepare sandwiches or their equivalent. This fact, that men living alone seem to lack a proper diet, will be discussed in Chapter VI when the writer talks again of nutrition.

In this chapter the writer has attempted to establish the present health picture of the Montreal sample. Through analysis which includes

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<sup>1</sup>Background paper, Medical, p. 5.

comparisons with other studies, it appears that the Montreal sample on the whole, can be considered as quite able. For the most part, these pensioners are managing on their own. They report very little incapacity and few of them show evidence of restricted mobility or of mental health problems.

As for the actual types of diseases reported here, the Montreal sample is bothered more by circulatory disturbances than by any other form of disease named. This is in accord with the findings of the White House Conference in regard to diseases in this age group.<sup>1</sup>

Health resources and nutrition are discussed briefly in this chapter, but for the most part certain related problems that beset the elderly are not covered.

Such aspects of daily living as housing, finances, and family relationships are discussed in their own right in other chapters of this thesis; yet their direct relationships to health cannot be overlooked. Since "a relatively minor ailment may be aggravated by the social circumstances of the patient,"<sup>2</sup> the writer deems it worth while to discuss these factors in Chapter VI.

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<sup>1</sup>Aging in the States, p. 29.

<sup>2</sup>Trevor Howell, "Basic Problems of the Aged and Chronic Sick." Report of a survey in Croyden, England, Journal of the American Geriatric Society, Vol. 4, 1956, p. 231.

## CHAPTER VI

### ENVIRONMENTAL FACTORS RELATED TO THE PENSIONERS' STATE OF HEALTH

#### Introduction

This chapter recognizes the importance of health in every part of the old person's life. As a recent national conference report states it, health "cuts across every social and economic line. It affects every proposal for improving the lot of older people in family life, employment, recreation and participation in community affairs."<sup>1</sup>

Chapter V has dealt with the present state of health of the pensioners without mentioning the social factors which impinge upon the physical and emotional well being of these older people. In Chapter VI the writer will be discussing the other parts of the thesis as they relate to health. This will mean touching upon the effects of housing in relationship to the individual's physical and emotional well being. Family composition, which is treated as a subsection of housing, will be discussed in regard to its influence on the individual's ability to meet daily needs. Stairs and amenities as they influence the health picture will be examined. Following this section on health and housing, the economic situation of the individual in

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<sup>1</sup>White House Conference on Aging. Aging in the United States, A Report of Progress, Concerns, Goals, prepared by the Committee on Publication and Studies (Washington: 1961), p. 32.

relationship to medical care and health is brought to the reader's attention. Subsequently, the writer touches upon the problem of loneliness as it is related to health and illustrates how health problems may aggravate or cause loneliness and unhappiness. Once the sections on health and the health aspects of economics and social relationships are correlated, the writer enlarges upon the old person's responsibility for maintaining his health and the chapter closes with the findings that have arisen from Part III. While discussing the above sections, the writer may touch upon certain broad aspects and implications which are not covered by the Montreal schedule but which cannot be ignored in any paper concerned with health and the aged.

Within Chapter VI, the writer has employed case illustrations to point up the correlations with other parts of this thesis. Whenever possible the case illustrations and the material dealing directly with the Montreal sample are appraised before considering the general situation. One must be reminded that the present state of health of this sample concerns a small group of 54 males and that there may be a bias towards general capacities which derive from company recruitment policies and other influences that tend to select workers to the industry represented in the Montreal sample.

#### Housing and Health

The limitations of this sample must be kept in mind when the writer talks about the relationships between health and the other parts of the thesis which are concerned with housing, economics and social contacts respectively. From Part II on housing one learns that the pensioners in

this sample on the whole are quite adequately housed.<sup>1</sup> Of the 54 pensioners, almost 80 per cent have lived in their own homes for more than 3 years. Health-wise this is very important. Stability of residence helps this proportion of the sample by giving them depth in social relationships and permanence in surroundings that constant mobility can not offer. This stability encourages these persons to have a healthy mental outlook.<sup>2</sup> Moreover the fact that these persons have remained so long in their dwelling suggests that the living arrangements are to some extent satisfactory.

In the total group of 54 men, no less than 27 own their own homes. Of these 27, there are 7 who are incapacitated and 5 others who have a physical handicap. Thus almost half of the 27 homeowners have a physical condition. This is very significant to those men who may need care from others in the present or in the future. As head of the household, even if the individuals are not fulfilling this role, the homeowners may expect more attention and concern from a spouse or relatives living with them than if they were living in the home of a child or relative or as a boarder. Moreover, there is less feeling of guilt in calling upon someone for assistance if one is in one's own home. The additional fact that the homeowner does not have to meet a monthly rent payment may also give the pensioner a great feeling of economic security.

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<sup>1</sup>Part II, Supra, p. 67.

<sup>2</sup>Stability encourages the elimination of stress and this is very important to mental health according to:  
Hans Selye, "The Philosophy of Stress", Aging in Today's Society, edited by Clark Tibbits and Wilma Donahue (New York: 1960), pp. 118-122.

However, the feeling of personal security gained by having family members present deserves more emphasis than does the financial aspect. The importance of household composition cannot be overemphasized. Daily care in good and bad health is certainly influenced by the person or persons who live with the older individual.

When the researcher examines the living arrangements of the sample, only one person is found who lives alone in one room. However, his position is no worse and no better than that of the other men. He may be compared to another pensioner, a widower with a medical condition who lives alone in a five-room home. The main difficulty of the two men lies in the fact that each lives alone. The widower illustrates the reasons why one may feel the need to live alone, even if one has the opportunity to move in with relatives. This widower's only relatives live a few hundred miles away. In order to be near relatives, he would have to move out of the area where he has passed much of his adult life. Meanwhile the great distance that separated him from his relatives has meant that his relationships with them are not as strong as they would have been if these people had lived in close proximity. There is also the point that this man has been living independently, and he has grown accustomed to doing things in his own way. To be answerable to someone else might prove very upsetting to this pensioner. Although living alone may be difficult, it is sometimes the better solution.

When one lives alone, there may be problems, if one becomes ill and requires care. According to the Montreal study, care in illness is

usually given by a spouse or a relative.<sup>1</sup> This fact is brought out in other studies<sup>2</sup> as well. Therefore those individuals living with a spouse or a relative are in a favoured position. In the total sample, 44 individuals have either a spouse or a relative in the household. Of the 10 men who are incapacitated, all live either with a wife or with a child and in some cases with both. In the group of 10 men who are not incapacitated but who have physical handicaps, there are 4 out of 5 who have a wife or a child living with them and only 2 live alone. Of the 2 living alone, one man is a boarder of 23 years and he considers himself as part of the family, and the other, the widower referred to earlier, lives completely alone.

Thus as the writer has mentioned, the majority of men in this study do live with wife or relatives. The importance of this living arrangement is seen again in speaking of the nutrition of the sample. Most of the pensioners are dependent on someone else for the preparation and planning of their meals. Of the 54 in this sample, 52 mentioned that they ate a hot meal daily but two reported that they lived mainly on sandwiches. One of them is a bachelor of 68 years, who is a boarder; the other is a widower of 74 years who lives by himself in an expensive apartment which is beyond his means. In order to meet his rent, this man skimps on everything including food. These two men suggest that

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<sup>1</sup>Seventeen men in the sample required care in illness in the last year; seven were cared for by their wives, four by their children, and six did not respond.

<sup>2</sup>Townsend, Family Life of Old People, p. 53.

the problems of meeting nutritional needs adequately is felt most strongly by those men who either live alone or with non-relatives.

There is another aspect of household composition in relationship to health which is not explored in this schedule. This is the state of health of the relative who takes care of the older person. In this sample several wives spontaneously mention that they suffer from some illness, such as heart disease or rheumatism. The fact that the spouse or relative, who is responsible for the care of the pensioner may be ill is very important in planning the future needs of the elderly. Homemaking services which have been inaugurated in Montreal<sup>1</sup> and other helps such as meals on wheels may be invaluable in many cases. As the majority of the sample are in good health, the writer has not attempted to ascertain how disrupting or upsetting illness of a family member may be to other members of the household. The absence or presence of stairs and amenities are discussed in Part II. Whether the absence or presence of stairs and amenities alleviates or aggravates the role of other family members in caring for the pensioner is not looked into in this study.

In this chapter, stairs and amenities are discussed in relationship to the pensioner's health situation. It is seen that 70 per cent of the 54 pensioners cannot avoid climbing stairs daily. Thus most of the dwellings of the pensioners have stairs either inside or outside. Since 87 per cent of the 54 men have no difficulties with stairs, the presence of stairs is not a problem for most of these men at present. However,

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<sup>1</sup>Canadian Welfare Council, On Growing Old, IV No. 1, published by the Committee on Aging (April, 1962), p. 9.

Sheldon with a sample more representative of the "above 75 years" shows that almost 39 per cent of 477 subjects have difficulty with stairs.<sup>1</sup>

The findings of this investigation leads one to conclude that as the men in the Montreal sample grow older, stairs may become a problem to many of them.

Now that the writer has spoken about the problems of negotiating stairs, it seems that, as mentioned previously, an examination of the amenities present in the pensioner's household would be appropriate. The majority of individuals in the sample have a complete list of the amenities.<sup>2</sup> However, among the 20 who are ill, 3 do not have a bath, 3 do not have carpets, 2 have no telephones and one has no television. To people who are ill a bathtub may be very important. Moreover in cases of incontinence, a washing machine might make the difference as to whether the old person could be cared for by a relative in his own home or whether the old person would require outside assistance.

Even properly installed carpets may be very helpful to the elderly man in avoiding accidents. In this sample none of the Montreal pensioners have reported a bad fall in the last 3 months. However, persons of "65 and over" have the highest rate of home injuries<sup>3</sup> and

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<sup>1</sup>J.H. Sheldon, The Social Medicine of Old Age. Report of an Inquiry in Wolverhampton (London: 1948), p. 36. (There are 477 subjects of whom 143 are males and 334 are females. There are 79 people above 75 and 75 above 80. Thus there is more representation in the older segment of the population.

<sup>2</sup>Supra, p.67.

<sup>3</sup>Canadian Sickness Survey, 1950-51, The Dominion Bureau of Statistics and the Department of National Health and Welfare, No. 12, "Injuries--Frequency--Severity--Health Care (National Estimates)". (Ottawa: Queen's Printer, 1955), p. 34.

falls are the most common cause<sup>1</sup> of these home injuries. Slippery floors and loose scatter rugs are often contributory factors in home accidents.

In cases of home accident or illness in general, a telephone may be considered as essential security since it enables the old person to contact help immediately. Moreover to a physically limited old person, a television set may be the difference between a good mental outlook and a depressed existence.

Thus the amenities of daily living cannot be overemphasized in the influence they may have on the individual's feelings in regard to his state of health. Life is easier and less restricting for both the well and the ill if they possess the amenities the writer has discussed. In many instances the reason the men in this sample may not possess certain amenities such as a television set or a telephone may be related to their limited income.

#### Economics and Health

What is the income range of the majority of pensioners in this sample? Where do those who are incapacitated or who have physical handicaps fall? When the sample is distributed according to income, Table 24 on the next page shows that 37 of the 54 pensioners have incomes of less than \$3,000. Since such a large proportion fall in this range, it is not surprising that 16 of the 20 men who are either incapacitated or who have a physical condition, have cash incomes of less than \$3,000.

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<sup>1</sup>Ibid, p. 35 .

Table 24  
 Pensioners Classified in Terms of Health Status  
 by Income

Income Group (Dollars)	Total	No. Sick	No. Well
Totals	54	20	34
\$500 - 999	1	-	1
1000 - 1499	6	-	6
1500 - 1999	11	7	4
2000 - 2499	12	6	6
2500 - 2999	7	3	4
3000 - 3999	7	2	5
4000 - 4999	5	1	4
5000 & over	3	-	3
N.R. <sup>a</sup>	2	1	1

<sup>a</sup>N.R. Means that the information was available, but was either refused by the Interviewee or not asked for by the interviewer.

Seven of the 20 who are either incapacitated or who have physical conditions are in the income range from \$1500-1999, and nine of the 20 are in the range from \$2000-2999. This distribution shows that in the Montreal sample illness is most common where money is least plentiful. It is also interesting to note that in this table the incidence of sickness falls as income rises. This seems to indicate that illness and income are inversely associated. Of course the fact that the sample has very few persons in the upper income ranges must be kept in mind. However, the above inverse association could be more thoroughly investigated in a larger study. It would be useful to know whether other factors, such as personal living habits or poorer nutritional approach or more demanding work before retirement, influence the concentration of sick pensioners in the below \$3000 income level.

In this connection it is worth noting that Burgess<sup>1</sup> and Kutner<sup>2</sup> both stress the relationship of ill health to poverty. They state that superior medical care is available to those in higher economic brackets<sup>3</sup> due to the fact that these people have the means to visit the doctor frequently and to purchase the best possible care.

Appendix Table 2 shows that of 24 "consultations" 17 are made by persons in the income range below \$3000. Some of these have consulted a doctor more than 10 times and many of these calls were made at the pensioner's home. The fact that this low income group has found it necessary to see a doctor so many times and that many of these visits have been home visits tells its own story in regard to the dent which will be made in the pensioner's yearly income. Moreover a doctor's consultation usually involves the prescription and purchase of medication, and if the pensioner is employed, it may also mean time off from work. As two research writers conclude, medical problems have enormous effects on the economic life of the aged.<sup>4</sup> Another authority states that the aged suffer more ill health than any other age group, and are least able of all age groups, to pay for the hospital, medical and other health care they

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<sup>1</sup>E. W. Burgess, ed. Aging in Western Societies (Chicago: University of Chicago Press, 1960), p. 165.

<sup>2</sup>Bernard Kutner et al., p. 139.

<sup>3</sup>Canadian Sickness Survey, No. 9, p. 82.

<sup>4</sup>Peter C. Steiner and Robert Dorfman. The Economic Status of the Aged, p. 142.

require.<sup>1</sup>

One of the Montreal pensioners, just recuperating from hospitalization, illustrates the difficulties that medical expenses may present. This man lives rent free with his wife and widowed sister-in-law in his sister-in-law's home. He has great difficulty financially because he is dependent on his pension and the old age security cheques from which he is forced to pay monthly instalments on a debt incurred two years ago when he was hospitalized after an accident.

The situation described here developed before January 1961, at which time a Provincial Hospital Insurance Act went into effect in Quebec.<sup>2</sup> This new legislation gives free hospital service to anyone who has lived three months in the province. This is of great assistance to many people including the elderly. Nevertheless the hospital insurance act does have certain limitations. The new health provisions do not apply to tuberculosis sanatoriums, to mental hospitals, to old people's homes and to other institutions that provide custodial care. Physicians' services outside the hospital and in the out-patient department are not covered either. In addition, if the patient wants a private or semi-private room, he must pay the difference between the public rate and the rate for his room unless he carries private insurance which provides for such accommodation. Meanwhile the doctors, the

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<sup>1</sup> White House Conference on Aging, The Added Years, Report of N.Y. State Committee of One Hundred (Nov. 1, 1960), p. 13.

<sup>2</sup> An Act to Establish Hospital Insurance op. cit.

surgeon's and the anesthetist's bills are the patient's own responsibility as ~~are~~<sup>is</sup> the cost of an ambulance, if it is necessary.

Another limitation is that the hospital insurance benefits do not include an examination or a check-up in the hospital for persons who are not ill. This failure to include coverage for a check-up is very important since the newest approach to health care of the elderly is one of "constructive" medicine.<sup>1</sup> Steiglitz suggests an annual "inventory"<sup>2</sup> to maintain good health. However, this annual visit to the doctor is not likely while medical expenses are a problem to those of limited means. There is a need for comprehensive medical care plans which cover all medical expenses. Moreover there is a need to investigate other aspects of income which are related to health and influence health care such as the retirement age.

The age of 65 years has been accepted by most industries as the retirement age. The Montreal study finds that most of the men in this sample who are in the 65-69 year age group are able to work. There are only 4 cases in the Montreal sample who retired because of illness and in one of these cases the illness was caused by an accident. This seems to indicate that at age 65 one is still able to function well enough to continue working. In other studies with which the writer is familiar<sup>3</sup>

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<sup>1</sup>Constructive medicine goes farther than preventive medicine. Constructive medicine is interested in helping to maintain good health rather than in just preventing bad health. Ottawa's Senior Citizens, Issued by the Planning Committee for the Aging, Welfare Committee of Ottawa (Dec., 1956), p. 41.

<sup>2</sup>Edward S. Steiglitz, The Second Forty Years (Philadelphia: 1952), p. 306. The Inventory consists of a very exacting check-up with tests, in order to find out how well one is functioning and proceed accordingly.

<sup>3</sup>Sheldon, Wolverhampton.  
William Hobson and John Pemberton, The Health of the Elderly at Home (London: 1955).

the same findings seems to be true.

Thus one might say that there is a need for further research in regard to the health and capacity of the retired group. One might attempt, for example, to establish how many years following retirement the retired individuals are still able enough to be part of the labour force. Perhaps in this way a more realistic approach to retirement age could be adopted. A later retirement age would greatly benefit the financial position of the aged group and enable them to have more funds with which to meet unforeseen health expenses. Moreover, work offers more to the individual than simply a way of meeting expenses. Work may give the person a chance to mingle with people and to make social contacts as one may see in the next section on health and social contacts.

#### Social Contacts and Health

Health very often does affect the number of social contacts one has. The following two cases illustrate the relationship between health and loneliness or unhappiness quite well. Case No. 1 concerns a strongly-built man of 74 years of age, who suffers from what he describes as "weakness in the legs." Physical prowess has always been very important to this individual. After retirement, he continued to work. However, last year this man underwent an operation which left him with a "weakness in his legs." Before the operation took place, he would walk 3 or 4 hours a day. Now he admits that he often goes to his room and "cries like a baby" because of his inability to work and the resulting emptiness in his life. This man owns his own home and lives with his wife, daughter, a son-in-law and 3 grandchildren, therefore he is far from socially

isolated and yet he feels lonely and unhappy. The life he has known and the position he has held prior to his illness have changed drastically and he feels deeply depressed.

Another illustration is that of a pensioner aged 58 years, whose wife describes him as lonely. The condition from which the man is suffering is not revealed to the interviewer. It is simply described as "aging too early" and the wife implies that this pensioner requires a certain amount of "looking after." The interviewer did not have the opportunity to speak directly to the man, although this man was heard moving about in his room, and his back was seen by the interviewer at the time of departure. It appears that the mysterious illness from which he suffers is sufficient to separate him from social contacts.

In this sample 20 of the 54 pensioners are lonely or unhappy to some extent as may be seen in Part V on Family Relationships and Social Isolation.<sup>1</sup>

Almost one-half of these people are either incapacitated or suffering from some physical condition. This suggests that there is correlation between health and loneliness or unhappiness. Of the nine cases mentioned in relationship to health and loneliness<sup>2</sup> 4 cases do not seem to be caused by the health situation although they may be aggravated by it. In the other 5 (2 of which the writer has described) health seems to be the cause or the reason for the loneliness of these men.

Thus poor health has far-reaching effects. However it must not be overlooked that the individual has a responsibility or an obligation to

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<sup>1</sup>Infra, p. 149

<sup>2</sup>Infra, p. 178.

care for himself to the best of his ability<sup>1</sup> in order to maintain his health. The older person must maintain good health habits and follow the doctor's advice in time of illness. The wrong approach is exemplified by the diabetic interviewed who stated that he follows no diet because "I'd rather die of the disease than of the cure."

### Findings and Conclusions

Part III of the thesis has concerned itself with the health and capacity of the Montreal sample. It seems to the writer that certain very definite findings in regard to health and capacity have resulted from this study. Naturally the results concern those in the 65-69 and 70-74 age groups, more than any other age distribution because the greatest number of pensioners in the Montreal sample fall within these two age ranges.

For the most part the 54 pensioners in the Montreal sample have proved to be a very able group with very little limitation on their physical activities. The majority of these men are able to carry out all their personal and housekeeping needs alone if they so desire. Thus, in spite of 9 men who require some assistance and 1 who requires complete nursing care, the sample as a whole seems to support the philosophy of the new approach to the aged. This new approach underlines the need of treating older persons as a well group in active good health.

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<sup>1</sup>Edward J. Steiglitz, "The Personal Challenge of Aging, Biological Changes and Maintenance of Health", Aging in Today's Society ed. Clark Tibbits and Wilma Donahue (New York: Prentice Hall Inc., 1960), p. 53.

There is no sudden decline in health at age 65. If a person has been healthy to age 65, the likelihood is that his good health will continue. All of the pensioners in the 65-69 age range are able to care for their own daily needs and all have full capacity. Only one man below 69 has a physical condition of any type. However there does seem to be a diminution of physical well being as one advances in age.

Evidence of this gradual decline is seen in the 70-74 age range. In the Montreal sample the greatest number of men who are incapacitated and the greatest number of men who have physical complaints are 70-74 years. Moreover, the largest number of consultations and hospitalizations are found in the same distribution. Thus the years from 70-74 seem to be more critical than the earlier years from 65-69. Nevertheless this does not change the total findings of the Montreal study which stresses the overall well being of the sample.

When the capacity and physical state of the 54 Montreal pensioners are compared with a London sample, the Montreal sample seems to present a picture of greater activity and better health. This health picture is influenced by environmental factors, such as housing, economics and social contacts.

It has been found that the majority of pensioners live either with their spouse or a relative, and this arrangement is very advantageous in case of illness. In spite of the fact that most of the pensioners live with relatives and are not isolated, many men complain of loneliness or unhappiness when poor health interferes with their normal activities. Adjustment to retirement presents a great problem to some of the men in this sample and the process of adjustment may pose a threat to the

mental health of these individuals. Moreover, it is generally conceded that when the pensioner retires his income is drastically reduced. The researcher has found that income and medical care seem to be related in such a way that the low income groups, although they have the most illness, receive the least preventive care.

This point which concerns the economic aspects of health is only one of the many issues which have been raised in this study. Other aspects which would benefit from further investigation are the health aspects of housing for the aged both in planning for future construction and improvement of present housing. Retirement and its health implications both from the view point of studying the present retirement age and helping older people to adjust psychologically to retirement, could be further explored. Mental health, both in reference to maintaining good health and dealing with poor mental health, requires a more detailed examination also. Further studies might deal with these various areas more extensively than the writer has done.

However this study in spite of the selectivity and small size of the sample, has spotlighted one very essential fact. The older person must not be set aside to deteriorate. Four out of five pensioners of the sample studied here are physically and mentally alert and able. The recognition of their abilities to serve in some way and to be a part of daily activities will help to maintain them as happy, energetic and capable individuals.

PART IV  
ECONOMIC AND EMPLOYMENT ASPECTS OF THE MONTREAL SAMPLE

by

Olive Chesworth

## CHAPTER VII

### SOURCES OF INCOME AND OCCUPATION

#### Introduction

This part of the study, comprising Chapter VII, turns to a consideration of the economic and employment aspects of the Montreal sample.

As indicated in Part I, the primary purpose of this pilot study is to ascertain whether the schedule compiled by Townsend and his colleagues could be used in a larger Canadian survey and whether the data obtained would be internationally comparable. There are, of course, limitations as, "comparisons between income levels themselves are bedevilled by problems of relative costs of living, and of the comparability of currencies."<sup>1</sup>

Data from the Montreal sample will be compared with that presented in Townsend's Report<sup>2</sup> of a recent pilot study in Greater London and, where applicable, with his Bethnal Green, London study.<sup>3</sup>

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<sup>1</sup>Peter Townsend and Brian Rees, The Personal, Family and Social Circumstances of Old People. A Report to the International Institute of Gerontology. (London: University of London, 1959.), Part IV, p. 30.

<sup>2</sup>Ibid. pp. 29-30.

<sup>3</sup>Peter Townsend, Family Life of Old People (London: Routledge and Kegan Paul, 1957).

The sample selected in Montreal is limited to pensioners from a specific industry. Since the sample is a small one, it cannot be claimed that the picture is representative of post-retirement households in this city. Indeed, in some respects, the sample can be considered to be a special group. All 54 men interviewed had enjoyed the security of steady employment for an average period of 35 years, and all are now in receipt of a regular, if small, industrial pension.

We have, elsewhere in this study, defined "old age" at 65 years. Income, for the purposes of this study, we define as "cash" income, as reported by the pensioner. No attempt can be made to assess assets in terms of the value of home ownership, rent-free accommodation, household possessions or of family transactions, although it is realized that these factors do undoubtedly affect the standard of living of older persons. The term "sample" refers to the group of 54 male pensioners, retired from one large multi-occupational industry, all of whom reside in Greater Montreal.

Chapter VII will be divided into two sections. We shall now outline, briefly, each of the sections as they appear, stating what aspects of economy and employment will be considered.

The first section will consider the sources and broad levels of the cash income of the Montreal sample. The lower range of income groups will be compared with the estimated income required by local minimum welfare budgets for elderly persons. Although aspects of "hidden" income cannot be evaluated, they will be discussed in terms of how certain intangible economic factors affect the validity of the present material. We will show that, although poverty may be absent

from our sample, hardship may exist where least expected, despite statistical evidence to the contrary.

In the second section reasons for retirement will be discussed, together with a description of those pensioners who feel physically capable of work beyond their mid-sixties. Townsend maintains<sup>1</sup> that systematic research may reveal that there are as many older people willing and able to work as are still working. Inasmuch as individuals vary considerably in their capacities, while occupations differ markedly in their demands, the question of whether a considerable percentage of older people desire to continue to work has significance for both industry and for the national economy.

These interrelated aspects will be presented together, with material from the Montreal sample.

The second section closes with an outline of the findings and conclusions drawn from this part of the study. Recommendations will be made for modification of the interview schedule, where the writer feels that such modification would gather more meaningful material for analysis of the pensioners' financial position.

#### Income of Pensioners

In considering the retirement income of the 54 pensioners in the Montreal sample, we must stress the definition of income, as it will be used in this part of the study. We shall limit ourselves to cash income,

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<sup>1</sup>Townsend and Rees, op. cit., Part IV, p. 29.

as reported by the respondent. No evaluation of assets and family transactions will be made. All income is at gross value.

Although various sources of income are defined in the Montreal schedule, the individual amounts received from each source were not requested.<sup>1</sup> Estimated annual income was ascertained by asking respondents to fit themselves into a given income group on a show card.<sup>2</sup> There is then, clearly, a wide margin of error in the available material. Nevertheless, allowing for variation, the figures do give broad levels of income of a small group of pensioners from a specific industry.

We will now consider the broad level of income of our sample. Table 24 shows the income distribution of the Montreal sample by annual income groups and according to marital status.

Table 24

Income Distribution of 54 male Pensioners by Annual Income Groups and Marital Status

Annual Income Groups in Dollars	Marital Status			
	Total	Married	Single	Widowed
Totals	54	41	2	11
\$ 500 - 999	1	-	1	-
1000 - 1499	6	1	-	5
1500 - 1999	11	11	-	-
2000 - 2499	12	10	-	2
2500 - 2999	7	6	1	-
3000 - 3999	7	4	-	3
4000 - 4999	5	5	-	-
5000 plus	3	2	-	1
Not reported	2	2	-	-

<sup>1</sup>Appendix E Montreal interview schedule, p. 7.

<sup>2</sup>Appendix F Show Card.

It can be seen from this table that one-third of the men in our sample had incomes below \$2000 per annum. A further third fall between the \$2000 and \$3000 annual income bracket. Only eight pensioners had incomes exceeding \$4000 per annum.

Annual income of less than \$2000 would seem to be a very modest one for elderly couples living alone. We will examine more closely the economic circumstances of the group of men whose incomes fall within this range.

Of the 18 men whose annual incomes fall below \$2000, 12 are married. The average monthly income for these couples is approximately \$145.83. This average estimate is based upon the mid-point of the annual income bracket in the <sup>\$1500-1999</sup> range (\$1750) and, therefore, it can serve only as a rough guide.

Turning to the six unattached men in this group of 18 pensioners, we find one, a single man, with an income of less than \$1000 per annum. He is in receipt of Old Age Assistance.<sup>1</sup> The five widowed pensioners all have annual incomes falling in the \$1000 to \$1499 group. When based upon the mid-point of this income group, the average monthly income of these widowers amounts to \$104.16.

It is interesting to compare these approximate monthly averages with the minimum income requirements estimated in local welfare budgets. The Montreal Diet Dispensary, in 1961, gives the following table as an example of basic budgets for elderly persons living alone. The additional estimate for couples has been compiled by the writer, with the help of

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<sup>1</sup>Old Age Assistance - provides up to \$55.00 monthly, to needy persons who are over 65 years of age, on the basis of a means test. Maximum income allowable is \$960.00 per annum for unattached, and \$1620.00 per annum for couples. The programme is jointly supported by Federal and Provincial Governments.

material provided by the Executive Director of the Montreal Diet Dispensary. The complete budgets showing full details considered under each budget item can be seen at Appendix B.

1961 Monthly Budgets for Elderly Persons

Budget Item	Woman	Man	Estimate for Couple
Housing	\$43.00	\$43.00	\$55.90
Food	28.37	33.93	54.25
Clothing	4.48	5.79	10.27
Personal Incidentals	2.11	2.19	4.30
Reading Material	1.51	1.51	1.51
Religion	1.08	1.08	2.00
Recreation	1.08	1.08	2.00
Transportation	3.00	3.00	4.00
Entertaining	.90	.90	1.00
Personal Allowances	2.15	2.15	3.30
Household Supplies	1.26	1.26	2.91
Replacements	.52	.52	1.50
Monthly Total	\$ 89.46	96.41	142.94
Annual Total	\$ 1073.52	1156.92	1715.28

It is stressed that:

These budgets for elderly persons living alone provide the kinds and amounts of goods and services needed to meet the bare necessities for the maintenance of health, dignity and independence. There are no provisions for the following: medical, nursing, dental care or

drugs, new furniture or furnishings, savings, insurance or payment of debts, telephone, gifts or holidays.<sup>1</sup>

On the basis of these budgets it would appear that 12 of the 18 pensioners whose approximate monthly income is \$145.83, plus the five widowed men whose monthly income is approximately \$104.16, and the single man who is in receipt of assistance, could all be considered to be living at or below marginal levels.

Meanwhile, further exploration of the circumstances of these 18 pensioners is revealing. Appendix Table 3 shows classification of men in this marginal income group, according to their living arrangements. From this table we can see that 7 of the 12 married couples are home owners. A further 2 couples live with relatives and that only 3 live in rented accommodation.

An examination of the living arrangements of the six unattached men reveals that one is a home owner, that 2 of the 6 live with relatives and that 3 are in rented accommodation.

From the total of 18 men whose annual income is less than \$2000, only 6, or one-ninth of the total Montreal sample could, in the light of the budgets presented, be considered to be living at a marginal level.

From this analysis it can be seen that any assessment of cash income alone is misleading, as home ownership or residence with relatives tends to offset lower income.

As can be seen from this discussion, in order to assess income with any degree of reliability it would seem essential to elicit more detailed

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<sup>1</sup> Montreal Diet Dispensary "1961 Monthly Budgets for Elderly Persons Living Alone". Montreal, 1961.

information than that required by the Montreal schedule. Sources of income by themselves are not meaningful. Specific amounts from each source should be requested. Items of expenditure, particularly the main ones of rent, food and fuel, could have been revealing and would have proved most helpful in more realistically evaluating the present material.

Having explored broad levels of cash income we will now consider the sources of this income. All 54 men in the sample are industrial pensioners, and, therefore, they are in receipt of a regular, if small income.

Table 25, shows classification by the number of different sources of income, according to annual income group. In making this assessment, where both the pensioner and his wife are in receipt of Old Age Security Pension,<sup>1</sup> this has been counted as two different sources of income. We do this, as no material is available describing internal household economy, nor do we know whether the wife considers her old age pension as her own income, or whether it is considered joint income.

We find that, inclusive of the employer's pension, 21 of the 54 pensioners derive income from two different sources. A further 19 have three sources, and that 9 have four sources, while one pensioner has as many as five different sources of income. Only four men depend entirely upon their employer's pension.

Multiple sources of income however, do not necessarily indicate those pensioners in the higher income brackets.

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<sup>1</sup>Old Age Security Pension - provides a flat rate of \$65.00 monthly to all persons at 70 years of age who have resided in Canada for 10 years or more. The programme is supported entirely by the Federal Government.

Table 25

Annual Income of 54 Montreal Pensioners  
Distribution by Number of Different Sources of Income  
and Types of Sources

Number of Sources of Income	Number of Pensioners	Annual Income Groups in Dollars								
		Total	\$500- 999	1000- 1499	1500- 1999	2000- 2499	2500- 2999	3000- 3999	4000- 4999	500- -
	54	1	6	11	12	7	7	5	3	2
<u>One Source</u>	<u>4</u>									
E.P. <sup>a</sup> only	4	-	2	-	1	-	1	-	-	
<u>Two Sources</u>	<u>21</u>									
E.P. - Old Age Assistance	1	1	-	-	-	-	-	-	-	
E.P. - Full Time employment	2	-	-	1	-	1	-	-	-	
E.P. - Federal Benefit (W.V.A.) <sup>b</sup>	1	-	-	1	-	-	-	-	-	
E.P. - Wife's earnings	1	-	-	1	-	-	-	-	-	
E.P. - Private Income	10	-	-	-	1	3	1	4	1	
E.P. - One O.A.S.P. <sup>c</sup>	6	-	1	2	1	1	1	-	-	
<u>Three Sources</u>	<u>19</u>									
E.P. - Private Income - Federal Benefit (U.I.B.) <sup>d</sup>	1	-	-	-	1	-	-	-	-	
E.P. - Private Income - Full time employment	1	-	-	-	-	-	1	-	-	
E.P. - One O.A.S.P. - Private income	8	-	2	3	2	1	-	-	-	
E.P. - One O.A.S.P. - Federal Benefit (W.V.A.)	1	-	-	-	1	-	-	-	-	
E.P. - One O.A.S.P. - Part Time employment	2	-	1	-	-	-	1	-	-	
E.P. - Two O.A.S.P. <sup>e</sup>	6	-	-	2	3	-	-	-	-	1
<u>Four Sources</u>	<u>9</u>									
E.P. - One O.A.S.P. - Private Income - Federal Benefit (F.A.) <sup>f</sup>	1	-	-	1	-	-	-	-	-	
E.P. - One O.A.S.P. - Private Income - Full Time employment	1	-	-	-	-	-	-	-	1	
E.P. - One O.A.S.P. - Part Time employment - Foster Children	1	-	-	-	1	-	-	-	-	
E.P. - Two O.A.S.P. - Private Income	4	-	-	-	-	-	2	-	1	1
E.P. - Two O.A.S.P. - Federal Benefit (U.I.B.)	1	-	-	-	-	-	-	1	-	
E.P. - Two O.A.S.P. - Part Time employment	1	-	-	-	-	1	-	-	-	
<u>Five Sources</u>	<u>1</u>									
E.P. - Two O.A.S.P. - Private Income - Federal Benefit (W.V.A.)	1	-	-	-	1	-	-	-	-	

- a. Employer's Pension.
- b. War Veterans Allowance.
- c. One person in receipt of Old Age Security Pension.
- d. Unemployment Insurance Benefit.
- e. Two persons in receipt of Old Age Security Benefit.
- f. Family Allowance.

It is worthwhile here, to examine the nature of these sources of income. Thirty-six of the 54 men interviewed were in receipt of some form of government benefit, from five different programmes, in addition to their employer's pension. Four of these 36 pensioners derive income from two different government programmes.

Twenty-seven pensioners, or half of the Montreal sample, have private incomes. Only one couple derive additional income by virtue of the wife's earnings in full-time employment.

Respondents were asked to state their main source of income. Table 26, page 130 shows distribution of annual income according to the main source of income as reported by the pensioner. Further classification by marital status has been made to show the effect of Old Age Security Pension upon total income.

All 54 men in the sample are in receipt of an employer's pension. The amount is based upon previous occupation, length of service, and it is also dependent upon the formula of the employer's pension plan at the time a given pensioner retired. The exact amount of these pensions was not ascertained, but 20 of the 54 men stated that their main source of income was their employer's pension. Another group of 15 men stated their main source to be Old Age Security Pension.<sup>1</sup> Only 8 of the 54 men declared private income, such as property income or investment income, as the primary source. One pensioner only, is in receipt of Old Age Assistance.<sup>2</sup>

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<sup>1</sup>Supra, p. 127,

<sup>2</sup>Supra, p. 124.

Table 26

Main Sources of Income, as Declared by Pensioner  
 Distribution of the Montreal Sample  
 By Marital Status and Main Sources of Income to Annual Income Group

Main Sources of Income by Marital Status	Number of Pensioners	Annual Income Groups in Dollars								
		Total	\$500- 999	1000- 1499	1500- 1999	2000- 2499	2500- 2999	3000- 3999	4000- 4999	5000- -
Totals	54	1	6	11	12	7	7	5	2	3
<u>Single Men</u>	2									
Old Age Assistance	1	1	-	-	-	-	-	-	-	-
Employer's Pension	1	-	-	-	-	1	-	-	-	-
<u>Widowed Men</u>	11									
Old Age Security Pension	5	-	4	-	1	-	-	-	-	-
Employer's Pension	5	-	1	-	1	-	2	-	1	-
Rent from Property	1	-	-	-	-	-	1	-	-	-
<u>Married Couples</u>	41									
One Old Age Security Pen.	5	-	-	3	2	-	-	-	-	-
Two Old Age Security Pens.	5	-	-	2	3	-	-	-	-	-
Employer's Pension	14	-	1	4	3	1	3	1	1	-
Full Time Employment	3	-	-	1	-	1	1	-	-	-
Part Time Employment	1	-	-	-	-	1	-	-	-	-
Rent from Property	3	-	-	-	1	2	-	-	-	-
Property Income	3	-	-	-	-	1	-	2	-	-
Dividends and/or Interest	1	-	-	-	-	-	-	1	-	-
War Veterans Allowance	2	-	-	1	1	-	-	-	-	-
Unemployment Insurance Benefit	1	-	-	-	-	-	-	1	-	-
Total Income not Reported	2	-	-	-	-	-	-	-	-	2
Main Source not Reported	1	-	-	-	-	-	-	-	-	1

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Four of the eight men in current employment declared their salary as their main source of income. Of these four men, three are in full-time employment and one in part-time employment. Another pensioner now in full-time employment who did not declare his current salary as his main source of income, was formerly of professional status and, therefore, he may draw a substantial employment pension.

There would seem to be an obvious error in one schedule, where the respondent has declared that unemployment insurance benefit was his main source of income. With an income falling between \$4,000 to \$4,999 per annum, this would seem unlikely.

Concerning the reliability of information, Townsend maintains that, "to the usual difficulties in interpretation one must add a presumed degree of unreliability on the part of the respondents to withhold information about a subject which many consider to be private."<sup>1</sup> To this we would add that a degree of distortion is also probable, especially when information concerning income is requested only in broad terms.

So far we have been concerned only with cash income, as reported by the pensioner. "Money or gifts given by married relatives living elsewhere, usually children, made up a second kind of help regularly received by old people."<sup>2</sup> We are unable to make any evaluation of these resources, but will briefly discuss them in general terms. This kind of income we will define as "hidden" income. Certain aspects of such hidden income must profoundly affect the living standards of elderly persons. The extent to which they manage with additional help is important for any larger

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<sup>1</sup>Townsend and Rees, op. cit. Part IV p. 29.

<sup>2</sup>Townsend, op. cit. p. 64.

study. Such income, either in cash or in kind, is seldom considered by the elderly as income, but as part of normal family transactions. In many instances, because of this help a higher standard of living may be achieved than would otherwise be possible.

For instance, an elderly couple living alone on an annual income of \$1500, without supplementation of any kind, will be in a far different position to the couple whose daughter lives in the home and who shares expenses, or to the couple who receive gifts in cash or in kind from relatives. Yet, in each case, the stated cash income might be the same.

The pensioner's asset position also, merits closer attention. Assets are here seen to include real estate, property, stocks and shares, bank deposits and savings accounts, and the surrender value of life insurance policies. The current market value of owner-occupied property could also be included.

In our limited sample we have some pensioners living with relatives or receiving some help from them. Others occupy rent-free accommodation, usually in return for services, such as part-time janitor work. There are also pensioners who are home owners and others who let part of their property. We are unable to assess the effect that these varying conditions have upon the pensioner's standard of living. A detailed discussion of the relative cost to occupiers of owned or rented accommodation is beyond the scope of this study, but it would seem to be an important feature in any larger survey.

Due to lack of information, no detailed examination of either the

family budget or the asset position is possible. It would seem essential that in order to constructively appraise the level of living, of any sample, more than current cash income must be examined.

In a sample comprised entirely of industrial pensioners it would seem feasible to expect that poverty would be absent. Yet, we find that one pensioner is in receipt of Old Age Assistance.<sup>1</sup> A single man, aged 68 years, who lives alone in a rented room, he had an annual income of less than \$1000. If assessed at the maximum amount of \$1000, this only allows him \$83.33 monthly. Thus, at the maximum amount possible, his average monthly income falls short by \$13.08 of the basic income requirements of current local welfare budgets for an elderly man living alone.<sup>2</sup>

Also, from the group of pensioners whose annual income falls within the lower brackets, a brief sketch of one married couple will demonstrate how statistics alone can prove misleading, and that we must look beyond them to the human situation behind.

Mr. Brown,<sup>3</sup> now aged 71 years, a skilled non tradesman, retired at 65 years after working for the same company for 25 years. Mrs. Brown is aged 68 years. A normal working class family, the couple managed well and were always self supporting. Mr. Brown himself built their eight-roomed house, where they live with their daughter and grandson.

Statistical information will show that the couple's income falls within the \$1500 to \$1999 annual income group, that they are home owners and that they derive income from four different sources.

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<sup>1</sup>Supra. p. 124.

<sup>2</sup>Supra. p. 125.

<sup>3</sup>A pseudonym.

The main source is declared as Old Age Security Pension, at \$65.00 monthly. Employer's pension amounts to \$25.00 monthly and Family Allowance is received in respect of their grandson. Income from property (? boarders) at an unspecified amount is also recorded.

They would seem to be managing on a modest but adequate income, offset by home ownership. However, the interviewer found this family in great distress. The daughter was in a convalescent home following a serious illness. Mr. Brown himself was a sick man. There were multiple financial and medical problems, and in view of accumulated debts, the couple felt forced to sell their home. This alone was extremely distressing, and in fact, was a measure that may only have temporarily alleviated the financial situation.

The interviewer was able to place the couple in touch with the Family Service Association (Elderly Persons Unit), who are now helping them.

Illness in old age is one of the economic crises which families on modest incomes are often ill-prepared to meet. The considerable strain which this imposes on older people often results in further difficulties.

Townsend has said that "one of the possible consequences of retirement is poverty."<sup>1</sup> Although this directly refers to the considerable drop in income usually experienced at retirement, unforeseen medical expenses in the later years can be seen to contribute toward such a situation.

What are the dimensions of poverty today? There are no generally agreed standards. In 1901, Rowntree stated that families living in poverty were those "whose total earnings are insufficient to obtain the minimum necessities for the maintenance of merely physical efficiency."<sup>2</sup> With the span of half a century, J.K.Galbraith, writing in the 1950's, has said, "people are poverty stricken when their income, even if adequate for survival, falls markedly behind that of the community."<sup>3</sup>

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<sup>1</sup>Townsend, op. cit., p. 154.

<sup>2</sup>B. S. Rowntree, Poverty: A Study of Town Life (London: Macmillan Co., 1902).

<sup>3</sup>J.K.Galbraith, The Affluent Society (Boston: Houghton Mifflin Co.).

The pensioners in the Montreal sample cannot be considered as living within either of these levels of poverty. Yet some, perhaps, can be said to be living at a marginal level. If this is so, then bearing in mind the limitations of our sample, and despite the relatively small number, there are implications that a considerable group of older persons are living under conditions of hardship. However, they may go unnoticed because poverty is a state nowadays to which few people care to confess.

In a brief summary of the findings of this section we note that the majority of men in the sample have an annual income of less than \$3000, and that half of this group have an annual income of less than \$2000. Less than one in six of the sample have incomes above \$4000 per annum. The majority of men in the sample are married.

The findings show that in addition to their employer's pension, two-thirds of the men interviewed were in receipt of income from government programmes. Most of the pensioners derive income from either two or three different sources.

Comparisons of income from the lower income brackets, to that required by local basic welfare budgets, show that, from the material available, one-ninth of the pensioners in the Montreal sample could be considered to be living at a marginal level.

Exploration of other than cash income reveals the extent to which home ownership may affect lower income, and how aspects of "hidden" income can markedly alter the living standard of elderly persons.

Occupation and Employment of Older Citizens

Within the broad aspects of occupation and employment this section will consider age and the reasons for retirement. We shall describe why our findings are not directly comparable with Townsend's studies. Further exploration will be made of the pensioners' capacity to work, and of their willingness to do so should the opportunity occur.

We will first consider retirement. In his Bethnal Green study Townsend found that the fall in income explained many of the older person's problems. While this single fact must be accepted as the major one, affecting as it does all aspects of a person's life, the closely related loss of occupation, and deprivation of useful function must not be minimized.

Dr. Hans Selye, the noted research physician, has said:

The process of aging does not progress at the same speed in everybody. Many a valuable man, who could still have given numerous years of useful work to society, has been made physically ill and prematurely senile by the enforcement of retirement at an age when his requirements and abilities for activity were still high. The psychosomatic illness is so common it has been given a name: retirement disease.<sup>1</sup>

The majority of people are adjusted to what is considered the normal social role of earning a living, but in the course of time retirement must inevitably come. For many people, this change, whether it is enforced or voluntary, is a difficult one because of the inherent loss of status this brings in both home and community. "It completely alters his life, lowers his prestige, thrusts him into poverty or near poverty, cuts him off from the friendships and associations formed at work and leaves him with few

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<sup>1</sup>Hans Selye, The Stress of Life (New York: McGraw-Hill Book Co., Inc., 1956).

opportunities of occupying his time."<sup>1</sup>

In his Report on a recent pilot study in Greater London, England,<sup>2</sup> Townsend is interested in two main aspects of the employment of older persons. First, in ascertaining how many men and how many women are still at work at different ages over sixty years. And, secondly, the extent to which those who are retired, are still capable of an active life. The first of these questions will now be considered within the limitations of the Montreal sample.

In the industry from which our sample was taken, the retirement age of 65 years is one generally adhered to for all occupational groups. The sample includes pensioners whose previous occupations ranged from vice-president to labourer. All were influenced by the company retirement policy. With the exception of voluntary retirement at an earlier age, there was no margin for individual decision. For this reason, and in view of the rudimentary nature of the questions asked concerning reasons for retirement, no precise analysis of this aspect can be presented here.

In the Montreal sample, reasons for retirement then, are not directly comparable with those found by Townsend in his Bethnal Green Study. (Table 35, page 144. "Family Life of Old People" refers).

Only 7 of the Montreal sample of 54 men retired at other than 65 years of age. Ill health was given as the reason for early retirement by three pensioners, whilst one other did so following a serious accident.

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<sup>1</sup>Townsend, op. cit., p. 153.

<sup>2</sup>Townsend and Rees, op. cit., Part II, p. 8.

Two pensioners retired voluntarily before reaching the specified age, but after working 40 and 35 years respectively. One man stayed on at work for a further two-year period, at his employer's special request.

Of the four who retired prematurely for reasons of ill health, none now consider themselves well enough to work. The two who retired voluntarily, earlier than the specified age, both feel well enough to work, but they are not interested in seeking any.

Questions were not asked whether pensioners would have remained at work, either in their normal or in alternative jobs, or whether they would have continued in part-time work, if the opportunity had been afforded them. Although this would seem to be an important area for enquiry and should be included in any further study.

Meanwhile, four of the pensioners now have full-time, and four have part-time employment. Table 27 shows the distribution by employment and age of the Montreal sample, in comparison with that found by Townsend in his Bethnal Green study.

Comparison of data in the two tables draws attention to the greater proportion of men in the London sample who remain in employment after the age of 65 years. It would appear that many men who are employed where no compulsory retirement plan is implemented, do in fact remain in gainful employment, or find it easier to transfer to lighter work in their mid-sixties.

Table 27

Employment of 54 Montreal Pensioners by Age  
in Comparison with  
A Townsend's Table - Employment of Men by Age

Employment Status	Age Groups in Years					
	Total	55-59	60-64	65-69	70-74	75 plus
Totals	54	1	2	18	24	9
Retired completely	46	1	2	15	21	7
Full Time Employment	4	-	-	3	1	-
Part Time Employment	4	-	-	-	2	2

B	Townsend Sample <sup>a</sup>					
	Totals					
Totals	64	-	-	25	21	18
Retired	39	-	-	10	12	17
Full Time Employment	19	-	-	13	6	-
Part Time Employment	6	-	-	2	3	1

<sup>a</sup> Source: Peter Townsend, Family Life of Old People, Table 32, p.138

The second of Townsend's questions<sup>1</sup> which we will consider within the limitations of the Montreal sample, concerns the older person's capacity and willingness to work. We will now describe the findings of our sample and compare them, where possible, with Townsend's Greater London pilot study.

<sup>1</sup> Supra. p. 137.

Eight of the 54 pensioners are currently employed. The remaining 46 men were asked whether they felt now they could undertake a paid job. Those who considered themselves fit enough to work were then asked if they were interested in either full-time or part-time employment and whether they would accept work if the opportunity occurred.

Table 28, page 141 shows the labour force status of the Montreal sample according to the pensioner's responses to these questions. The distribution is shown in broad occupational groups. Census categories proved to be too broad to determine groups of occupations which are applicable to our particular sample. The writer has, therefore, prepared a list which, allowing for local variation, compares as closely as possible with the ones compiled by Townsend, which are based on an occupational classification, and used in both his Bethnal Green<sup>1</sup> and Greater London studies.<sup>2</sup>

It should be stated here that the pensioners were not asked whether they had or were now actively seeking employment. This further probing about efforts made to obtain work would seem to be an important aspect for any larger study.

Of the 18 pensioners who felt unable to undertake any kind of work, only 9 were not physically sound. The 17 men who felt able and were interested in working, were all physically fit enough to work. None of those with physical handicaps said that they felt able to work. Response to these questions would seem to support Townsend's findings<sup>3</sup> that the elderly generally are realistic in their appraisal of their occupational capacities.

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<sup>1</sup>Townsend, op. cit., p. 141.

<sup>2</sup>Townsend and Rees, op. cit., Part IV, p. 23.

<sup>3</sup>Ibid. p. 29.

Table 28

Labour Force Status of 54 Male Pensioners  
by Occupational Groups

Occupational Group	Labour Force Status							
	Total	Not well enough to work	Well enough not Interested		Well and Interested		Currently Employed	
			Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Totals	54	18	6	5	6	11	4	4
Executive	3	-	1	-	2	-	-	-
Professional and Non Manual	10	1	-	1	1	3	3	1
Skilled Tradesmen	5	2	-	1	-	-	1	1
Partly Skilled	24	11	4	2	2	5	-	-
Unskilled	12	4	1	1	1	3	-	2

When the above facts of labour force status were superimposed upon a distribution by annual income groups as shown in Table 29, page 142, it is seen that, perhaps, contrary to expectations, no real relationship exists between the stated desire to work and financial necessity to do so.

It is worthwhile here to note the ages of the men in the Montreal sample, with regard to their self assessment of capacity to work. Fourteen of the 18 men who did not feel well enough to work were over 70 years of age. Men who felt well and were interested in full-time work were in the age range from 67 to 71 years, and for those interested in part-time work the ages ranged from 73 to 76 years. It is interesting to note how closely

the latter two groups correspond to the age range of the eight men in the sample who are currently employed.<sup>1</sup>

Table 29

Labour Force Status of 54 Male Pensioners  
Distribution by Annual Income Groups

Labour Force Status	Annual Income Groups, in Dollars									
	Total	\$500-999	1000-1499	1500-1999	2000-2499	2500-2999	3000-3999	4000-4999	5000 plus	Not Rep.
Totals	54	1	6	11	12	7	7	5	3	2
Not well enough to work	18	-	1	8	4	3	-	1	-	1
Well but not interested										
full-time	6	-	2	-	-	-	2	1	1	-
part-time	5	-	-	-	3	-	1	-	-	1
Well and interested										
full-time	6	-	-	1	1	1	-	2	1	-
part-time	11	1	2	1	3	1	2	1	-	-
Currently employed										
full-time	4	-	-	1	-	1	1	-	1	-
part-time	4	-	1	-	1	1	1	-	-	-

Due to the small size and the limitations of the present pilot study, any findings must necessarily be treated with caution. Nevertheless, the findings relating to the older persons' capacity to work do compare favourably with those shown by Townsend in his Report,<sup>2</sup>

<sup>1</sup>Supra. p. 139, (Table 27)

<sup>2</sup>Townsend and Rees, op. cit., Part IV, p. 29

In this Report, Townsend records that from a total of 79 persons, 5 of 19 men and 13 of 60 women, stated that they felt able to work and would accept it if the opportunity arose. On the basis of these figures Townsend states that, "these numbers may not seem large but if they can be confirmed by more systematic research, they suggest that there may be as many elderly people wanting to work and able to work, as are at work."<sup>1</sup>

If, as suggested, further research reveals that a considerable number of older people are both willing and able to continue working in their mid-sixties, this has significance for both industry and for the national economy. The older worker, too, could derive immense satisfaction from continued employment. As John W. Bruce has said:

This is one of our real social and economic problems, that requires an intensive research into all phases of the study of human behaviour, and an effort to create conditions that will take these people out of a life of enforced idleness, restoring their usefulness, and the dignity of earning what is rightfully theirs in the use of their labour power.<sup>2</sup>

In briefly summarizing the findings of this section, it is important to note that nearly half of our group of retired pensioners are able and interested in paid employment, although less than one-third of these men are currently employed. Personal assessment of their own capacity to work would seem to be realistic, and is consistent with their physical capacity to do so. Personal choice at retirement did not apply to this group of men all of whom were influenced by company policy of retirement at a specified age.

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<sup>1</sup>Ibid.

<sup>2</sup>John W. Bruce, "Labours' View of the Older Worker Problem" Canada at Work, Speaking Out, about the Older Worker Problem, Department of Labour, Ottawa: 1960, p. 19.

Findings and Conclusions

This part of the study has considered some aspects of income and employment of 54 male industrial pensioners, all of whom reside in Greater Montreal.

The income structure of the pensioners has been analysed from the standpoint of the broad levels, number of different sources and the main source of cash income. Local welfare budgets showing estimated basic income requirements have been presented, and the income of certain pensioners has been compared with these. Aspects of "hidden" income have been discussed in terms of how certain intangible economic factors affect the validity of the present material. Reasons for retirement have been considered and we have described those pensioners who feel physically capable of working beyond their mid-sixties.

We find a wide diversity of income distribution. Within this small group, pensioners' annual income ranges from less than \$1000 to over \$5000. The majority of the sample would appear to have a modest but adequate income. A large percentage of lower cash incomes are seen to be offset by home ownership. There are, however, a relatively small minority of men whose annual income does not exceed \$2000, who may be living under conditions of hardship. Comparisons between the income of this group and the income requirements for local basic welfare budgets were not favourable.

Without detailed information about income and expenditure no accurate assessment of the pensioners' financial status was possible. We have seen how the examination of cash income alone can be misleading

and that to constructively appraise the standard of living of any sample, aspects of "hidden" income and other assets, such as property, real estate, stocks and shares, bank deposits and savings accounts, must be considered.

Due to the fact that in the Montreal sample, company policy governed the retirement of nearly all pensioners, no adequate analysis of reasons for retirement could be made. From the evidence we have presented, it seems that the number of those in employment after their mid-sixties is greater where no compulsory retirement plan exists. It would appear that after they have once terminated their regular employment, older workers may have more difficulty in finding new work. Meanwhile, the receipt of an industrial pension may, in itself, have an important bearing on the fact that so few pensioners are actually in post retirement employment.

The older person's capacity to work has been discussed. The findings of our sample suggest that there may be a considerable number of men in their mid-sixties who are willing and able to work.

In the present study there were no discrepancies between pensioners' stated capacity to work and their physical ability to do so. We find that these elderly men had a realistic appraisal of their own capacity to work.

Some of the limitations of this pilot study are now clear, the sample, a very small group of pensioners from a specific industry are in no way representative of a cross section of elderly people in Montreal. Some of these limitations are also due to the fragmentary economic approach which yields little information in the one interview situation. We will now consider this aspect.

The writer feels that with certain changes, the interview schedule would yield more meaningful information and give a clearer picture of the economic circumstances of elderly people.

Suggestions for modification to the Montreal schedule will be made, bearing in mind that as respondents will be elderly, the length of the interview is most important and must be limited. The problem of concentration and memory among the elderly also points to the necessity to restrict the range of questions.

With these points in mind, the following suggestions for change under the heading of income, are made.

It would seem essential to know the specific amounts received from each source of income. People with limited incomes are usually likely to know with some degree of accuracy, how their income is derived. This one addition would also indicate the pensioner's asset position, and to some extent, aspects of hidden income could be evaluated.

If items of expenditure were requested, even if only the main ones, such as rent, food and fuel, this knowledge would greatly facilitate the analysis of the financial position. Those are items, too, that we could expect respondents to know readily.

The main source of income should be more accurately defined. When a respondent declares his old age pension is the main source, it should be ascertained whether he is referring to his own, or (where applicable) to both his own and his wife's pension, jointly.

The show card used in the present study should be amended so that income groups are consistent and do not change from \$500 to \$1000 spans. In order to facilitate more accurate assessment of total income, it is

suggested that the income groups on the show card be reduced to spans of \$250. This amount could then be easily condensed later, if necessary, by the analyst.

If specific amounts from each source are not requested, it would seem advisable to have a further show card with the estimated monthly income. Not only would this be a valuable cross check, but people may more easily know the amounts of income at the monthly level. For instance, a pensioner is more likely to know that he receives \$65.00 monthly, old age pension, than \$780.00 per annum.

With the addition of these few basic questions, which would not appreciably lengthen the interview, it is felt that more accurate analysis of the older person's financial status would be possible.

Despite the confines of the present pilot study, certain important facts about the economic circumstances and some aspects of employment of older people have emerged. The information gained from the use of the Montreal interview schedule, will, we hope, also be of advantage to the researchers who will be conducting the future larger survey of a cross section of elderly persons in Montreal.

PART V

FAMILY AND SOCIAL RELATIONSHIPS  
OF THE MONTREAL SAMPLE

by

Sheila Kelly

## CHAPTER VIII

### FAMILY RELATIONSHIPS

All people, to the end of their lives, continue to have the basic human needs for love, companionship, the feeling of belonging, security, recognition, creative expression and new experiences. Above all other institutions, the family has provided for old people the chief essentials for prolonged physical existence and the basic factors for social security. Despite potentials for strife and tension, family relationships are more intimate, responsibilities are more reciprocal, and personal ties are more long lasting than in any other association shared generally by human beings. Whenever a society and its families, with the support of the prevailing culture, can create and sustain mutually supportive relationships between its youth and its elders, old age security rests on its firmest foundations.<sup>1</sup>

In Part V, Chapter VIII, the relationship between the 54 pensioners in the Montreal sample and their families will be discussed. The modern family, however, in western culture, is unable to meet all the individual's needs as once it did. The other social relationships and activities of these pensioners will be considered in Chapter IX.

Proceeding to the discussion of the pensioners' family relationships, there will first be a brief examination of some of the material

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<sup>1</sup>White House Conference on Aging, Jan. 1-12, 1961. Background Paper on Family Life, Family Relationships and Friends (Washington: Government Printing Office, April, 1960).

regarding the aged coming from recent studies. Then a description of the families of the sample will be given. Next, the pattern of proximity of children's dwelling to the parents will be discussed. This will be followed by an investigation of the amount of social contact with their children including letter or telephone contact. When there are no children nearby, it might be assumed that the sibling role would gain importance with more sibling contact. This theory is considered in the next section. Any information received from the schedule about other relatives including grandchildren, is found in the one following. The importance of grandchildren to the aged doubtless warrants more attention than is given, but any knowledge gleaned from the schedule is severely limited. The findings, criticisms, and suggestions for further study conclude this chapter.

Three main patterns of family living can be found in recent sociological literature. There is a great deal of information available regarding the rural pre-industrial revolution society, in which the extended family kinship system, with its interdependency of generations, formed a self-sufficient economic and social unit. It cared for practically all the needs of its members, both young and old. Few lived long enough to be classified as aged and these tended to be respected for their knowledge and experience. The control through property rights of the means of production, e.g. farm, kept the old person economically independent.

Miner's "St. Denis",<sup>1</sup> an ethnographical description of rural French Canadian culture as it was up until thirty years ago, provides information about the type of background from which some of the Montreal sample of

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<sup>1</sup>Horace Miner, St. Denis (Chicago: The University of Chicago Press, 1939).

retired pensioners may have come. The large family, whose members provided labour to work the farm, functioned as an economic unit. All the children shared in the work responsibilities under the father's guidance. Around age 60, the old man would turn over the management of the farm to his inheriting son, but he and his wife would help as long as they were able. The old couple continued to live in their home or else moved into a new addition to the farm house. The inheriting son would be influenced by their wishes in his choice of a wife to bring into the home. The old people therefore continued to be part of the family group, with the constant visiting and winter parties with relatives providing them with a stimulating social life.

To be contrasted with the extended family is the modern nuclear or conjugal family of husband, wife and young unmarried children. In towns and cities, all members of the family tend to gain economic independence, and this, together with the increasing mobility of wage-earners, has loosened family solidarity. Urban life with its small homes and apartments has diminished the chances of the aging parents sharing the home of one of their children. If lonely, they must more and more look elsewhere than to their descendants to provide companionship and sociability.

This conjugal family pattern can be clearly seen in the United States. Longer life expectancy has doubled the possibility of an adult having a parent over age 65. The smaller family moreover has meant that the number of adult children per aging parent has declined, consequently increasing the burden of responsibility on the children. The rapidly changing pace of American society has induced differences in cultural

values between the two generations. The old people now find their friends in their own generation apart from their descendants. Some have no children or have lost contact with them and now find themselves isolated and lonely.

Between the polar extremes of the extended family and the small conjugal family is the maternal extended family typical of the working class borough in London, England. In Townsend's study of Bethnal Green, London, he found that the majority of old people had close ties with their children, particularly those living in the borough. There was much visiting between the grandmother, her daughters, and their children. They had a system of mutual assistance wherein the old people were able to feel useful and also benefitted from the social contact and help from their children and grandchildren.<sup>1</sup>

With the three family patterns in mind, the situation of the 54 retired pensioners in Greater Montreal will now be examined, to see what is their pattern of family relationships and to decide what conclusions may be drawn from them to apply to older people in Montreal in general.

In order to examine the relationships between the pensioner and his family, it is necessary first to know who the families are. As can be seen from Table 4 (page 27), the sample contains 41 married men, 11 widowers and 2 single men. From Table 3 (page 26), it is learnt that 26 of the men are of French origin, 22 are of British origin and 6 come from other countries such as Italy, Russia and the West Indies. In the following table, the ethnic origin of the pensioner is compared by the

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<sup>1</sup>Peter Townsend, Family Life of Old People.

composition of his family.

Table 30

Ethnic Origin and Marital Status by Family Composition

Family Composition	Total	Ethnic Origin					
		F r e n c h		B r i t i s h		O t h e r	
		married	widowed	married	widowed	married	widowed
Total	54	22	3	15	6	4	2
No children	7	4	-	2	1	-	-
1-3 children	21	6	-	7	4	3	1
4-6 children	16	6	1	6	1	1	1
7-13 children	8	6	2	-	-	-	-
Single	2						

It is noted that the table includes families consisting of one adopted daughter (French), one stepson and one stepdaughter (British) and one stepson (other).

Of the 54 pensioners, 45 have children and 9 are childless. Six of the married men and one widower have no children. There is one single man who is French and another who is British.

It is interesting that the 8 large families with from 7 to 13 children are all of French ethnic origin. In the small families having 1 to 3 children, there are twice as many of British origin as of French. Included in the small families are 5 with only a son, 4 of British origin and one of French. One French family has a single daughter. Besides these, a West Indian pensioner reported having just one son. There is also a large

difference between the number of British and French children.

Table 31  
Number of Children and Ethnic Origin

Ethnic Origin	Size of Family	Sons	Daughters	Both
French	7-13 children	39	39	78
"	1-6 children	19	22	41
Total		58	61	119
British	1-6 children	29	28	57
Other	1-6 children	8	10	18

Table 31 shows that there are double the total number of French children compared to British children, although in Table 30 there are only three more French families with children than British. The age range of the children as shown in Appendix Tables 4 and 5, runs from an average of 40 to 50 years for the eldest child to an average of 30 to 40 years for the youngest. Two pensioners, age 60 to 64 years, each have a child still in his teens.

All the 45 pensioners who have children, have also grandchildren, except one who has only an unmarried son, age 31 years. As can be seen from Appendix Table 6, the grandchildren range in age up to 29 years with the majority in their teens. One old man reported that he had great grandchildren. Little is known about the pensioners' grandchildren as the schedule only asked the age of the oldest grandchild.

In the Montreal sample of 54 pensioners therefore, are 45 men with children and 9 childless men, three of whom lack wives. Seven have only

one child and of these, 3 are widowers, so that more than one quarter of the sample have few if any family resources to fall back on, for economic, health, housing or social problems. The majority of the group do seem to have the possibility of adequate family relationships. Let us see what additional information is gained when we next consider where the children live in relation to their father's home.

In assessing family ties, it is important to know the distance that the old parent must travel to visit the child or vice versa, so as to gain some idea of the availability of children for the old person. In the Montreal schedule, the pensioner was asked to express the distance in the form of travelling time by the usual method of conveyance. This gives more accurate assessment than by mileage in an area such as Greater Montreal.

First to be examined is the proximity of the nearest child as can be seen in the following table.

Table 32  
Family Size by Proximity of Nearest Child

Proximity in travel time	Total	Family Size in Numbers of Children		
		1 - 3	4 - 6	7 - 13
Total	45	21	16	8
Same Dwelling	20	8	8	4
Within 5 minutes	8	3	3	2
5 - 29 minutes	8	2	4	2
30 - 60 minutes	2	2	-	-
Over 60 minutes	7	6	1	-

It is noteworthy that 20 of the 54 pensioners have one child (or more) living with them. A further 16 have one child (or more) living within a half hour's journey. That is, 37 per cent share their homes with at least one child and two-thirds have at least one child living up to thirty minutes away. As 45 or five-sixths of the group have children, 80 per cent of these have a child within half an hour.

The 8 large (French) families of 7 or more children, all have a child within thirty minutes and thus have a greater likelihood than the average to have a child close to home. Whereas, in the small families, especially where there is just one child, there is a strong tendency for the children to fall into two separate categories. Either they live in the same dwelling as their parent, which could be interpreted as a strong relationship tie; or they live over an hour's journey away, suggesting possibly a weak relationship and definitely that they are not available to provide much companionship or daily help to the pensioner.

There is an equal likelihood that the nearest child will be a son as a daughter. 17 are sons; 17 are daughters; and 11 pensioners have both a son and a daughter equally close.

Ethnic origin affects proximity of children as seen in Table 33, on the following page.

It is interesting to note that 6 French pensioners compared to 1 British and 1 other pensioner have children living within five minutes. This usually means upstairs or next door; which would suggest a stronger family tie or greater interdependency in these French families.

Table 33

Ethnic Origin by Proximity of Nearest Child

Proximity in Travel Time	Total	Ethnic Origin		
		French	British	Other
Total	45	21	18	6
Same Dwelling	20	9	9	2
Within 5 minutes	8	6	1	1
5 - 29 minutes	8	4	4	-
30 - 60 minutes	2	1	1	-
Over 60 minutes	7	1	3	3

Of the 7 men whose closest child lives more than an hour away, 3 seem to have children within the Greater Montreal area. The other 4, including 3 of British descent and 1 of French, would appear to reflect the American pattern of small families and high mobility. They have 1 or 2 children only and these are far away. For example, one pensioner has a daughter in Delaware; another has one daughter in New York and another in Chicago.

It appears that the amount of annual income of the 45 of the 54 pensioners who have families, has no significant effect on the proximity of their nearest child.

After considering the factors affecting the proximity of the old men's nearest child, it is now important to examine the proximity situation of all the children, as described in the following table.

Table 34  
Proximity of All Children

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Proximity in Travel Time	Both	Sons	Daughters
Total	194	95	99
Same Dwelling	28	15	13
Within 5 minutes	27	16	11
5 - 29 minutes	41	12	29
30 - 60 minutes	31	12	19
Over 60 minutes	66	39	27
Not reported	1	1	-

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It is interesting to note that of 194 children, nearly 50 per cent live within a half hour's journey from their fathers. About 16 per cent or 31 more live under an hour's journey and one-third live over sixty minutes travelling time away.

This information can be considered along with the results of Townsend's study of 203 old people in Bethnal Green, London.<sup>1</sup> There, 40 per cent of the children lived within a mile and only 11 per cent had homes outside London. Nineteen per cent lived with their parents compared to 14 per cent in Greater Montreal.

Whereas Townsend found that daughters tended to live closer to their mothers than sons, the Montreal study reveals that the pensioners' sons live both closer and further away from the father than the daughters.

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<sup>1</sup>Peter Townsend, Family Life of Old People.

16 per cent of the sons lived within five minutes compared to 13 per cent of the daughters and 20 per cent compared to 14 per cent of the latter lived over an hour's trip away. Townsend stressed particularly that married daughters in Bethnal Green lived closer to their parents than married sons, while the Montreal sample shows no such significant difference.

On the whole, therefore, children of the Montreal group live further from their parents than in Bethnal Green. Thus far, there is no sign of the maternal extended family pattern.

It has been noted earlier<sup>1</sup> that of the 45 pensioners having children, a large proportion, 20, share a dwelling with one or more children.<sup>2</sup> In 11 of these cases the children are single; in 6 cases they are married; in 2 cases (both French) there are both single and married children in the home; and one case is not reported. Four of the 6 married children are daughters, 3 of whom are British. Aside from this, there is no significant difference in ethnic origin or in sex.

It is rather interesting to note that of the 20 pensioners, 15 are owners or tenants sharing their home with their children. The other 5 share their children's homes. In 4 of these cases, the child is married.

Sharing a home insures some social contact for the old person. This is an excellent situation provided the pensioner feels welcome and wanted. As stated earlier<sup>3</sup> however, a family has potential for strife and tension as well as for security. The continuation of happy relationships is easier where the old person feels at home. Thus the retired man

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<sup>1</sup>Supra, p. 156.

<sup>2</sup>Details of household composition have been discussed in Part II. Supra, p. 52, see Table 11.

<sup>3</sup>Supra, p. 149.

who can live in his own home is likely to want to continue to stay there.

Proceeding on to summarize this section, it can be said that of the 45 Montreal pensioners who have children, 80 per cent have at least one child within thirty minutes travelling time, i.e., two-thirds of the total sample of 54 old men. The French pensioners, especially those with large families, have a greater tendency than the British to have children residing in close proximity to their homes. This situation would appear to be a carry-over of the old rural French pattern. In a very few cases can be seen a reflection of the pattern of small families and high mobility more common in the United States. There is no sign of the closer proximity particularly of the daughters, that might indicate the maternal extended family pattern, as found in Bethnal Green, London. So far, therefore, the analysis of the Montreal schedule shows that the majority of the retired men have children living nearby, with the potential for close relationships. Let us now examine the pattern of social contact between the old man and his children.

To estimate the amount of social contact the pensioner has with his family, one must first consider that 41 of the 54 men being married, have the companionship of a wife. Six married men, 1 widower and two single men have no children, which leaves the latter 3 rather isolated from close family relationships. To establish the amount of contact the pensioners have with their children, each old man was asked when he had last seen each child. From the results a picture of the average frequency of interfamily visiting can be gauged.

In the following table the most recent contact that each pensioner had had with a child is given. The majority of the 45 retired men with

children, had seen at least one of them within a week. Of the remaining 8, 5 had seen a child within the month, and 3 within the year only.

Table 35

Family Composition by Latest Contact with a Child

Latest Contact	Total	Size of Family in Number of Children		
		1 - 3	4 - 6	7 - 13
Total	45	21	16	8
Today	27	11	11	5
2 - 7 days	10	3	4	3
8 - 30 days	5	4	1	-
1 - 12 months	3	3	-	-

It can be seen from the table that the larger the family, the more likely the pensioner is to have seen a child within a week. The 3 men who had not seen a child for over a month, have from 1 to 3 children. In the 8 large families which are French, the father had seen at least one child within 7 days. This situation is further clarified in Table 36 on the following page.

There is a greater tendency in all the families of French origin, than in the British, for the father to have had contact that day or that week with a child. This suggests that the French members of the sample are more sociable and possibly have stronger family ties than the British. But there is another factor which modifies the situation, as can be clearly seen in Table 37 also on the following page, that considers the latest contacts with all of the pensioners' children.

Table 36

Ethnic Origin by Latest Contact with a Child

Latest Contact	Total	Ethnic Origin		
		French	British	Other
Total	45	21	18	6
Today	27	13	11	3
2 - 7 days	10	6	3	1
8 - 30 days	5	1	2	2
1 - 12 months	3	1	2	-

Table 37

Ethnic Origin by Latest Contact With All Children

Latest Contact	Total	%	Ethnic Origin					
			French	%	British	%	Other	%
Total	194	100	119	100	57	100	18	100
Today	45	23	23	19	18	32	4	22
2 - 7 days	75	39	52	44	18	32	5	28
8 - 30 days	32	16	17	14	10	17	5	28
1 - 12 months	32	16	21	18	10	17	1	5
Over 1 year	7	4	6	5	1	2	-	-
Not Reported	3	2	-	-	-	-	3	17

It is interesting to note that a greater percentage of the children of British origin, than French, had seen their father on that day. Both French and British equally had seen their parent that week. A larger number of French than British children had not seen their father for over one year. Therefore the French pensioner with on the average a larger family, tends to have more social contact than the British, but parents and children of British origin appear to visit each other more often.

A further point which illustrates the closeness of family relationships, is that of the 54 pensioners only 1 reported being alone at Christmas and only 1 on New Year's Day. Both of these spent the other day, the former with his family, the latter with his wife. Those who had families spent the two holidays with them; those who didn't, spent the holidays with their wives and/or friends.

Another rather striking fact is that, as in the case of proximity of children, the amount of annual income of the retired man would appear to have no effect on the number of social contacts between the man and his children.

In considering all of the above information in the light of two of the family patterns, <sup>namely</sup> one that is typical of the French pre-industrial Canada and the other that describes modern western society, particularly the United States, one can see that the family as found in this small sample from Greater Montreal falls in neither category, but somewhere in between. Family relationships would seem to be closer than in the United States pattern as 82 per cent of the pensioners who had children visited with a child within a week and 62 per cent of the children had

seen fathers within the same week. Family ties are not as close as they were in pre-industrial Quebec, however, as a minority of 3 pensioners had not seen a child for 1 to 12 months, nor had 20 per cent (39) of the children seen their fathers for up to a year or more.

It could be suggested that a modified extended family system might be found in Montreal, in some ways comparable to that found in Bethnal Green, London. There is a definite though small tendency for a pensioner's latest contact to have been with a daughter and for daughters to have visited their parents more recently than sons, as can be seen in Appendix Tables 7 and 8. No clue, however, is given by the information gained from the schedule as to the strength of the tie between the retired man's wife and daughters, so as to compare it with that of the maternal extended family. It can only be said that in this sample, family relationships seem strong between the majority of pensioners and their children.

Another important subsection that should be included in social contacts, is the role played by the telephone to link the parent with his children, or by the letter when they are far away. The fact that the telephone has become commonplace in Canada (91 per cent of the sample own one) has made a big difference in the lives of older citizens. They can be more independent, when shopping may be done by merely lifting up the telephone receiver. Help from the family can be summoned more easily when necessary and a long telephone chat can take the place of a visit when weather or illness prevents travelling.

It is most unfortunate that the schedule did not specify telephone and letter contact separately since a telephone call has a far

greater emotional impact than a letter. In the original Townsend schedule, the two were placed together, because local British phone calls cost the same as postage stamps. The amount a telephone contributes to the ability of an infirm older person to be independent, would be very helpful to know. It is also unfortunate that this schedule question was inadequately completed.

In the following table, the pensioners' latest telephone and letter contacts with each of their children is shown.

Table 38  
Family Composition by Latest Telephone and Letter Contact  
with Each Child

Telephone and/or Letter Contact	Total	Family Composition in Number of Children		
		1 - 3	4 - 6	7 - 13
Total	194	39	77	78
Today	20	3	15	2
This week	54	13	21	20
1 - 4 weeks	23	4	6	13
1 - 12 months	8	-	2	6
Over 1 year	8	-	5	3
No telephone	4	-	-	4 <sup>a</sup>
Not reported	49	11	17	21
Not applicable <sup>b</sup>	28	8	11	9

<sup>a</sup>These children have no phone.

<sup>b</sup>These children are living in the same dwelling as the pensioner.

All but 5 of the Montreal sample have telephones. The latter include 2 who have no children, 2 who have one adopted or stepchild, and 1 who has four children whom he phoned or wrote to that day; if phoned, then presumably from his daughter's flat upstairs.

The most important point here besides the large number not reported, is the relatively greater use of the telephone by the smaller families, which might suggest a closer relationship between child and parent in the small family.

Those eight elderly men who had no contact with a child within a week, include 3 who had telephoned or written one that week, 2 who did so within the month and 3 were not reported.

The family contacts of those pensioners with children have been considered, but what of those 9 who have no children? Let us examine the role the siblings of these men play and include in the group the 8 pensioners who had not seen a child for over a week. Is there a closer bond between the siblings where there is little contact with children or no children?

Of the 17, 4 pensioners have no siblings at all. One has a brother and sister living within five minutes and another has a sister under thirty minutes. Three others have siblings under an hour's journey away and 6 over an hour. Two were not reported.

Seven retired men had visited with at least 1 sibling that week. Two had not seen a sibling for over a month and 1 for over a year. Three were not reported. Two of the pensioners had written or phoned a brother that day and one had that week. Another 2 had written or phoned within the month, while a third had only within the year.

Seven were not reported.

Thus of those who had relatively weak relationships with their children or no children at all, 5 had siblings living within an hour's journey and 7 had seen a sibling that week. For these pensioners the sibling relationship might form the main close family tie.

Let us compare these facts with the situation for all the pensioners' siblings. In the following tables, the proximity and latest contact with all siblings are given.

Table 39

Ethnic Origin by Proximity of Siblings

Proximity	Total	E t h n i c    O r i g i n		
		French	British	Other
Total	150	79	64	7
Same dwelling	2	1	1	-
Within 5 minutes	3	1	-	2
5 - 29 minutes	8	5	3	-
30 - 60 minutes	15	9	5	1
Over 60 minutes	92	46	42	4
Unknown	7	4	3	-
Not reported	23	13	10	-

As can be seen from these tables, the large majority of siblings live more than an hour's journey away from the pensioners to whom they are related. A few appear to have frequent contacts with the retired

men, but it seems that most see each other only within a year or even less.

Table 40

Ethnic Origin by Latest Contact with Siblings

Latest Contact	Total	E t h n i c O r i g i n		
		French	British	Other
Total	150	79	64	7
Today	2	1	1	-
2 - 7 days	15	5	8	2
8 - 30 days	7	3	4	-
1 - 12 months	28	19	9	-
Over 1 year	15	3	12	-
Not reported	83	48	30	5

There does not seem to be any significant difference in the proximity of brothers or sisters. It would appear, however, that there is a slight tendency for French siblings to live closer, but for British siblings to visit more frequently, as also seen in the children. Those 13 out of 17 pensioners who do have siblings, but have little or no contact with a child, appear to have a greater tendency than the rest of the 54 to be in closer proximity and have a stronger tie with one or more of their siblings. Thus the sibling bond is likely to be stronger in the absence of parent-child relationships.

It is most unfortunate that this schedule question was labelled to be filled in only if no child had been seen within 28 days. The lack of

reporting for 83 of the siblings makes it impossible to give more than a trend in estimating the strength of the sibling tie. The information from the question referring to phoning or writing siblings is not included herein as the reporting was too incomplete.

To cover the possible family relationships of those pensioners who have close ties with neither children nor siblings, two schedule questions were asked about other relatives. These were very poorly answered and were too limited in scope. They should have been applied to all of the 54 pensioners, as any one of them might have a strong relationship with a cousin, etc., which would have been missed by the schedule wording.

Only one man, who has no child or sibling living within five minutes, reported having another relative, a brother-in-law, within that distance. The same man reported seeing this relative once within the month. Another man, who also had had no contacts with a child or sibling for a month, was visited each month by a sister-in-law. Two other pensioners, each reported seeing a cousin within the last few months. Four men stated that they had seen no relatives at all recently. Of these, one pensioner has no family aside from his wife, but they are raising two foster children. Two others have wives, but no other relatives near. The other pensioner is a lonely widower with his closest relative living in Toronto.

The two single men in the sample have no close relatives nearby. One had seen a cousin a few months ago, the other a sibling, but both men have found substitute families. Each has boarded for many years with the same people and is considered more or less part of the family.

With due allowance for the inadequacies in schedule completion, it can be said that all but 10 of the 54 pensioners had had contact with a relative within a week indicating the possibility of at least one good family relationship. The majority of the remainder are married and have therefore some companionship and 2 have found substitute families. Only 2 or possibly 3, can be said to be really isolated from the warmth and security of family relationships.

It should be noted that grandchildren have been mentioned only briefly due to the inadequacy of the schedule. All that is known is the age of the eldest grandchild (Appendix Table 6), which enables the researcher to state that of the 45 pensioners with families, all but one have grandchildren. Nine retired men have grandchildren living in the same dwelling. Some reported baby sitting or playing with their grandchildren. As the grandparent-grandchild relationship is a very special one, with large possibilities for mutual enjoyment and satisfaction, it is strongly felt that this area should have been more adequately covered in the schedule.

In conclusion, the researcher found that the Montreal sample of pensioners represent a very stable pattern of family life rich in the strengths of family relationships. Much has been carried over from rural Quebec and imported from pre-industrial England by these old men, or their fathers, and adapted to present-day urban needs. There are only a few small families who reflect the higher rate of mobility and lack of cohesion found in modern western society, especially in the United States. In several ways comparable to the people of Bethnal Green, London, where a village atmosphere still lingers a little, the Montreal group shows signs

of strong family ties represented by the proximity of children and frequent social contacts between parent and child.

There is relatively little difference between the families of the two main ethnic groups. The children of French origin tend to live closer to their fathers and have on the average larger families; the French pensioners tend to have more social contacts. Children of British ancestry tend to visit and phone or write more frequently suggesting stronger relationships. The retired men's siblings tend to follow a similar ethnic pattern.

The large majority of the sample can be said to have adequate social contacts with children or in a few cases with siblings. Only two or possibly three are quite isolated so that they might lack family resources in time of need. There is therefore, a type of extended family pattern existing in Montreal.

The situation could have been more fully described had more information been received from the schedule. Unfortunately several questions including those on siblings and other relatives were poorly completed due to green interviewers and lack of understanding of the schedule.

For the future larger study, it is suggested that the alteration and addition of certain questions would reveal much more of the lives of retired Montrealers. The separation of letter and telephone contacts would show the role of the telephone in the old person's life; something that is particular to Canada (and possibly to the United States). Contact with siblings should be considered for all of the sample to see whether sibling relationships take the place of children or whether some people

have strong ties with both. Does the sibling become more important again in later life?

Definitely more information should be known about the grandchildren and what they add to the retired man's interests. It would be interesting to know who cooks the holiday dinner as well as at whose house it is served; to find out whether the wife is still able to have the satisfaction of providing for the children and grandchildren seated around her own table.

It would also be a useful addition to present knowledge, to examine the pattern of suburban development to find out to what extent there is a tendency for the children to live and work in the same suburb as their father settled in. One would have to ask the exact location of the children to find out.

From these findings and suggestions it can be seen that the study of family relationships in Montreal is both revealing and rewarding. And now the other side of the pensioners' social lives will be considered in the next chapter.

## CHAPTER 9

### SOCIAL RELATIONSHIPS AND ACTIVITIES

Family relationships are an important source of interest and help for the older citizen, but they are not of themselves sufficient to fill a pensioner's life. Activities, interests and friendships are also necessary. This chapter sets out to discover whether the 54 Montreal pensioners are finding some of these satisfactions or whether they are unhappy and lonely.

Retirement from work after many years of employment often creates a void in the life of the older man. He who has been active in his earlier years senses a loss of purpose to his life on retiring. Besides experiencing a drop in income, he is deprived of many other satisfactions, such as status, the opportunity to be creative, the feeling of usefulness, and self-respect, and the loss of his friends on the job, often the only ones he may have.

The man who has been most absorbed in his work, is the one who has the greatest difficulty in adjusting to retirement, for most likely he has failed to develop other intellectual, cultural or recreational interests. Work used to provide a scheduling of time and the pensioner now finding himself with nothing to do, becomes lonely.

Old age is fertile soil for loneliness. It can be caused by a recent move from a familiar setting, or by the loss of a job around which friendships had been centered. It can also be caused by the

death of a wife or the disappearance of family.

The old extended family pattern provided a common social life for its members always including the old people. The modern small conjugal family with the differing interests and viewpoints of each generation and the high mobility of its members, tends to provide only a minimum of social life for the elderly.

Declining physical strength and reduced income often induces withdrawal from church organizations, club activities and former intimates.

The high mobility of modern society encourages the dispersal not only of relatives, but of friends, too. Those known from early adulthood, if still living, are likely to reside elsewhere.

When old ties are broken, many retired people are unable to make new friendships to take their place. Many single persons have always lacked close ties, but have become more aware of their absence in later life. Others formed compensatory attachments like the two single men in the Greater Montreal study as mentioned in the previous chapter.

It is important to note that this chapter is based on the section of the Montreal schedule on social isolation, which was the most poorly completed of any part of the schedule. The information received, except on loneliness and possibly club membership, is too inadequate to be tabulated and can best be used to provide the basis for discussion and speculation. It is unfortunate that the wording of several questions in the schedule was changed from that in Townsend's schedule. The original version probably would have produced more useful and accurate information and thus have added more to the knowledge of social relationships of older people.

With these ideas in mind, the discussion of the social relationships and activities of the sample of 54 retired men, resident in Greater Montreal, now proceeds. First to be considered is the relative amount of social isolation of these men and the meaning of loneliness to them. Following this will come brief descriptions of their social contacts and activities. Then the importance of club memberships will be discussed. Finally in conclusion, there will be a statement of the findings along with suggestions for the improvement of the future larger study.

To discover the relative amount of social isolation each one of the 54 pensioners was asked whether he was lonely. 57 per cent answered never, 13 per cent rarely, 7 per cent sometimes and 17 per cent often. Six per cent were not reported. These replies can be compared with Townsend's study in Bethnal Green,<sup>1</sup> where 5 per cent of the old people reported being very lonely, 22 per cent sometimes lonely and 72 per cent not lonely. In a Milan, Italy study<sup>2</sup> of older people, 10 per cent of 1291 men reported being very lonely and 20 per cent sometimes lonely. By comparison, it would appear that loneliness was more common in the Montreal sample.

In the table that follows, the degree of loneliness of the retired men is shown in terms of their age.

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<sup>1</sup> Peter Townsend, The Family Life of Old People, p. 173.

<sup>2</sup> Ernest W. Burgess, ed. Aging in Western Culture (Chicago: University of Chicago Press, 1960), p. 19.

Table 41  
Loneliness by Age

Age Group (in Years)	Degree of Loneliness					
	Total	Never	Rarely	Sometimes	Often	Not reported
Total	51	31	7	4	9	3
55 - 59	1	-	-	-	1	-
60 - 64	2	1	1	-	-	-
65 - 69	18	12	2	-	1	3
70 - 74	24	17	3	4	5	-
75 - 79	9	6	1	-	2	-

It is interesting to note that of the 13 men who stated that they were often or sometimes lonely, 11 were 70 years or older, that is, the likelihood of loneliness increased with age. It can be suggested however that this was rather inevitable as an old person gradually tends to lose relatives, friends and health. Let us examine the effect of these and other factors on the loneliness of the 54 pensioners.

Marital status had no significant statistical effect on whether a retired man was lonely or not. Seven widowers reported that they were never lonely, while 4 often were. Twenty-two married men weren't lonely, but 7 often were. It is interesting that both the single men (who were rather isolated) stated that they never were. It appears therefore, that whether the lack or loss of a marital partner causes loneliness varies with the individual man.

When compared by ethnic origin, there was no difference to be found, except that the French retired men who said they were often lonely, outnumber the British by 6 to 2. It could be suggested that the French men were used to more social contacts with family and friends than the British, and therefore missed them more when the relationships were absent or lacking in warmth, than the British men who were accustomed to less.

In the following table, the effect of income on loneliness is examined.

Table 42  
Loneliness by Income

Annual Income (in Dollars)	Total	Degree of Loneliness				
		Never	Rarely	Sometimes	Often	Not Rep.
Total	54	31	7	4	9	3
\$500-999	1	1	-	-	-	-
1000-1499	6	4	-	1	1	-
1500-1999	11	3	4	1	3	-
2000-2499	12	9	-	-	3	-
2500-2999	7	4	1	-	2	-
3000-3999	7	4	1	1	-	1
4000-4999	5	3	-	-	-	2
5000 and over	3	2	-	1	-	-
Not reported	2	1	1	-	-	-

It is noteworthy that all those who stated that they were often lonely, also reported that they had an annual income of under \$3000. It appears from the sample that a pensioner with a higher income is less likely to be lonely. Probably, a more adequate income provides extra money for hobbies, and interests; while travelling to visit relatives and friends can be done more frequently and easily.

Those pensioners who were working tended to be less lonely. Moreover, many of those who were often lonely wished that they could be employed. One man said that having no job was the worst thing, because work keeps a man lively. Others seemed to lack a sense of purpose in their lives. Also, those who worked seemed to enjoy and benefit from the social contact with friends and acquaintances on the job. It is quite possible that the stimulation and social relationships at work meant more to these pensioners than the pay, while the extra money would probably enable them to widen their leisure time activities. Work would help to fill the day for the old man who had nothing in particular to do.

Several pensioners were sad that they had no real friends, only acquaintances. One man told the interviewer how much he missed his friends who had died. Friendships are very important especially to the retired man who had more time for them, but this is the period when his old friends and contemporaries become fewer.

Poor health seemed to be related closely to frequent feelings of loneliness. Of the 13 often and sometimes lonely men, 9 had some kind of health problem and 5 of these were physically incapacitated. Ill health stopped men from working and from carrying on many of their

accustomed activities. It sometimes isolated them from their friends and outside stimulation. Also, certain of the health problems tend to depress their mood, which would further limit social relationships

In the next table, the relationship between loneliness and household composition is analyzed.

Table 43  
Loneliness by Household Composition

Household Composition	Total	Degree of Loneliness				
		Never	Rarely	Sometimes	Often	Not Reported
Total	54	31	7	4	9	3
Alone in Dwelling	5	2	-	1	2	-
Spouse only	21	9	4	2	4	2
Spouse and relatives	18	12	2	-	3	1
Relatives, no spouse	5	4	-	1	-	-
Relatives and non-relatives	3	2	1	-	-	-
Non-relatives only	2	2	-	-	-	-

As might be expected, those who lived with a wife and/or relatives were less likely to be lonely than those who resided with a wife only. The two single men who boarded or roomed with non-relatives, had both developed ties with these people and seemed adjusted to otherwise isolated lives. Of those 5 living alone, two were often lonely and one working as a part-time janitor stated that he was sometimes lonely. One man who owned some

flats and did his own maintenance work, was too busy to be lonesome. The last man, a very isolated, childless widower, said that he was never lonely, but the interviewer felt that he was, due to his enthusiastic welcome of her. Possibly other pensioners would not have wished to admit it either. It would appear therefore, that social relationships with <sup>the</sup> household fill an important role in warding off loneliness. A man living with several people is less likely to be lonely than the one residing alone or with just a wife.

When family relationships were related to loneliness it was found that 8 of the 13 often and sometimes lonely pensioners had had contact with a child within a week, and 2 others with a sibling. Two of the remaining 3 were married, so that only the last one, Mr. X, was really isolated of the 13. A widower with 2 children over an hour away, his latest contact with one of them had been within a month. However, a visit from a sibling or even two from children in a week does not make up for a once full house of children, nor do the schedule questions bring out the relative warmth of the relationship. In all, 8 of these 13 appeared to miss relationships once enjoyed with a wife and/or children.

When the above information is further analyzed, it shows that each lonely man was an individual case affected by some combination of the aforementioned factors. Possibly the loneliest man was the widower, Mr. X, who had buried two wives, who lived alone, and whose only regular contact was the waitress in a local restaurant. He was 75 years old, had a reported annual income of \$2,000 - \$2,499, and had worked until a year ago. He wanted to write the history of the

locomotive but couldn't seem to concentrate.

Mr. Y, on the other hand, was married and appeared to have close relationships with his four children. He had a fairly adequate annual income, especially as he lived rent free in a bottom flat owned by his daughter, who lived upstairs. But he had no real friends, just acquaintances and nothing to do except to go for a walk or potter in the garden. He wished he could have work to do.

Mr. Z was also married and shared his home with an unmarried son, a married daughter, her husband and children. He was about 74 with a reported annual income of \$2,000 - \$2,499 and had had to stop work in 1960 following an operation. His weak legs prevented him from doing much beyond baby sitting and as a result his self-esteem was low. He felt that it was the worst thing to have no work and that it must be terrible for men without a family. He had no outside contacts.

In contrast with these three lonely pensioners was Mr. N, aged 71, who was married and had a low reported annual income. He hadn't seen his adopted daughter for one to twelve months and had very few social contacts. He didn't go out much, except to church on Sunday and had no reported interests or hobbies. Yet this man stated that he was never lonely. It is suggested that he had never had many social contacts and therefore did not miss them.

In this Montreal sample, it appears that it was not those pensioners who were isolated with very few social contacts who tended to say that they were lonely. The isolates usually were continuing a pattern that they had been following for a relatively long time and were accustomed to it. It was those who were desolated by some loss who called

themselves lonely. It was the old men who expected more than they received in terms of affection, friendship, good health and occupation; those who were forlorn, bored, sick and unhappy, who said that they were lonely. They might be in the midst of kind relatives and friends but have just lost their wife or a job and thus feel miserable. Loneliness to them means desolation not necessarily isolation.

Proceeding on to consider social relationships, it is found that very little information can be drawn from the schedule regarding the social contacts of the pensioners aside from their families. This is partly due to the wording of the questions and partly to their very inadequate completion. One should know exactly how many friends were seen, as well as how many neighbours and what was the role of each. Contact with tradesmen etc., also needs clarification. A system of weighting needs to be devised so as to balance the more important conversations with friends, against several slight contacts with say, a postman.

From the limited information available, the 54 pensioners can be divided into three groups, based on the number of social contacts they had in the two reported days. Those who worked were considered likely to have had many conversations and so were included in the socially active group. 14 or 26 per cent of the retired men had had at least four conversations outside of their close relatives, plus several slight contacts. Seventeen or 31 per cent had been moderately sociable with two or three conversations and up to three slight contacts. Twenty-three or 43 per cent had had possibly one conversation with up to three

slight contacts. Some of the latter had none or just one slight contact outside their immediate family in the two days.

This sample group on the whole seems to have few friends, for a number of the above conversations due to the schedule completion, were actually with sisters-in-law, etc., who would better be included under the section on family. Only a relatively few pensioners specifically were reported as seeing friends (instead of just a tick on the schedule). The future larger study will need much more detailed accurate information, to find out the real situation as to the frequency and relative importance of friendships.

More, though sketchy information was available about the daily activities of the pensioners, resulting from a question on how they spent their day. It is interesting to note that all but five of the retired men went out for some reason, if it be just for a walk, on one of the two days. Two of the five were incapacitated physically and two others appeared to be withdrawn. There does not seem to be any connection between loneliness and daily living pattern.

Further analysis shows that the favourite weekday occupations of the pensioners included walking (14), visiting (8) and talking to friends and neighbours (9). One group ~~were~~<sup>was</sup> at work full or part-time and others watched T.V. It is interesting that all owned radios and 48 owned T.V. sets, both of which would help pass their time. Other less popular occupations included reading, gardening, housework, playing with grandchildren, and just sitting.

On Sunday, churchgoing seemed to be the main activity; 21 of the 54 old men went. Fourteen of 33 Roman Catholics attended as

compared to 6 of 18 Protestants. Visiting was the next favourite activity with 13 pensioners going out and 8 others receiving visitors at home. Seven went for a walk and 7 talked with a neighbour or friend. Others gardened, read, did some hobby or did housework. Three took a trip, one of them driving his own car. It would have been very interesting to know how many of the pensioners owned cars, how many still drove them, and what part the automobile plays in their lives. These questions would be pertinent to any similar study in the U.S.A. or Canada.

Much of the pensioners' activity seemed therefore to be unplanned and many spent a lot of time just pottering around. Those who could mention a number of things that they had done, often were the ones who seemed in the best spirits. If this subsection of the schedule could be expanded so as to get more details, it would provide much useful material about activities and their meaning to old people for the larger study.

Besides their daily occupations, 17 of the sample stated that they belonged to a club or other such organization. The following table shows the membership and the attendance according to ethnic origin.

It is noteworthy that those of British origin so greatly outnumbered those of French, in club membership. The club attended by one Frenchman within two weeks, was actually a poker game group of friends and relatives. The other old man of French origin had not attended his club for over six months, finding his social contacts within his circle of family and friends. The club would appear to be rather a British type of institution.

Table 44

Ethnic Origin by Club Attendance

Latest Club Attendance	Total	Ethnic Origin		
		British	French	Other
Total	17	11	3	3
3 days	7	6	-	1
2 weeks	2	1	1	-
1 month	3	2	-	1
3 - 6 months	3	1	1	1
Not reported	2	1	1	-

Two other men hadn't attended for a relatively long period, one due to ill health and the other had been working for a couple of weeks. On the other hand, 7 had been in the last three days, which suggests that their clubs had meaning for them.

It is unfortunate that the names of the clubs were not requested, but some mentioned include the Railway Club, the Canadian Legion, the Masons and various other fraternal orders. One Italian was the secretary of his branch of the Sons of Italy, a definite boost for his self-esteem.

The majority of club members were never lonely, but it seemed that club membership and attendance reflected their happiness and satisfaction, rather than being the cause of it. Of two club members who stated that they were often lonely; one who had last attended in a month, had no recent contacts aside from a waitress. The other who had attended last within three months, feared that he would lose his job and seemed

to have poor family and social relationships. Of two sometimes lonely pensioners who had attended within a week, one ex-executive did not have enough to do, and the other missed his wife and friends. Therefore, both lonely and never lonely retired men went to clubs, but the unhappy ones went less often; and club memberships did not seem to make the sometimes lonely men happy.

Income does not seem to affect club membership in this sample. All ranges of reported annual income are covered. It would be interesting however, to know how many had dropped out of organizations and clubs after they retired, and how many are taking a less active part in club affairs.

There are members in all the age groups from 60 to 79, and age does not seem to affect the number of members. There is though, a slight tendency for the older age groups to attend less often.

Club membership does not play a part in the lives of the majority of the Montreal sample. It appears that most find their social relationships among a circle of family and a few friends or neighbours. To those of British and other ethnic origins, for whom club attendance may have meaning, it appears that this is a rather peripheral activity or just one of the several interests of a socially active man.

In conclusion, it should first be said that the majority of the Montreal sample are neither lonely nor isolated. Moreover, isolates are not necessarily lonely for there are many factors, which alone or in combination may cause loneliness. Loss of work, poor health, inadequate income, and lack of family and social relationships are part

causes which all tend to increase as the pensioner grows older. The most important factor in desolation is the non-satisfaction of expectations.

Most of the group had few, if any, friends and few men were club members. Their main activities were frequently unscheduled and of the pottering variety. The majority gained their satisfactions from these and from a small circle of family and friends.

For the future larger study, it is suggested that the format of the social isolation section in the original Townsend schedule might be more useful than that used in the present study. More information is needed about social relationships and the importance of friendship to the retired man. A better picture is needed of the daily activities of retired Montrealers. It would be interesting to know how many continue to drive cars and how many drop out of their old clubs or join new ones after retirement. More knowledge is needed about the causes of loneliness and what effect various activities have in elevating or depressing a pensioner's mood.

It is hoped that the many suggestions put forward in both chapters of this part can be tested out in the larger future study and will be of some use in understanding and planning for the needs of Greater Montreal's senior citizens.

PART VI

FINDINGS AND CONCLUSIONS

by

Research Group

CHAPTER X  
FINDINGS AND CONCLUSIONS

The pilot project described in the present study is based on the results of interviews with the 54 male industrial pensioners resident in Greater Montreal. This exploratory study focused on important areas of the pensioners' day-to-day living. The areas investigated include housing and living arrangements, health and capacity for self-care, income and employment, and family and social relationships.

The group studied is not representative of a cross-section of older persons in Greater Montreal, because sample selection was limited to a single industry. Moreover, the information obtained from the Montreal schedule was affected by the lack of uniformity in interviewing techniques. Further shortcomings of the selection of the sample, discussed under Methodology, Chapter three, highlight the necessity for the planned larger study, to employ a more reliable method and source of sample selection. It is also important to note that the refusal rate in the second group of men interviewed was greatly reduced by the use of a mailed introductory letter, preceding a home visit.

The findings contained within the individual parts of this thesis will now be discussed. This will be followed by a critique of the Montreal schedule with suggestions for modifications.

In the spheres of housing and living arrangements, it was found that the large majority of the pensioners were adequately housed, and had at their disposition a proportionately high percentage of household amenities. One of the striking findings in this section, was that a large proportion of all the retired men were home owners. It is noteworthy that the French Canadian group of home owners reflect a distinctive ethnic feature; the majority of them live in revenue-producing property. The fact that the 54 pensioners were widely dispersed, with almost two-thirds situated in the suburbs, is also of interest.

For the most part, data indicate that the men in the Montreal sample function as an able group with very little limitation on their activities. Those who are incapacitated, or who have physical complaints, are found, mainly, between the ages of 70 to 74 years. In assessing the health picture of the whole group, it is important to bear in mind that the majority live with relatives and thus, are in a favourable position in case of illness. It is significant that the men in the lower income groups suffer from more illness than those in the higher income brackets.

Thus far it has been learned that the majority of the 54 Montreal pensioners are physically able and well-housed. We now turn to a consideration of the pensioners' income and employment. Analysis of the data shows that the pensioners are evenly distributed into three income groups. These groups are, below \$2,000, from \$2,000 to \$3,000, and over \$3,000. Those pensioners with incomes of less than \$2,000, appear to be operating on a marginal budget. However, closer scrutiny has revealed that any assessment of cash income alone is misleading, since

home ownership or residence with relatives tends to offset lower income.

Two-thirds of the sample are receiving some form of government benefit. Contrary to expectation, those pensioners within the lower-income brackets tend to have more sources of income.

In assessing employability and the old person's capacity to work beyond his mid-sixties, it was found that nearly half of the sample felt physically able and were interested in working.

The loss of employment at retirement has many implications for family and social relationships. On the whole, the Montreal sample appears to have close vertical family relationships characterized by proximity of the children and frequent contact with them.

In view of the fact, that such a large proportion of the pensioners live with either wife or relatives, it seems consistent that few men reported being lonely. Frequent family contacts, good health, and purposeful use of time seem to ward off loneliness.

Thus, from this study, it can be concluded that the majority of the 54 Montreal pensioners, are relatively healthy, adequately housed, and have close family relationships. However, the economic situation is not so clearly defined, as the structure of the schedule did not yield sufficiently detailed information for a very broad analysis.

At the onset of the present study, the introduction stated that the final chapter would deal with an over-all criticism of the Montreal schedule. It is appropriate at this time to consider the criticisms.

It should be pointed out that the original Townsend schedule was changed to some extent for the purposes of the Montreal pilot project. The Committee on the Health Needs of the Elderly of the Montreal Council

of Social Agencies felt that questions on religious, and ethnic origin should be included. Moreover one additional attitude question related to occupation, "What kind of a job would you like?" was included in order to find out to what extent the individual was able to evaluate his own situation and physical ability realistically.

At the end of the schedule, two open-ended questions were added by agreement of the research seminar: (1) "How do you feel about the questionnaire?" and (2) "Are there any questions you would like to ask?" The information elicited from these questions seems too meager to warrant their inclusion.

Other changes in the schedule were made prior to the time of the researchers' participation in the present study. These changes have been discussed and evaluated throughout the thesis.

Had all terms in the schedule been rigorously defined, and unanimously understood by the interviewers prior to interviewing, the quality of the information sought and obtained would have been more valid.

Another aspect of the schedule which was not sufficiently explored prior to interviewing concerns the scoring of the tabulations on "Incapacity for Self Care," ability to cope with "Daily Care Needs," and the section dealing with social contacts. For the most part, scoring was ignored because it was not emphasized before the schedules were completed.

The inadequate information gathered concerning the mental state of the pensioner, also reflects insufficient preparation for interviewing. A similar criticism applies to the sections on Social Isolation and Family Relationships.

There were some questions in the schedule which might have benefitted from rephrasing. For example, the majority of interviewers agreed that the question related to urine and faeces in the tabulation of incapacity provoked uneasiness in the respondents.

Certain other questions in the schedule did not seem to accomplish their aim. An example of this is the question regarding the details of the daily meal. This question brought forth varying responses which could not easily be compared. The same type of vague response resulted from the questions in the Social Isolation section, referring to people seen yesterday, visiting in someone's home, and conversation with persons outside the home.

Another question in this section asks the pensioner with whom he spent his Christmas or New Year holidays. The answer to this question does not yield the information desired. The researchers felt that the lack of information on these and other questions, was due to the revision of the schedule and the omission of important questions from the Social Isolation section.

In Part II on Living Arrangements, the researcher feels that several aspects of the pensioner's home situation would have been revealing, had they been sought. In view of the fact that the majority of the Montreal sample were suburban dwellers it would have been worth while to note the environmental changes that have taken place during their residency.

Other weaknesses in the Montreal schedule are pointed up in Part III. For example, the medical conditions from which the respondent may be suffering are not requested. Such a question would seem to be important

for inclusion in any larger study. It also would have been worth while to know the duration of hospitalization and/or the length of time the pensioner was confined to bed at home. These data would undoubtedly be pertinent in future planning for needs of the elderly.

The researcher who explored the area concerned with the pensioner's income and occupation felt that the related questions yielded unreliable information. This might be due to the fact that many people are reluctant to reveal their true financial situation. However, the following additions or changes in format of certain questions may be helpful.

The amount of income from each source might have been stated and the monthly, as well as annual income included. Expenditure should have been assessed to be posited against income. Another important consideration is the amount of equity each home owner had in his home. An additional point which might be included is the pensioner's income prior to retirement. This knowledge is essential in evaluating the change in income that usually accompanies retirement. Knowledge of these factors which were omitted in the schedule might have contributed to giving a fuller account of "The Personal, Family, and Social Circumstances of Old People."

The primary purpose of this study was to pre-test the Townsend Schedule to ascertain its applicability to Montreal. However, a true test could only have taken place if the original Townsend Schedule had been left in its entirety.

The researchers believe that despite the limitations outlined, this pilot project will make a positive contribution to the knowledge of those who will be engaged in conducting the larger cross-Montreal study.

**APPENDIX A**

**TABLES**

Appendix Table 1  
 Number Confined to Bed<sup>a</sup> for at Least One Day in  
 Last Year, By Age

Age Group	Total	Recency of Confinement to Bed in the Last Year					
		Within 1 month	Within 6 months	Within 1 year	1 year plus	N.R. <sup>b</sup>	
Years	Totals	54	2	6	4	39	3
55 - 59	1	-	-	-	1	-	
60 - 64	2	1	-	-	1	-	
65 - 69	18	-	1	1	14	2	
70 - 74	24	1	4	3	15	1	
75 - 79	9	-	1	-	8	-	

<sup>a</sup>Confined to bed does not include hospitalization but only when the person is ill at home<sup>1</sup>.

<sup>b</sup>Not reported means that the information was available but not obtained.

<sup>1</sup>Townsend Report, p. 10A Appendix.

Appendix Table 2

Number of Consultations in Last Year With Doctor, by Income<sup>a</sup>

Income Group	Consultations in Last Year							
	Dollars	Total	1-3	4-6	7-10	10 plus	Not in	W.R.
Totals		54	11	3	2	8	28	2
500 - 999		1	-	-	-	-	1	-
1000 - 1499		6	1	-	-	-	5	-
1500 - 1999		10	2	2	-	2	3	1
2000 - 2499		13	4	-	-	4	5	-
2500 - 2999		7	-	-	1	1	5	-
3000 - 3999		7	2	-	-	-	4	1
4000 - 4999		5	2	-	-	1	2	-
5000 plus		3	-	-	1	-	2	-
N.R.		2	-	1	-	-	1	-

<sup>a</sup>The Income Distribution is that found in the Montreal schedule.

Appendix Table 3

Marginal Income Group of the Montreal Sample  
 Classification of Eighteen Pensioners Whose Annual Income  
 is less than \$2000, Showing Living Arrangements  
 According to Annual Income and Marital Status

Pensioners by Marital Status and Income Group in Dollars	Total	Shared Dwelling	Private Household				Type of Arrangements		
			Flat	Apart- ment	House	Bungalow	Owned	Rented	Living with Relatives
<b>Totals</b>	<b>18</b>	<b>3</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>4</b>
<u>Single</u>	<u>1</u>								
\$500 - 999		1	-	-	-	-	-	1	-
<u>Widowed</u>	<u>5</u>								
1000 - 1499		1	-	-	-	-	-	1	-
		-	1	-	-	-	-	-	1
		-	1	-	-	-	1	-	-
		-	1	-	-	-	-	1	-
		-	-	-	1	-	-	-	1
<u>Married</u>	<u>12</u>								
1000 - 1499		-	1	-	-	-	-	1	-
1500 - 1999		1	-	-	-	-	-	1	-
		-	1	-	-	-	1	-	-
		-	1	-	-	-	-	-	1
		-	1	-	-	-	1	-	-
		-	1	-	-	-	1	-	-
		-	-	-	1	-	1	-	-
		-	-	-	-	1	1	-	-
		-	-	-	-	1	-	-	1
		-	-	1	-	-	1	-	-
		-	-	-	1	-	1	-	-

APPENDIX TABLE 4

Age of Eldest or Only Child Compared to Age of Pensioner

Pensioner's Age (in Years)	Total	Eldest Child's Age in Years			Not Reported
		30 - 39	40 - 49	50 - 59	
Total	45	9	27	4	5
55 - 59	-	-	-	-	-
60 - 64	2	-	2	-	-
65 - 69	14	6	7	-	1
70 - 74	20	2	12	2	4
75 - 79	9	1	6	2	-

APPENDIX TABLE 5

Age of Youngest Child<sup>a</sup> Compared to Age of Pensioner

Pensioner's Age (in Years)	Total	Youngest Child's Age in Years				Not Reported
		10-19	20-29	30-39	40-49	
Total	39	2	13	13	6	5
55 - 59	-	-	-	-	-	-
60 - 64	2	1	1	-	-	-
65 - 69	14	1	6	4	2	1
70 - 74	14	-	6	2	2	4
75 - 79	9	-	-	7	2	-

<sup>a</sup>Does not include only child.

APPENDIX TABLE 6

Age of Eldest Grandchild Compared to Age of Pensioner

Pensioner's Age (in Years)	Total	Eldest Grandchild's Age in Years			Not Reported	Not Applicable
		1 - 9	10-19	20-29		
Total	45	6	22	10	6	1 <sup>a</sup>
55 - 59	-	-	-	-	-	-
60 - 64	2	-	2	-	-	-
65 - 69	14	3	8	2	1	-
70 - 74	20	1	10	3	5	1 <sup>a</sup>
75 - 79	9	2	2	5	-	-

<sup>a</sup>No grandchild, one son only.

APPENDIX TABLE 7

Latest Contact with a Son or a Daughter

Latest Contact	Total	Son	Daughter	Son and Daughter
Total	45	16	16	13
Today	27	8	11	8
2 - 7 days	10	4	3	3
8 - 30 days	5	3	-	2
1 - 12 months	3	1	2	-

APPENDIX TABLE 8

Latest Contact with All of Children

Latest Contact	Total	Sons	Daughters
Total	194	95	99
Today	45	21	24
2 - 7 days	75	30	45
1 - 4 weeks	32	18	14
1 - 12 months	32	18	14
Over 1 year	7	6	1
Not reported	3	2	1

APPENDIX B

MONTHLY BUDGETS FOR  
ELDERLY PERSONS LIVING ALONE  
(Prepared by the Montreal Diet Dispensary)

1961 MONTHLY BUDGETS FOR ELDERLY PERSONS LIVING ALONE

These basic budgets for elderly persons living alone provide the kinds and amounts of goods and services needed to meet the bare necessities for the maintenance of health, dignity, and independence. There are no provisions for the following: medical, nursing, dental care, or drugs, new furniture or furnishings, savings, insurance, or payment of debts, telephone, gifts or holidays.

<u>BUDGET ITEMS</u>	<u>MONTHLY ALLOWANCES</u>	
	<u>WOMAN</u>	<u>MAN</u>
1. <u>HOUSING</u> . The standard for housing covers a furnished room supplied with heat, hot water, utilities, water tax, and cooking facilities. The room, whenever possible, should be a front room or have a good view, and be in a home with a good atmosphere. The housing rental allowances are based on the recommendations of leading welfare agencies in Montreal.	\$43.00	\$43.00
2. <u>FOOD</u> . The standard for food covers the costs for the most economical kinds and amounts of foods which meet nutritional requirements. The allowances are taken from the "Individual Minimum Adequate Food Costs" of the Montreal Diet Dispensary (1961).	28.37	33.93
3. <u>CLOTHING</u> . The standard for clothing includes the kinds and amounts which are required to meet minimum clothing needs for health and self-respect. The allowances are based on the "Individual Minimum Adequate Clothing Costs" of the Montreal Diet Dispensary (1961).	4.48	5.79
4. <u>PERSONAL INCIDENTALS</u> . The standard for personal incidentals represents the minimum kinds and amounts of goods and services necessary for the care of the teeth and hair, personal cleanliness and sanitary needs, as well as a minimum for dry-cleaning and shoe repair. This standard was adopted by the Committee on Family Budgeting of the Montreal Council of Social Agencies and priced by the Montreal Diet Dispensary (1961).	2.11	2.19
5. <u>READING MATERIAL</u> . This item provides for one daily newspaper at current prices.	1.51	1.51
6. <u>RELIGION</u> . This allowance is taken from "The Guide to Family Spending in Toronto" (Canada, 1949).	1.08	1.08
7. <u>RECREATION</u> . This allowance covers admissions and membership dues, and is taken from the same source.	1.08	1.08
8. <u>TRANSPORTATION</u> . This allowance was suggested by the Family Service Association in 1956 and has been raised to meet present fares.	3.00	3.00



APPENDIX C

INTRODUCTORY LETTER MAILED TO INTERVIEWEE



McGILL UNIVERSITY  
MONTREAL

School of Social Work  
3600 University Street

Dear Sir:

I am writing you to ask for your assistance in a study of elderly people. The McGill School of Social Work is interested in the living conditions of people who are over 60 years of age or more.

In order to obtain the information we need, a number of people are being approached. Only about an hour of your time is needed for a meeting with one of our research workers at a time that is convenient to you. The sort of information, which only you can give us, will be most helpful in learning about the needs and the facilities of older people in Montreal.

You may be assured that the information you give us will be held in confidence and that your name will not be used when the material we collect is brought together in a written report.

Within the next week you will hear from one of our research workers who would like to come to see you. Your information will be valuable in planning new and better services to meet the needs of older people in our city. We hope you will be good enough to help us in this important study.

Yours sincerely

Myer Katz, Ph.D.  
Assistant Director

MK:JAM

APPENDIX D

LETTER OF IDENTIFICATION



McGILL UNIVERSITY  
MONTREAL

School of Social Work  
3600 University Street  
April 3, 1962

TO WHOM IT MAY CONCERN:

The bearer of this letter is who comes to you from the School of Social Work at McGill University.

She is one of a group of graduate students which has undertaken a survey of elderly people in Montreal. This survey is supervised by Professor Eva R. Younge who is a member of our teaching staff.

We trust you will be willing to give us an interview involving about an hour of your time, in order to answer some questions about your daily living circumstances. Your information will be very valuable to us. It will be held in strict confidence, and your name will not be used in any written report.

Hoping that you will co-operate with the McGill School of Social Work in this important undertaking, I am,

Yours truly,

Myer Katz, Ph.D.  
Assistant Director.

ERY:JAM

APPENDIX E

MONTREAL SCHEDULE

THE PERSONAL, FAMILY and SOCIAL CIRCUMSTANCES

O F

O L D P E O P L E

A Survey under the Auspices of  
The Montreal Council of Social Agencies, and  
The School of Social Work, McGill University,  
Montreal, 1961.

Serial No. \_\_\_\_\_

QUESTIONNAIRE

Name .....

Address .....

I. INDIVIDUAL DETAILS

(a) AGE

Year and month of birth .....

Age-group

65-69	...	...	...	1	85-89	...	...	...	5
70-74	...	...	...	2	90-94	...	...	...	6
75-79	...	...	...	3	95-	...	...	...	7
80-84	...	...	...	4					

(b) SEX

Male	...	...	...	1	Female	...	...	...	2
------	-----	-----	-----	---	--------	-----	-----	-----	---

(c) MARITAL STATUS

(i) Single	...	...	1	Widowed	...	...	3	Divorced	...	...	5
------------	-----	-----	---	---------	-----	-----	---	----------	-----	-----	---

Married	..	...	2	Separated	..	...	4
---------	----	-----	---	-----------	----	-----	---

(ii)

(a) <u>if 2</u> ,	(1) spouse's age?	.....
	(2) married more than once?	Yes: 1      No: 2

(b) if 2,3,4,5 for how long?	.....
------------------------------	-------

OVER

(d) RELIGION

Roman Catholic . . . 1

Protestant . . . . . 2

Hebrew . . . . . 3

Other (specify)

(e) ETHNIC ORIGIN

(Father's background or "stock") SPECIFY

(f) LANGUAGE

Commonly used in the home. (If two are given list in order of use).

II. HOUSEHOLD

(a) Non-private Household

For those at present living in private household, cross through (a) and go straight to (b). For those living in non-private households, first of all give:

(i) Type of establishment

- General Hospital (Acute) ..... 1
- Nursing Home (a R.N. in charge, and  
regular Med.attention)..... 2
- Municipal boarding home ..... 3
- Non-commercial Old People's Home ..... 4
- Private Old People's Home ..... 5
- Boarding house, guest house, hotel, club, 6
- Common rooming house (meals not provided) 7
- Other ..... 8

(ii) Date of entering (year and month) .....

(iii) Date last in private household, if applicable. /Otherwise write No Fixed Abode, living abroad, etc., and cross through (b)/ (year and month) ..... and then describe last private household under (b) below.

(b) Private Household

( i) Name of Municipality .....

(ii) With whom is/was household shared? (See "Family Life of Old People" p. 23).

- Alone in dwelling..... 1
- Spouse only ..... 2
- Spouse and relatives... 3
- Relatives, but no spouse ..... 4
- Relatives and non-relatives... 5
- Non-relatives only ..... 6

Specify in box all members of household:


III. HOUSING CONDITIONS

A. For Household Dwelling  
(eating most meals together)

O R

B. For Shared Dwelling  
(eating most meals separately)

a. bungalow...1 detached .....1  
house.....2 semi-detached..2  
terraced.....3  
flat.....3 (in block of flats)  
~~other~~ Apt. .4  
**Other.....5**  
b. (1) If flat, on which floor? .....  
(2) Use of elevator to " Yes...1  
No ...2  
Not applicable...3  
c.(1) Number of rooms occupied .....  
(2) Number of rooms used .....  
d. If accomodation owned or rented in  
name of old person or spouse:  
owner (or buying).....1  
private tenant .....2  
subsidized tenant .....3  
rent-free .....4  
other .....5

a. bedroom (or bed-sitting room)... 1  
flat ..... 2  
other ..... 3  
b.(1) On which floor? .....  
(2) Use of elevator to that floor?  
Yes.. 1  
No... 2  
Not applicabile... 3  
c.(1) Number of rooms occupied .....  
(2) Number of rooms used .....  
d. If accomodation owned or rented in  
name of old person or spouse:  
owner of dwelling ..... 1  
tenant of dwelling; sub-letting part.2  
renting part of dwelling from  
relatives ..... 3  
renting part of dwelling from  
others..... 4  
other ..... 5

Amenities etc.

	Yes				Diff. floor from living room	No
	Own		shared			
	In- doors	Out- doors	In- doors	Out- doors		
Toilet	1	2	3	4	5	6
Piped water supply <b>Hot</b> <b>and Cold</b>	1	2	3	4	5	6
Fixed Bath	1		2		3	4
Cookstove or hotplate	1		2		3	4
Radio	1					2
Television	1					2
Refrigerator	1					2
washing machine	1					2
Carpet covering or nearly covering liv- ing room floor.	1					2
Telephone	1					2

When did you last move your home? - Within last 6 months ...; 6 months - 1 year ...;  
1 year - 3 years ...; more than 3 years ....



V. OCCUPATION

A. MEN AND WOMEN

a. (i) Present job.

Full-time (30 hrs. or more)...1. .... occupation.

Part-time .....2. .... industry

Hours per week .....

Note casual/seasonal .....

None .....3

a. (ii) If part-time

Did you once have a full-time job?

Yes...1. (Details of last job) ..... occupation

.....industry

Hrs. per week .... Note casual/seasonal.....

No....2 Reason. ....

a. (iii) If none

a. Were you working at 60, or have you worked since? Yes....1; No....2.  
If yes, - go to (c) and then to (b) overleaf.

b. If no; Did you once have a job?

Yes, full-time...1. .... occupation

Yes, part-time...2. .... industry

Hrs.p.week .... casual/seasonal;.....

No .....3 Reason .....

c. (1) Do you (still) feel able to do a job? Yes, full-time...1

Yes, part-time...2

No .....3

(2) If yes, would you take a suitable job if you could? Yes....1; No.....2

**(3) What kind of job would you like?**

(b) (For those now working, or who were working at 60)  
 Could you tell me what job you were doing when you reached the age of 60, and what you have been doing since then?

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Age when job began (or date)	Occupation	Industry	Full/part time (exact hrs. if poss.)	Note if casual or seasonal	Age when job ended (or date)	
60						

(c) Could we check now? were you unoccupied after 60 for any period of 3 months or more? (If so ask reason)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Ages (or dates) between which unoccupied	Reason						
	Voluntary Retirement	Retirement by employer or discharge.	Unemployment	Ill-health	Heaviness or strain of work	Family Reasons	Other (specify)
	2	3	4	5	6	7	8
	2	3	4	5	6	7	8
	2	3	4	5	6	7	8
	2	3	4	5	6	7	8

B. MARRIED, WIDOWED, ETC., WOMEN ONLY

(a) Married women

O R

(b) Widowed, separated, divorced women.

<p>(i) <u>Is your husband still working?</u>                      Yes, Full-time..1; .....occupation                      Yes, part-time..2; .....industry.                      Hrs. p. week.....                      Casual or seasonal .....</p> <p>No ..... 3</p> <p>(ii) <u>If part-time.</u>                      a. Did he once have a full-time job?                      Yes....1; No....2.                      b. If yes,                      (1) At what age did he give it up?....                      (2) ..... occupation                      ..... industry.                      Hrs.p. week.... cas./seas.....</p>	<p>(i) when your husband was alive (or last at home - as appropriate) what was his last full-time job (if any)?                      ..... occupation                      .....industry                      Hrs.p.week ..... casual/seas.....</p> <p>(ii) <u>Widows only</u>                      a. If your husband was alive after the age of 60, did he retire from full-time work? Yes...1; No....2.                      b. How old was he when he last worked full-time? .....</p>
--	--

VI. SOURCE OF INCOME

Some sources of income, as you know, are more hardly hit than others in times of rising prices. Could you tell me, please, from which of these sources you or your wife/husband regularly receive any income?

**PROVINCIAL**

(a) GOVERNMENT BENEFITS

- 1) Old Age Assistance
- 2) Blind Persons Allowances.
- 3) Disabled Persons Allowances
- 4) Needy Mothers Allowances
- 5) Quebec Public Charities Act

	Self	Spouse
1) Old Age Assistance	1	1
2) Blind Persons Allowances.	2	2
3) Disabled Persons Allowances	3	3
4) Needy Mothers Allowances	4	4
5) Quebec Public Charities Act	5	5
6) Old Age Security Pension	6	6
7) Family Allowances	7	7
8) War Veterans Allowance	8	8
9) Canadian Pension	9	9
10) Unemployment Insurance Benefits	10	10

FEDERAL:

- 6) Old Age Security Pension
- 7) Family Allowances
- 8) War Veterans Allowance
- 9) Canadian Pension
- 10) Unemployment Insurance Benefits

(b) Other Sources

- 1) workman's Compensation
- 2) Employers' Pension
- 3) Private Scheme: self-employed
- 4) Trade Union or Friendly Society Benefit
- 5) ~~Other~~ Earnings from Present Work

6) **Other (Specify)**

- (c) Retirement Income from own business/partnership

- (d) 1. Private Annuity
- 2. Dividends, Interest

- (e) 1. Property Income
- 2. Rent from boarders/lodgers

- (f) Allowance from relatives (including those in household)

- (g) Charitable Organization

- (h) Other

- (i) Have you or your wife/husband during the last 12 months received \$50 or more in a lump sum from any of the following sources:

- (i) Life insurance policy
- (ii) Tax rebate
- (iii) Legacy
- (iv) Sale of house, car, furniture, etc.
- (v) Other

	Self	Spouse
(c) Retirement Income from own business/partnership	1	1
(d) 1. Private Annuity	1	1
2. Dividends, Interest	2	2
(e) 1. Property Income	1	1
2. Rent from boarders/lodgers	2	2
(f) Allowance from relatives (including those in household)	1	1
(g) Charitable Organization	1	1
(h) Other	1	1
(i) Have you or your wife/husband during the last 12 months received \$50 or more in a lump sum from any of the following sources:		
(i) Life insurance policy	1	1
(ii) Tax rebate	2	2
(iii) Legacy	3	3
(iv) Sale of house, car, furniture, etc.	4	4
(v) Other	5	5

(j) Into which of these income groups do you (and your wife/husband) fall, taking all sources together, and before paying taxes.

Show Card .....

.....

(k) which is your main source of income?

.....

.....

VII. INCAPACITY FOR SELF-CARE

ACTIVITIES, necessary for SELF-CARE.	Score of old person's capacity to perform activities			
	Without difficulty or with slight difficulty (restriction)	With moderate difficulty, or only in part.	Not at all or minimally	
<u>I.</u>				
1. Get in and out of bed	0	1	2	
2. (a) <u>When</u> bedfast, wash face and hands	0	1	2	
(b) <u>when not</u> bedfast,				
(i) walk around toom.	0	1	2	
(ii) leave building.	0	1	2	
3. Negotiate stairs.	0	1	2	
4. Wash	0	1	2	
5. Dress	0	1	2	
6. Bath	0	1	2	
<u>II</u>				
7. Prepare meals.	0	1	2	
8. Clean floors.	0	1	2	
9. Can he plan and carry out <u>other</u> personal services	0	1	2	
<u>III</u>				
10. See	0	1	2	
11. Hear	0	1	2	
12. Speak	0	1	2	
13. Organize thoughts in lucid speech or other form for purposes of social communication.	0	1	2	
<u>IV</u>				
14. Sit or move about without fits, falls or giddiness.	0	1	2	
15. Control passing or urine and faeces	0	1	2	
16. Manage other special (named) disabilities without help				
(i) .....	0	1	2	
(ii) .....	0	1	2	
(iii) .....	0	1	2	
<b>TOTAL SCORE</b>				
17. <u>If bedfast</u> (i.e. one month and unlikely to become mobile), how long bedfast .....				
18. If confined to bed, room or house, when did you last go out with assistance? (supported, or in wheelchair or car?)				
Today or Yesterday	2-7 days ago	8-28 days ago	month -year	not in last yr.
1	2	3	4	5
19. (a) Can you see to read (with glasses) Yes...1; No...2.				
(b) Negotiate nearby objects? Yes..1; difficult..2; No...3				
20. Hearing aid? Yes...1; No...; Hear ordinary conversation? Yes...1; Difficult...2; No...3.				
21. If <u>not</u> confined to bed or room, have 6 or more steps to be climbed in day? Yes...1; No...2.				
22. Bad fall in last 3 months? Yes...1; No...2.				
23(a) How does old person answer questions? Alertly ..... 1 Partial confusion...3 Slow thinking..2 Complete " .....4				
(b) Was evidence of mental impairment suggested by anybody? Yes...1; No...2.				
(c) Any other point about mental state (grasp of surroundings, hallucinations, resentment, alcoholism), .....				
24. Physically crippled .....				

VIII. CARE IN ILLNESS

(a) (i) Is the old person confined to bed? Yes...1; No ...2.

(ii) If yes:

O R

(iii) If no:

How long have you been confined to bed?
---

When were you last confined to bed through sickness or disability for at least 1 whole day?			
within 1 month	within 6 months	within 1 year	1 year or more ago
1	2	3	4

(b) For those who are now, or have during the last 12 months been, confined to bed:

	Spouse	Relative		Social Service		Other	Not applicable.
		in dwelling.	elsewhere	stat.	vol.		
(i) Who cooks/cooked your midday meals?	1	2	3	4	5	6	7
(ii) Who else helps/helped to look after you?	1	2	3	4	5	6	7

(c) (i) When did you last consult a doctor?  
 within 7 days.....1; 1 week-1 month ago...2; 1-3 months ago...3;  
 3 months - 1 year ago....4; more than 1 year ago...5.

(ii) If doctor consulted within last year:

a. Approximately how many times have you seen a doctor in last 12 months? 1-3 times...1; 7-10 times..... 3 4-6 " ...2; over 10 " ..... 4	b. Where did you last consult a doctor?			
	Own dwelling	Office	Hospital	Elsewhere (specify)
	1	2	3	4.....

(d) When did you last stay in hospital? within 1 year....1; 6 or more years ago .....4  
 1-2 years ago....2; 3-5 years ago....3 Not ever ..... 5

(e) Did you have a hot meal yesterday? Yes ....1; No....2.

Note details as a check, .....  
 if time permits. ....  
 .....  
 .....

IX CARE PROVIDED EVERY DAY

Services performed at present time.	Not applicable	Self	Spouse	Relative		Social Services		Friend, Landlady, Neighbour, Lodger.	Servant.	Agency paid help (barber, laundry, cafe, shop, etc.).	No-body.
				Dwell-ing	Else-where	Stat.	Vol.				
1. washing self		1	2	3	4	5	6	7	8	9	0
2. Bathing self.	Y	1	2	3	4	5	6	7	8	9	0
3. (a) Women Dressing Hair		1	2	3	4	5	6	7	8	9	0
(b) Men Shaving or trim- ming beard.		1	2	3	4	5	6	7	8	9	0
4. Cutting finger and toe nails		1	2	3	4	5	6	7	8	9	0
5. Dressing		1	2	3	4	5	6	7	8	9	0
6. Washing clothes;											
a. Light (socks, underclothes)		1	2	3	4	5	6	7	8	9	0
b. Heavy (sheets, towels, etc.)		1	2	3	4	5	6	7	8	9	0
7. Cleaning home;											
a. Light (dusting, sweeping)		1	2	3	4	5	6	7	8	9	0
b. Heavy (mop/scrub floors, clean carpets/windows, move furniture)		1	2	3	4	5	6	7	8	9	0
8. Shopping		1	2	3	4	5	6	7	8	9	0
9. Preparing meals for self,											
a. breakfast, light tea.		1	2	3	4	5	6	7	8	9	0
b. hot mid-day meal		1	2	3	4	5	6	7	8	9	0
10. Manage heating e- quipment.	Y	1	2	3	4	5	6	7	8	9	0

X. SOCIAL ISOLATION

Note: Only for those who (a) are employed (outside the home) for only three days a week or less, o r (b) are living alone, without relatives in the dwelling.

Some people say that those who have retired from full-time work, or who have passed a certain age, tend to get lonely. Others say that retired or elderly persons are no lonelier than other people. We want to find out the facts.

1. Are you yourself lonely,  
often....3; sometimes....2; rarely....1; never....0.

2. We also find it important to know how many people you actually see in your daily life.

(a) How, for instance, did you spend yesterday? - - The previous Sunday?

Yesterday	Previous Sunday

(b) Could we go over those days a little more carefully, please? Would you tell me which people you saw here yesterday ( - previous Sunday) either in the house or on the doorstep or in the garden, and whether you talked to them for long.  
(Read list of contacts to respondent from card if necessary)

	Yesterday		Previous Sunday	
	Slight contact	Conver- sation.	Slight Contact	Conver- sation.
1. Relative (other than child or sibling)				
2. Neighbour/Friend				
3. Landlord/rent collector				
4. Postman				
5. Roundsman (milk, meat, vegetables, fruit, bread)				
6. Doctor/nurse				
7. Painter/plumber/repair men				
8. Canvasser/salesman.				
9. Insurance agent.				
10. Minister of religion/ church worker.				
11. Welfare worker (home help, district nurse, etc.)				
12. Charlady/paid domestic help				
13. Other				
<b>TOTAL:</b>				

3. (i) Did you go out yesterday? -- the previous Sunday?  
 Yesterday: Yes.....1; No.....2.      Previous Sunday: Yes.....1; No.....2.

(ii) If Yes

(a) Did you visit anyone in their home?  
 (i.e. private house, or institution, not office, shops, etc.)

	Yesterday	Previous Sunday
1. Relative (other than child or sibling)		
2. Neighbour/ Friend		
3. Acquaintance (Landlord, tenant, customer, etc.)		
4. Stranger		
5. Other (specify.....)		

(b) Did you have a conversation with anyone when you were out, more than simply passing the time of day?

	Yesterday	Previous Sunday
1. Relative (other than child of sibling).		
2. Neighbour/Friend		
3. Acquaintance (including officials, bus conductor, policeman, etc. Also stall-holders/shopkeepers, etc.)		
4. Stranger		
5. Other. (.....)		

4.(i) Do you belong to a club or other organization, e.g. church group, etc.  
 Club: Yes.....1; No.....2; Other: Yes.....1; No.....2.

(ii) If Yes, when did you last go to a meeting? Date (if possible).....

5. With whom did you spend last Christmas Day? New Years? .....

.....

.....

XI. INTERVIEW SITUATION

- (a) Respondent answered questions .....1
- "    refused ..... 2
- "    not at home ..... 3
- "    moved, not traceable ..... 4
- "    dead ..... 5

(b) Number of call at which interview obtained .....

(c) (i) Date of interview .....

    (ii) Hour of day ..... Day of week .....

(d) Length of Interview .....

- (e) Respondent seen:
  - 1. alone
  - 2. with spouse
  - 3. with adult(s) present.
  - 4. with minor children present.

(f) Additional observations (including any interesting reactions of respondent during interview, etc.)

.....

.....

.....

.....

.....

.....

.....

.....

(g) Interviewer's Name .....

**Reaction to Interview (Verbal Invitation to Comment Freely)**

**(1) How do you feel about the questionnaire?**

October 16th, 1961.

437 - EY/cd

**(2) Are there any questions you would like to ask?**

APPENDIX F

ESTIMATE OF TOTAL INCOME  
SHOW CARD USED IN CONJUNCTION  
WITH SCHEDULE

ESTIMATE OF TOTAL INCOME IN 1961

Less than \$ 500	\$2,500 - \$2,999
\$ 500 - 999	3,000 - 3,999
1,000 - 1,499	4,000 - 4,999
1,500 - 1,999	5,000 or more
2,000 - 2,499	Net Reported . . .

APPENDIX G

SECTION OF TOWNSEND SCHEDULE  
PART V, CAPACITY FOR SELF-CARE  
PART VII, SOCIAL ISOLATION

V. CAPACITY FOR SELF-CARE

A. <u>Mobility</u> (unaided)				If 2, 3 or 4, When did you last go out with assistance? (supported, or in wheelchair or car?)							
Unlimited	0				Today or yesterday	2-7 days ago	8-28 days ago	month - year	not in last year		
Limited outside building	1				1	2	3	4	5		
Housebound	2										
Roombound	3										
Bedfast (1 month and unlikely to become mobile)	4				If 4, how long bedfast? . . . . .						
B. <u>Stairs negotiable</u> (unaided)		Yes	Diff	No	Have 6 or more steps or stairs to be climbed in day?				Yes 1 No 2		
C. <u>Personal toilet</u> (unaided)				Care of self and house Who in fact carries out these duties?							
e c c was. top	Can wash	0	1	2	Self	Spouse	Relative dwell- ling	else- where	Soc. Stat.	Service Vol.	Other (neigh- bour, etc.)
	Can bath	0	1	2	1	2	3	4	5	6	7
	Can dress	0	1	2	1	2	3	4	5	6	7
	D. <u>House-care</u> (unaided)			Explain, for multiple ringing, how tasks divided: ..... ..... .....							
Can lock for self	0	1	2	1	2	3	4	5	6	7	
Can clean home	0	1	2	1	2	3	4	5	6	7	
Can wash clothes	0	X	Y	1	2	3	4	5	6	7	
Can shop	0	X	Y	1	2	3	4	5	6	7	
E. <u>Special Handicaps</u>		No	Mod	Sev							
1. <u>Blindness</u>		0	1	2	(a) Can you see to read (with spectacles)? Yes 1 No 2 (b) Can you see to negotiate nearby objects? Yes 1 With difficulty 2 No 3						
2. <u>Deafness</u>		0	X	1	(a) Hearing aid? Yes 1 No 2 (b) Can hear ordinary conversation? Yes 1 With difficulty 2 No 3						
3. <u>Liability to fall</u> (epilepsy, giddiness, etc.)		0	1	2	Had fall in last 3 months? Yes 1 No 2						
4. <u>Incontinence</u> (Some people have trouble in holding their water. Are you troubled in this way?)		0	1	2							
5. <u>Mental state</u>				(a) How does old person answer questions? Alertly 1 Partial confusion 3 Slow thinking 2 Complete confusion 4							
Fully normal for age		0									
Faculties slightly impaired		1									
Forgetful, childish, difficult to live with		2		(b) Has member of household or other suggested there is evidence of mental impairment? Yes 1 No 2							
Demented, very difficult to live with		4									
TOTAL SCORE				(c) Note any other point about mental state (e.g. grasp of surroundings, hallucinations, resentments, alcoholism): ..... ..... Physically crippled (note any deformity, amputation, abnormality of build):							

VI. CARE IN ILLNESS

(a)(i) Is the old person confined to bed? Yes 1 No 2

(ii) If yes, O R (iii) If no,

How long have you been confined to bed?  
 . . . . .

When were you last confined to bed through sickness or disability for at least 1 whole day?

Within 1 month	Within 6 months	Within 1 year	A year or more ago
1	2	3	4

(b) For those who are now, or have during the last 12 months been, confined to bed,

	Spouse	Relative		Social Service		Other	Not applicable
		in dwelling	elsewhere	stat.	vol.		
(i) Who cooks/cooked your midday meal?	1	2	3	4	5	6	7
(ii) Who else helps/helped to look after you?	1	2	3	4	5	6	7

(c)(i) When did you last consult a doctor?

within 7 days 1 1 - 3 months ago 3 more than 1 year ago 5  
 1 week - 1 month ago 2 3 months - 1 year ago 4

(ii) If doctor consulted within last year,

a. Approximately how many times have you seen a doctor in last 12 months?	b. Where did you last consult a doctor?		
1 - 3 times 1 7 - 10 times 1	Own dwelling	Surgery	Hospital
4 - 6 times 2 over 10 times 2	1	2	3
	Elsewhere (specify) 4 . . . . .		

(d) When did you last stay in hospital?

within 1 year 1 6+ years ago 4  
 1-2 years ago 2 never ever 5  
 3-5 years ago 3

(e) Did you have a hot meal yesterday?

Yes 1 No 2

Note details as a check if time permits

. . . . .  
 . . . . .

VII. SOCIAL ISOLATION

(a)

Number of contacts on

- (i) Who called on you yesterday?
- (ii) Who else saw you here, and talked to you? (prompt: other occupants of shared dwelling, rent-collector, roundsman, doctor, district nurse, home-help, etc.)
- (iii) Whom did you visit?
- (iv) Whom did you meet and speak to outside? (over garden wall, in street, on 'bus, train, etc.)

Previous day = Friday for Monday interviews	Previous Saturday	Previous Sunday
Add in other members of household		
Total contacts		

(b)(i) Do you belong to a social club? Yes 1 No 2

(ii) If yes, When did you last go to a club meeting? . . . . . days ago

(c) Have you a neighbour whom you visit in her home, or who visits you here once a week or more? Yes 1 No 2

(d) Interviewer's estimate of respondent's social (including work, household, and family) contacts in normal week

None (or almost none)	Few	Several	Many	Very many
1	2	3	4	5

APPENDIX H

MCBEE KEYSORT CODING CARDS





APPENDIX I

CODING INSTRUCTIONS

McGill University

School of Social Work

THE PERSONAL FAMILY AND  
SOCIAL CIRCUMSTANCES  
OF OLD PEOPLE  
IN GREATER MONTREAL 1961 - 1962

Coding Instructions

In order to gain meaningful results it is essential that the coding is accurate.

The editing of schedules has been completed in red pencil. All coding instructions will be made in blue pencil.

Where possible, all coding instructions will be made in the margin near to the corresponding schedule item. Where space is limited, a small sheet of coloured paper will be affixed to the schedule page. This can be used in lieu of a margin.

Schedules will be coded page by page, rather than each schedule being completed throughout before proceeding to the next. Members will work individually but as a team. In utilizing this method queries can be decided immediately and by all members of the group, who will themselves be working on the same section and familiar with it. All judgements must be made before transfer of information to the code cards.

In order to facilitate easy location of sections the following method has been adopted:

The code card is at all times in the "upright" position when, from the reader's viewpoint the cut-off corner with the McBee trade mark is in the top right hand position.

Then refer to right, left, centre, right side and left side locations as indicated.

In locating bottom positions, the card remains in the "upright" position as before, refer to right and left again, from the reader's viewpoint. The card is only turned around after locating the section required.

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
<u>I. INDIVIDUAL DETAILS. Card #1 and #2</u>					
I(a) Age	A yrs.	Age: in years to centre of card.			
I(a) Age Group	AG 1	65-69	Right side	Cut 1 )	In every case specify exact age to centre
	2	70-74	Top section	" 2 )	
	3	75-79	(under key)	" 2 & 1 )	
	4	80-84		" 4 )	
	5	85-89		" 4 & 1 )	
	6	90-94		" 4 & 2 )	
	7	95-		" 7 )	
	8	Not reported		" 7 & 1 )	
	9	Less than 65 yrs.		No cut	
Iii(a) Age of Spouse	AS 1	65-69	Right side	Cut 1 )	In every case specify exact age to centre.
	2	70-74	Second section	" 2 )	
	3	75-79	(under key)	" 2 & 1 )	
	4	80-84		" 4 )	
	5	85-89		" 4 & 1 )	
	6	90-94		" 4 & 2 )	
	7	95-		" 7 )	
	8	Not reported		" 7 & 1 )	
	9	Less than 65 yrs.		No cut	
I(b) Sex	SX 1	Male	Right key corner	No cut	
	2	Female		Cut key	
I(c) Marital Status	MS 1	Single	Right top- First four	Cut 1 upper	
	2	Married	holes left key	" 1 lower	
	3	Widowed		" 2 upper	
	4	Sep.or divorced		" 2 lower	
	5	Not reported		No cut	

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
I(c) ii(a) Married more than once	MM 1	Yes	Right side third lower section	Cut 7	Specify duration in years to Centre
	2	No		" 4	
	3	Not reported		No cut	
I(c) ii(b) Duration of Marriage	MS (duration in yrs.) - specific period to centre.				
I(d) Religion	REL 1	Roman Catholic	Top right, 2nd section (left of MS)	Cut 7	Specify to Centre
	2	Protestant		" 4 upper	
	3	Hebrew		" 4 lower	
	*4	Other		" 3	
	5	Not reported		No cut	
I(e) Ethnic Origin	EO 1	French	Top right, 3rd section (left of REL.)	Cut 4-0	Scandinavian, Germanic Belgian, Dutch Slovak & Latin Specify to Centre
	2	British		" 7	
	3	North-West Europe		" 2-sf	
	4	South-West Europe		" 6	
	*5	Other		" 1-0	
	6	Not reported		No cut	
I(f) Language spoken in Home	LAN 1	French	Top right, 4th section (left of EO)	Cut 1	Specify to Centre
	2	English		" 9	
	*3	Other		No cut 1&9	
	*4	Language first used		Cut 7-sf	
	5	Not reported		No cut 7-sf & 8	

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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II HOUSEHOLD, Card #1

II(b)ii	PH 1	Alone in dwelling	Top right, 5th section	Cut 7	
Private	2	Spouse only	(left of LAN)	" 12	
Household	3	Spouse & Relative		" 4	
	4	Relative, no spouse		" 11	
	5	Rel. & non-relative		" 2	
	6	Non-relative only		" 10	

\* PH to centre - Specify all members of household listed in box

III HOUSING CONDITIONS, Card #1

III A (a) Household Dwelling	HD *1	Bungalow	Top centre	Cut 2	* specify detached or semi-detached to centre.
	*2	House	(left of PH)	" 1	
	3	Flat		" 14	
	4	Apartment		" 13	
	**5	Other		No cut	** specify to centre
A (b) (1) If Flat or Apt. which floor?	HD				
	(b) 1	First (Main)	Top left - (left of HD) (a)	Cut 7	
	2	Second		" 4	
	3	Third		" 16	* specify to centre
	*4	Other		" 15	
A (b) Use of Elevator	*5	Use of Elevator - specify centre			
A (c) (1) No. of Rooms occupied	HD 1	One room	Top left - (left of HD) (b)	Cut 1-0	
	(c) 2	Two rooms		" 17	
	3	Three/four rms.		" 2-sf	
	4	Five or more		" 18	

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
A (c) (2) Rooms used	HD (c)	* Number of rooms actually used - specify to centre.			
A (d) Ownership	HD 1 (d) 2 * 3	Owner (or buying) Private Tenant Other	Top left - (left of HD (c)	Cut 4-0 " 19 No cut	*Specify to Centre
III B (a) Shared Dwelling	SD 1 (a) 2 *3	Bedroom Flat Other	Top left - (left of HD) (d)	Cut 7-sf " 20 No cut	*Specify to Centre
B (b) (1) Floor	SD 1 (b) 2 3 *4	First (Main) Second Third Other	Top left - (left of SD) (a)	Cut 1 " 21 " 2 " 22	*Specify to Centre
B (b) (2) Elevator	*5	Use of Elevator			*Specify to Centre
B (c) (1) No. of Rooms occupied	SD 1 (c) 2 3 4	One room Two rooms Three/four rooms Five or more	Top left -(left of SD) (b)	Cut 4 " 23 " 7 " 24	
B (c) (2) No. of Rooms used	SD (c)	*Number of rooms actually used			*Specify to Centre
B (d) Ownership	SD 1 (d) 2 3 4 *5	Owner of dwelling Tenant - sub-let Renting part from Relative Renting part from others Other	Top left - (left of SD) (c)	Cut 1 " 25 " 2 " 26 No cut	*Specify to Centre

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
III C Amenities	AM				
Toilet and Bath	AM 1	Own	Top left - (left of (SD) (d)	Cut 4	
	(1) 2	Shared		" 27	
	3	Different floor		" 7	
	4	From livingroom On same floor		" 28	
Piped Water (Hot & Cold)	AM 5	Own		" 1	
	(2) 6	Shared		" 29	
Cookstove or Hotplate	AM 7	Own	Left hand corner 2 Un-numbered	Cut upper	
	(3) 8	Shared		" lower	
	9	Different floor	Top left side	" 1	
	10	from livingroom On same floor		No cut	
	AM 11	Radio - yes	Left side, 1st section from top	Cut 2	
	(4) 12	no		No cut	
	13	Television - yes		Cut 4	
	14	no		No cut	
	15	Refrigerator - yes		Cut 7	
	16	no		No cut	
17	Washing Machine - yes		Cut 1		
18	no		No cut		
19	Carpet Livingrm. - yes		Cut 2		
20	no		No cut		
21	Telephone - yes		Cut 4		
22	no		No cut		
Date Last Move	LM 1	Within 6 months	Left side, 2nd section down	Cut 7	
	2	6 mos.- 1 year		" 1	
	3	1 year-3 years		" 2	
	4	More than 3 years		" 7 & 1	

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
<u>IV FAMILY. Card #2</u>					
IV (a)	F(1) 1 *2	Children liv.-yes no	Bottom left, (Next IS) (c)	Cut 4 upper Cut 3	*If no, specify items under (c) to centre
IV (b)(i & ii) No. children born	F(2) 1 2 3 4	None 1 - 3 4 or more Not reported	Right side (under MM)	" 2 " 1 " 1 & 2 No cut	
IV (b) (iii)	F(3)	*Specify Age of Eldest, Youngest or Only Child to centre			
IV (b) (iv) (a)	F(4) *1 2	Are you Grandpt.-yes no	Bottom left Next IS (c)	Cut 7 " 4 lower	*If yes, specify age eldest Grndch. to Ctr.
IV (d) Children	F(5) *1	<u>FIRST SON</u> Step or adopted	Right side, last sect. (under F 2)	No cut	*Specify to Ctr.
		<u>Marital Status</u>			
	2	Married		Cut 7	
	3	Single		" 4	
	*4	Other		No cut	*Specify to Ctr.
		<u>Where living</u>			
	5	Same dwelling-within 60		Cut 2	
	6	Over 60 mins. (mins.)		" 1	
	*7	Unknown & not rep.		No cut	*Specify to Ctr.
		<u>When last seen</u>			
	8	Today - 28 days		Cut A	
	9	1 - 12 mos.		" B	
	*10	Over 1 Yr. or not rep.		No cut	*Specify to Ctr.

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
IV (d) Children	F(5)	<u>FIRST SON</u> (contd.)			
		<u>Last written or tel.to</u>			
	11	Today - 3 weeks		Cut 1 upper	
	12	1 - 12 months		" 29	
	*13	Over 1 yr.or not rep.		No cut	*Specify to Ctr.
	F(6)	<u>SECOND SON</u>			
	*1	Step or adopted	Bottom right 1st sec.from right	No cut	*Specify to Ctr.
		<u>Marital Status</u>			
	2	Married		Cut 1	
	3	Single		Cut 25	
	*4	Other		No cut	*Specify to Ctr.
		<u>Where Living</u>			
	5	Same dwelling-within 60		Cut 2	
	6	Over 60 mins. (mins.		" 26	
	*7	Unknown & not rep.		No cut	*Specify to Ctr.
		<u>When last seen</u>			
	8	Today - 28 days		Cut 4	
	9	1 - 12 months		" 27	
	*10	Over 1 yr.or not rep.		No cut	*Specify to Ctr.
		<u>Last written or tel.to</u>			
	11	Today - 3 weeks		Cut 7	
	12	1 - 12 months		" 28	
	*13	Over 1 yr.or not rep.		No cut	*Specify to Ctr.

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
IV (d) Children	F(7)	<u>FIRST DAUGHTER</u>	Bottom right-2nd.sec. (next 2nd Son)		
	*1	Step or adopted		No cut	*Specify to Ctr.
		<u>Marital Status</u>			
	2	Married		Cut 1	
	3	Single		" 21	
	*4	Other		No cut	*Specify to Ctr.
		<u>Where Living</u>			
	5	Same dwelling-within		Cut 2	
	6	Over 60mins. (60 mins		Cut 22	
	*7	Unknown & not rep.		No cut	*Specify to Ctr.
		<u>When last seen</u>			
	8	Today - 28 days		Cut 4	
	9	1 - 12 months		" 23	
*10	Over 1 yr.or not rep.	No cut	*Specify to Ctr.		
	<u>When last written or tel.to</u>				
11	Today - 3 weeks	Cut 7			
12	1 - 12 months	" 24			
*13	Over 1 yr.or not rep.	No cut	*Specify to Ctr.		
F(8)		<u>SECOND DAUGHTER</u>	Bottom right-2nd sec. (next 1st daughter)		
*1	Step or adopted	No cut		*Specify to Ctr.	
	<u>Marital Status</u>				
2	Married	Cut 1-0			
3	Single	" 17			
*4	Other	No cut	*Specify to Ctr.		

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks *		
IV (d) Children	F(8)	<u>SECOND DAUGHTER</u> (Con.)	Bottom right, 3rd Sec. (next 1st Daughter)				
		<u>Where Living</u>					
		5 Same dwelling-within 60		Cut 2-sf			
		6 Over 60 mins. (mins)		" 18			
		*7 Unknown & not rep.		No cut	*Specify to Dtr.		
		<u>When last seen</u>					
		8 Today - 28 days		Cut 4-0			
		9 1 - 12 months		Cut 19			
		*10 Over 1 yr. or not rep.		No cut	*Specify to Ctr.		
		<u>Last written or tel. to</u>					
		11 Today - 3 weeks		Cut 7-sf			
		12 1 - 12 months		" 20			
		*13 Over 1 yr. or not rep.		No cut	*Specify to Ctr.		
		F(9)		<u>THIRD DAUGHTER</u>	Bottom right, 4th Sec. (next 2nd daughter)		
		*1		Step or adopted		No cut	*Specify to Ctr.
				<u>Marital Status</u>			
		2		Married		Cut 1	
		3		Single		" 13	
		*4		Other		No cut	*Specify to Ctr.
		<u>Where Living</u>					
	5	Same dwelling-within 60 mins.	Cut 2				
	6	Over 60 mins.	" 14				
	* 7	Unknown & not rep.	No cut	*Specify to Ctr.			
		<u>When last seen</u>					
	8	Today-28 days	Cut 4				
	9	1 - 12 months	" 15				
	*10	Over 1 yr. or not rep.	No Cut	*Specify to Ctr.			

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks	
IV (d) Children	F(9)	<u>THIRD DAUGHTER</u> (Con.)				
			<u>Last Written or Tel.to</u>			
		11	Today - 3 weeks		Cut 7	
		12	1 - 12 months		" 16	
	*13	Over 1 yr.or not rep.		No cut	*Specify to Ctr.	
IV (e) Siblings	F(10)	<u>Status</u>				
		*1 Step or Half Sibling)	To Centre	None	*Specify all de- tails to Ctr.	
	*2 Marital Status )					
	F(11)	<u>No.Siblings living</u>	Bottom left,5th sec. (next to 3rd Dtr.)			
		1		None	Cut 1	
		2		One	" 2	
		3		Two	" 4	
		4		Three	" 7	
		5		Four	" 7 & 1	
		6		Five	" 7 & 2	
		7		Six	" 7 & 4	
		8		Seven	" 4 & 1	
		9		Eight	" 4 & 2	
10		Nine or more		" 2 & 1		
11	Not reported	No cut				
F(12)	<u>Where Living</u>	Bottom left,3rd sec. (next F.1 & 4)				
			Within 60 mins			
	1		0-2 siblings	Cut 1-0		
	2		3-5 "	" 5		
3	6 or more "	Neither cut 1-0 or 5				

Schedule Question	Code No.	Schedule Group	Location on Card	Cutting Instructions	Remarks
IV (e) Siblings	F(12)	<u>Where living</u> (Con.) Over 1 hour			
	4	0-2 siblings		Cut 2-sf	
	5	3-5 "		" 6	
	6	6-or more "		Neither cut 2 sf or 6	
	*7	Unknown or not rep.			*Specify to Ctr.
	F(13)	<u>Last Contact</u> This month	Bottom left, 4th sec. (next F 11)		
	1	0-2 siblings		Cut 4-0	
	2	3-5 "		" 7	
	3	6 or more "		Neither cut 4-0 or 7	
		1 - 12 months			
	4	0-2 siblings		Cut 7-sf	
	5	3-5 "		" 8	
	6	6 or more		Neither cut 7-sf or 8	
	*7	Over 1 year			*Specify to Ctr
IV (f) Other relatives living near	F(14)	*Specify all details to Ctr.			
IV (g) Other relatives seen recently	F(15)	*Specify all details to Ctr.			

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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V. OCCUPATION. Card #1

V A (a) (1) Present job	OCC (1)*1	Full Time	Yes, left side 3rd sec. No down	Cut 4 No cut	*Specify to Ctr.
	*2	Part Time	Yes No	Cut 7 No cut	*Specify to Ctr.
A (a) (iii) c (1), Do you feel able to work?	OCC (2) 1	Yes - full time	Left side, 4th sec. down	Cut 1	
	2	Yes - part time		" 2	
	3	No		" 1 & 2	
c(2), If yes, would you accept a job?	OCC (3) 1	Yes	Left side, 5th sec. down	" 4	
	2	No		No cut	
c (3), Type Preferred?	OCC (4)*1	What kind of a job would you like?			*Specify to Ctr.

VI. SOURCE OF INCOME, Card #1

VI (a)	INC (NP)	*Govt. Benefits	Self, bottom left corner Spouse (1st sec.) N/A	Cut 1 " B No cut	*Specify exact source to Ctr.
	INC	*Federal	Self Spouse N/A	Cut A " lupp. No cut	*Specify exact source to Ctr.

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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VI. SOURCE OF INCOME, Card #1 (Con.)

VI (b)	INC	*Other sources	Self Spouse N/A	Cut 2-upper " 4 " No cut	*Specify exact source to Ctr.
VI (c,d,e, f.g.h)	INC (P)	*Private Income	Self, Left btm. 2nd sec.) Spouse N/A	Cut 7 upper " 1-0 " No cut	*Specify exact source to Ctr.
VI (i)	INC	*Lump Sum	Self Spouse N/A	Cut 2 sf " 4-0 No cut	*Specify exact source to Ctr.
VI (j)	INC (Gp)	1 Less than \$500 2 \$500 - \$999 3 \$1,000 - \$1,499 4 \$1,500 - \$1,999 5 \$2,000 - \$2,499 6 \$2,500 - \$2,999 7 \$3,000 - \$3,999 8 \$4,000 - \$4,999 9 \$5,000 - over 10 Not reported	Left Bottom 3rd section	Cut 7-sf Cut 8 " 1 " 9 " 2 " 10 " 4 " 11 " 7 " 12	
VI (k)	INC (MS)	*Main Source			*Specify exact source to Ctr.

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
<u>VII INCAPACITY FOR SELF-CARE, Card #2</u>					
VII I	ISC I	1 Get in/out bed 2(a) If bedfast wash face, hands 2(b) (i) If not bedfast walk (ii) If not bedfast-leave building 3 Negotiate stairs 4 Wash 5 Dress 6 Bath	Top right, (5th section next to LAN)	Cut 2 ) " 10 ) " 11 ) " 4 ) " 7 ) " 12 ) " 13 ) " 31 )	In all cases cut only to moderate or minimal difficulty,
VII II	ISC II	7 Prepare meals 8 Clean floors  *9 Plan and carry out other services	Top right (6th section)	" 14 ) " 2 )	Otherwise do not cut. *Specify to Ctr. if applicable
VII III	ISC II	10 See 11 Hear 12 Speak 13 Lucid Speech	Top left (7th section)	Cut 15 ) " 4 ) " 16 ) " 7 ) )	In all cases cut only to moderate or min. difficulty, otherwise no cut
VII IV		14 Sit or move about, no giddiness or fits 15 Bowel/Bladder Control *16 Manage Specific Disability	Top left (7th section)	" 17 ) " 1-0 )	*Specify to Ctr.
<u>Foot of Page</u>	ISC (F)	*17 If bedfast, how long *18 If confined to bed, when last out	Top left (8th section)		*Specify to Ctr. " " "

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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VII INCAPACITY FOR SELF-CARE, Card #2 (Con.)

Foot of Page

ISC

(F) 19	(a)	See to read (with glasses)			
		yes		Cut 2-sf	
		no		" 18	
		Negotiate nearby objects			
		yes		" 4-0	
		no		" 19	
20	(a)	Hearing Aid		" 7-sf	
		yes		" 20	
		no			
	(b)	Hear ordinary conversation			
		Yes		" 1	
		difficult		" 21	
		no		no cut 1 & 21	
21		6 or more steps climbed daily			
		yes		Cut 2	
		no		" 22	
22		Bad fall in last 3 months			
		yes		" 4	
		no		" 23	
23	(a)	How are questions answered			
		Alert		" 7	
		Slow		" 24	
		Part confusion		" 1	
		Complete confusion		" 25	
23	(b)	Evidence of mental impairment suggested -			
		yes		" 2	
		no		" 26	
*23	(c)	Other noted state			*Specify to Ctr.
24		Physically crippled			
		yes		" 4	
		no		" 27	

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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VIII CARE IN ILLNESS. Card #2

VIII (a) (i)	CII (a)	1 Confined to bed - yes	Top left - 9th section (next to ISC(F))	Cut 7	
		2 no		" 28	
		3 Not reported		No cut or 7 & 28	
(a) (ii)		*4 If yes - how long			*Spec.to Ctr.
		*5 If not - when last sick confined bed			" " "
VIII (b) (i) If confined to bed or have been	CII (b)	<u>Who cooks midday meal</u>	Left side, 1stsec. from top	Cut 1	
		1 Spouse		" 2	
		2 Rel. in dwelling		" 1 & 2	
		3 Rel. elsewhere		" 4	
		4 Other		No cut	
		5 N/A			
(b) (ii)		<u>Who else looks after you</u>			
		1 Spouse		Cut 4 & 7	
		2 Rel.in dwelling		" 7	
		3 Rel. elsewhere		" 7 & 1	
		4 Other		" 4 & 2	
		5 N/A		No cut	
VIII (c) (i) Last consulted doctor	CII (c)	1 within last week	Left side, 2nd section from top	Cut 1	
		2 1 week - 1 month		" 2	
		3 1 - 3 months		" 1 & 2	
		4 3 months - 1 year		" 4	
		5 more than 1 year		" 7	
(c) (ii) (a) No. of times		*7 How often Dr. consulted in year			*Spec.to Ctr.
(c) (ii) (b)		*8 Where consulted			" " "

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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VIII CARE IN ILLNESS, Card #2(Con.)

VIII (d) Last in hospital	CII (d)	*1 When last in hospital			*Specify to Ctr
VIII (e) Hot meal	CII (e)	1 Hot meal yesterday-yes 2 No *3 Details of meal	Top left side,(10th sec.)	Cut 1 " 29	*Specify to Ctr.

IX CARE PROVIDED EVERY DAY, Card #2

IX Self-Care (No. 1-5)	DC	1 Completed alone 2 Partly alone and with assistance 3 Unable to complete	Left side, 3rd top section from top	Cut 1 " 2 " 1 & 2	
IX Housekeeping (No.6-10)		1 Completed alone 2 Together with spouse 3 Helped by someone other than spouse 4 Does no Housekeeping		" 4 " 7 " 7 & 4 " 4 & 2	

X SOCIAL ISOLATION, Card #1

X 1 Loneliness	SOC (1)	<u>Are you lonely</u> 1 Never 2 Rarely 3 Sometimes 4 Often	Right side,4th sec. (under M.M.)	Cut 1 " 2 " 1 & 2 No cut	
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Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
<u>X SOCIAL ISOLATION, Card #1(Con.)</u>					
X 2 (a)	SOC (2)	<u>Yesterday:</u>	Right side, 5th sec.		
		1 Spent at home	(under SOC (1) )	Cut 1	
		2 Visited others		" 2	
		3 Had visitors		" 4	
		<u>Previous Sunday:</u>			
		4 Spent at home		" 7	
		5 Visited others		" B	
		6 Had visitors		" A	
		7 Not reported		No cut	
X 3 (b) Social Contact: Conversation	SOC (3)	<u>Yesterday with:</u>	Bottom right, 1st sec.		
		1 Relative: slight Con. Conversation	from corner	Cut 1	
		3 Nbr/Frnd: slight Con. Conversation		" 29	
		4 Nbr/Frnd: slight Con. Conversation		" 7	
		5 Lndld/Rndsman: sl. Con. Conversation		" 28	
		6 Lndld/Rndsman: sl. Con. Conversation		" 4	
		7 Dr/Min/Wkmm: sl. Con. Conversation		" 27	
		8 Dr/Min/Wkmm: sl. Con. Conversation		" 2	
		*9 Other: slight contact Conversation		" 26	
		*10 Other: slight contact Conversation		" 1	*Specify to Ctr.
				" 25	" " "
	SOC (4)	<u>Previous Sunday with:</u>			
		1 Relative: slight contact Conversation	Bottom right, 2nd sec.	Cut 7	
		2 Relative: slight contact Conversation	(next SOC 3)	" 24	
		3 Nbr/Frnd: slight contact Conversation		" 4	
		4 Nbr/Frnd: slight contact Conversation		" 23	
		5 Landld/Rndsman: sl. con. Conversation		" 2	
		6 Landld/Rndsman: sl. con. Conversation		" 22	
		7 Dr/Min/Wkmm: slight cont. Conversation		" 1	
		8 Dr/Min/Wkmm: slight cont. Conversation		" 21	

Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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X SOCIAL ISOLATION, Card #1 (Con.)

X 3(b) Social Contact: Conversation	SOC(4)	*9 Other: slight con. *10 Conversation		Cut 7-sf " 20	*Spec.to Ctr. " " "
X 3(a) Social Contact Visiting	SOC(5)	<u>Yesterday:</u> 1 Relative 2 Neighbour/Friend 3 Acquaintance *4 Other	Bottom right, 3rd sec. (next SOC 4)	Cut 4-0 " 19 " 2-sf " 18	*Spec. to Ctr.
		<u>Previous Sunday</u> 5 Relative 6 Neighbour/Friend 7 Acquaintance *8 Other		" 1-0 " 17 " 7 " 16	*Spec.to Ctr.
X 4 (i)	SOC(6)	<u>Club or Gr.Membership</u> 1 Yes 2 No 3 Not Reported *4 Date last attended	Bottom right, 4th sec. (next SOC 5)	Cut 4 " 15 " 2 " 14	*Specify to Ctr.

XI INTERVIEW SITUATION, Card #2

XI (a) Response	IS (a)	1. Answered Questions 2 Refused to answer 3 Not at Home 4 Moved, not traceable 5 Dead	Left side, 4th sec. from top	Cut 1 " 2 " 4 " 7 " 1 & 2	
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Schedule Question	Code No.	Schedule Group	Location on Code Card	Cutting Instructions	Remarks
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XI INTERVIEW SITUATION, Card #2 Con.)

XI (b) No. of calls made	IS (b)	1	One	Bottom left, corner, 3 holes	Cut 1
		2	Two		" upper
		3	Three		" lower
		4	Four		No cut
XI (c) Seen with	IS (c)		<u>Respondent seen:</u>	Bottom left, 1st sec. (next F 1 & 4)	
		1	Alone		Cut 1 upper
		2	With Spouse		" 1 lower
		3	With adults present		" 2 upper
	4	With minor children present	" 2 lower		

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