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Socialization and preparation for

Socialization influences on preparation for later life

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Abstract Social scientists, public policy makers, consumer researchers, and marketers have traditionally focused on age-related differences to understand the behavior of older adults. This research focuses on the processes through which adults learn behavioral patterns and norms that characterize behavior in later life. The socialization framework is first presented as the process through which adults learn roles and norms for old age, and data from a national study are presented to test the hypotheses derived from this model. The results suggest that certain antecedents and processes are important in socializing adults to old age.

Introduction

In recent years, the aging population has been the focus of much attention and research. While policy makers are primarily interested in the well-being of the older adults, businesses have seen the "Greying of America" as an opportunity for developing and marketing new products and services (Henderson, 1998). In view of the increasing importance of the elderly population, researchers have also directed their efforts at understanding the process of aging and the behavior of older people. Unfortunately, many of these studies have yielded conflicting results (Moschis, 1992). Consequently, public welfare and marketing strategies based on these have also been met with mixed success.

Conflicting research findings could be partly attributed to the assumptions made about the process of aging and the aged population. For example, early descriptive research on the elderly assumed that the elderly are one homogeneous group. However, there is sufficient empirical evidence to suggest that the elderly do not constitute one segment but several distinct segments (Herlihy, 1998; Moschis, 1992).

Another limitation of the past research is that most of it has focused almost exclusively on the aged population. While studying older adults may yield valuable descriptive information, an understanding of the aging process over a

larger portion of adult life might help us understand the behavior of the elderly (Birren and Bengtson, 1988).

A number of theories regarding the aging process and behavior of the elderly, as well as empirical studies based on such theories, have been presented (see, for example, Birren and Bengtson (1988) for a review of various theories of aging). Mostly, these studies focused on finding common behavioral patterns in old age. Such common behavioral patterns could then be used as evidence of the existing processes suggested by the theory. For example, one of the earliest theories of aging, "disengagement theory" (Cumming and Henry, 1961), suggests that aging is characterized by mutual withdrawal or disengagement between the aging person and society. As a test of this theory, attempts were made to see whether or not elderly are indeed socially withdrawn. Any evidence suggesting they are withdrawn would be taken as a proof of the existence of the "disengagement process" one goes through while one moves from young adulthood to late adulthood. However, as recent evidence has shown, not all elderly are withdrawn or socially isolated (Moschis and Mathur, 1993).

A different approach to the study of the behavior of people in late life is to focus on the processes by which behaviors are learned. Such learning may, in fact, take place while a person is still relatively young. An understanding of these processes will be of interest to marketers of goods and services. For example, marketers of goods and services targeted toward the older population can benefit by learning how their target market acquires their behavioral patterns and preferences. This knowledge could be employed to influence such preference formation, if desired. In addition to that, marketers of products and services designed to help one plan for old age (retirement planning, estate planning, wills, etc.) can benefit from this knowledge by using it to develop or fine tune their marketing strategies to reach their target market. This paper focuses on processes which lead to learning about behavior in late life. A theoretical framework is first presented that serves as a framework for explaining how adults learn the roles they may have to perform in late life. The results of an empirical study are next presented, and implications of the findings are discussed, in turn.

Background

The traditional concept of socialization has focused on the way children learn attitudes, skills, and behaviors appropriate for social living, particularly under the influence of their parents (Heilbrun, 1965). The contemporary view of socialization is, however, broader in its scope. It includes all the processes through which an individual acquires social roles. Socialization has been defined as "the process by which individuals acquire the knowledge, skills, and dispositions that enable them to participate as more or less effective members of groups and society" (Brim, 1966, p. 3). These roles are acquired through interaction with other people or other socialization agents (Zigler and Child, 1969). The content of such social learning includes knowledge, skills, and dispositions – i.e., habits, beliefs, attitudes, and motives (Brim, 1966). This view

also extends the scope of socialization over the entire life cycle (Brim, 1966, Socialization and 1968; Rosow, 1974).

Socialization theory also views socialization as a two-way process. This implies that socialization is a process by which both socializer and socializee change in some way (Bengtson and Troll, 1978; Hagestad, 1984). Given that social learning and socialization take place in social environments, it is postulated that as the learner is responding to environmental stimuli and learns social skills, he/she is also concomitantly changing the social environment in some way. This change in the social environment will have some impact on the socializer. For example, Rheingold (1969) suggests that while parents teach social skills to their children, children, even infants, exert some influence on their parents. Mutual influence and socialization over the life cycle suggest that members of one generation continuously influence and socialize members of other generations. In this context, Bengtson and Troll (1978) suggest that:

- children and parents continuously influence each other;
- their relationships and the nature of influence change over the life cycle;
 and
- such relationships and mutual influence are a function of personal and social factors.

Besides family interactions, marketplace interactions can also play an important role in the socialization of individuals. It has been recognized that marketplace transactions are also social transactions (Kang and Ridgway, 1996), and many marketplace relationships take the form of social relationships (Forman and Sriram, 1991). Some of the relationships could be the results of deliberate actions of marketers (e.g. through relationship marketing). Irrespective of their origin or motivation, marketplace transactions/relationships have a great potential to facilitate socialization of the participants.

Socialization for old age

Most of the roles a person plays in adult life have well-defined norms. Socialization in childhood and adolescence is specifically directed at teaching adult roles and behaviors. Social norms for roles performed in old age are not as explicit and the socialization processes are not clearly specified. The notion of the elderly as isolated individuals suggests that there are no norms for old age and that older people develop their own norms as they age (Offenbacher and Poster, 1985). The problem of adults growing old and facing unfamiliar environments is further exacerbated by the fact that young adults have relatively little knowledge of the changes associated with aging and, therefore, are not sufficiently prepared for their own old age (Tuzil, 1978). For example, although retirement is a very important life transition, there is very little research on processes one goes through preceding his/her retirement (Atchley, 1997). Although there are many organizations that offer products and services to help people plan for their retirement and old age, it is suggested that more

formalized processes and socialization might be needed to facilitate such adjustment (Lindbo and Schultz, 1998).

Anticipatory socialization refers to the acquisition of attitudes, knowledge, values, and skills about the roles that one is expected to perform in the future. Thus, children might acquire attitudes and values about adult roles (Moschis, 1987). While roles one is expected to play in early stages of adult life are well defined (e.g. those of a worker, parent) those expected to be played in old age are not clearly defined. Also, with the relinquishing of well defined roles one is left with a lack of identity and purpose. Further, with the increasing number of elderly in society, the burden of caring for the old may be overwhelming on society, especially if a large number of people reach old age without any prior knowledge or planning for old age (for example, with respect to health care, financial management, and living arrangements). Therefore, prior knowledge and some planning for old age through formal or informal socialization would appear to be desirable from society's perspective, especially because socialization helps in one's acculturation and identification with a situation (Louis 1980; Louis, 1990). Thus, socialization for old age refers to the extent to which one has thought about and has made actual preparations for later life. Such preparations may include plans for changing residence or type of home, use of health-care services, purchase of long-term care insurance, and retirement investments. Studies have shown that being knowledgeable about aging has beneficial effects on adults as they tend to worry less about the future (e.g. Neikurg 1998).

Explanatory variables

Since aging is inherently multidimensional (Birren and Bengtson, 1988), events or changes in different aging dimensions (physiological, social, and psychological) might be serving as cues to trigger age-related changes in behavior. Some of these events themselves might be the manifestation of aging, and they may serve to facilitate one's preparation for old age. Therefore, explanatory variables have been sought from different perspectives on aging.

Family care giving and socialization for old age

Although the socialization framework suggests that socialization within families starts in the early stages and continues throughout life as children grow to adulthood and parents grow to be older, family interactions in later stages of life have not been given much attention. The nature of interaction between parents and their children undergoes change as people go through various stages of the life cycle. In the early stages of life, parents provide biological, financial, and emotional support to the children. Parents also play an important role in the socialization of the children. In the later stages of life, however, there may be a reversal of roles, with children playing the role of the care provider for their parents. The concept of the extended nuclear family suggests that there is a significant amount of solidarity, interaction, and mutual help among members of different generations (Sussman and Burchinal, 1968).

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Moreover, advances in medicine and increasing life expectancy have resulted in Socialization and larger numbers of adults in their 50s and 60s having at least one living parent. While in 1900 there was only a 7 percent chance that a 60-year-old would have a living parent, the number is expected to reach 44 percent by the year 2000 (Henderson, 1998). Elderly people not only prefer to live near their adult children but also interact with them regularly (Troll et al., 1979). Families in general, and adult children in particular, are the primary source of informal care and support for the elderly (e.g. Shanas, 1979). Informal family care for the elderly might include assistance with personal care (preparing food, running errands, personal grooming), shopping (actual purchase as well as transportation to stores), mediation with formal organizations (e.g. banks, insurance agents, health-care providers) and information or advice regarding various issues. There is evidence to suggest that while young adults as care givers are caring for their elderly relatives, care givers are also influenced by assuming this responsibility (e.g. Hirsch, 1996). Also, such interpersonal contact has an influence on one's knowledge about old age and aging (Hale, 1998). Constant interaction with their elderly relatives gives caregivers opportunities to learn about the changes associated with old age and the special needs of the elderly. This knowledge of the aging process may help the younger person better to prepare for his/her own old age. Thus, socialization for old age (mental rehearsal and actual preparation) is expected to be positively related to care giving.

H1: The younger person's care giving to the elderly relative will be positively related to (a) his/her mental rehearsal and (b) actual preparation for old age.

Retirement signifies an important event in a person's life triggerring many adjustment processes that follow this event. Many times individuals experience high levels of anxiety prior to retirement which could be reduced by planning for retirement (MacEwen et al., 1995). As an event retirement symbolizes the arrival of "old age". Though some people may continue to work part-time or full-time after initial retirement, retired people are more likely to accept behavior or activities "appropriate" for old age (Atchley, 1987). Although for some people adjustment processes might begin prior to retirement (Atchley, 1997), on retirement one might experience a significant change in one's life, specifically in terms of the roles performed (from worker to a retiree). Also, quite often, long periods of time before actual retirement give opportunities for individuals to internalize the role of retiree and to get ready for the role. Retirement may also facilitate greater interaction with other retirees because of availability of greater free time and structural factors (e.g. living in retirement communities). Such interaction may also lead to the formation of a subculture (Rose, 1965). Retirement, therefore, may influence socialization for old age not only because retired people are more likely to accept old age norms but also because it may facilitate socialization.

H2: Retirement will be positively related to (a) mental rehearsal and (b) actual preparation for old age.

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Grandparenthood

Similar to retirement, grandparenthood is a measure of social aging. While people may marry and have children at different ages, the arrival of a grandchild may signify the arrival of old age.

H3: Grandparenthood will be positively related to mental rehearsal and actual preparation for old age.

Age

There is a great variability in the way people age. Not only are there differences in the rate at which people age but, also, there is wide variation in specific changes experienced by people. Although chronological age has been of little value in research on aging it plays an important role in socialization models (Moschis, 1987). The age-stratification model suggests that aging takes place at two levels:

- (1) physiological aging refers to physical changes associated with aging;
- (2) maturational aging refers to the accumulation of experiences over time (Riley *et al.*, 1972).

The latter reflects the extent to which one has personal resources to guide his/her behavior. Age can influence socialization in both areas. Owing to physiological decline and maturation, people at different ages respond differently to stimuli and are consequently socialized differently (see, for example, Moschis, 1987; Phillips and Sternthal, 1977).

H4: Age will be positively related to (a) mental rehearsal and (b) actual preparation for old age.

Chronic conditions

It is well recognized fact that aging is a multidimensional process involving biological, social, psychological, and spiritual changes (Moody, 1988). However, the rate of biological changes associated with aging are not the same for all individuals. Changes in the biophysical structure of the body and its functioning are an important part of the aging process. As one's health declines with age, one is more likely to suffer from chronic conditions. Although chronological age may indicate simple passage of time, decline in bodily functioning resulting in chronic conditions indicates functional aging. Therefore, diagnosis of having a chronic condition in adulthood may signify the arrival of old age. It may force one to think in terms of old age and consequently facilitate socialization for old age.

H5: The individual's experience with chronic health conditions will be positively associated with (a) one's mental rehearsal and (b) actual preparation for old age.

Sex

Past studies have suggested that there is a difference in the early socialization of males and females (Seelbach, 1977). Females are socialized to maintain kinship relations. As a result of this early socialization, females are more likely to not only maintain kin relationships and provide more help but also to understand the needs of their older kin. Since females have greater contact with their kin,

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H6: Females are more likely than males to have engaged in (a) mental rehearsal and (b) actual preparation for old age.

Education and income

Socialization theory suggests that several social structural variables might influence the socialization process. Education and income are two such variables that might facilitate one's preparation for old age. Education might enable one to learn about the options available for the aged (for example, housing and financial planning). There is some research evidence to suggest that educated people are better able to acquire information and use it for decision making (e.g. Baltes and Labouvie, 1973; Gaeth and Heath, 1987). Income, however, might be an enabling factor (Coulton and Frost, 1982). For example, only those with sufficient economic means can think in terms of alternate lifestyles or living arrangements. Those who do not have sufficient resources for day-to-day living, obviously, cannot think of the future. Thus, income and education are expected to be positively related to socialization for old age.

- *H7*: Education will be positively related to (a) mental rehearsal and (b) actual preparation for old age.
- *H8*: Income will be positively related to (a) mental rehearsal and (b) actual preparation for old age.

Methodology

Data for the study were collected through anonymous mail questionnaires. One thousand questionnaires were mailed to a randomly selected national sample of adult head of households in the age group 45 to 64. The mailing list of R.L. Polk, a nationally known mailing list company, served as the sampling frame. This list is reported to have more than 87 million names and addresses of household heads compiled from driving licenses, vehicle registration records, warranty registration records, magazine subscriptions, etc. Names were selected randomly in proportion to the population of each of the 50 states, within specified age group. For example, if a state has 10 percent of the total US population between the ages of 45-64, one-tenth of the sample was drawn from this state. To be able to get a sufficient number of care givers in the sample, another set of 669 questionnaires were mailed to adults of various age groups who, in response to a separate preselection questionnaire mailed to 10,000 randomly selected individuals, had indicated that they provide some care to an elderly person. A total of 553 people responded to the final questionnaire from the two sampling frames.

Socialization for old age was operationalized at two levels:

- (1) mental rehearsal: and
- (2) actual preparation.

Mental rehearsal was operationally defined as the extent to which one has thought about various actions that characterize behavior in late life. Similarly, 169

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actual preparation was operationally defined as the extent to which one has actually taken actions that characterize behavior in late life. Each was measured on a 0-7 point index representing the number of behaviors one had thought of, or had taken overt action about respectively. The seven items representing behavior in late life were:

- (1) making funeral arrangements;
- (2) choosing a place to retire;
- (3) making a will;
- (4) regularly putting or keeping money aside;
- (5) talking to relatives about desired lifestyles for old age;
- (6) making alternative housing arrangements; and
- (7) talking to relatives about leaving a legacy.

The scales for mental rehearsal and actual behavior had reliabilities (calculated by KR-20 formula) of 0.67 and 0.57, respectively.

Care giving was operationally defined as a process variable involving persons providing some assistance with activities of daily living (ADLs) or other activities to an older relative (like parent, grandparent, uncle, aunt). There was a list of ten activities included five ADLs:

- (1) preparing meals,
- (2) running errands,
- (3) doing grocery shopping,
- (4) doing laundry, and
- (5) doing housekeeping chores

and five other activities that are not essential for living but important for instrumental living:

- (6) making financial or investment decisions;
- (7) finding someone to do home maintenance;
- (8) deciding what health services to get;
- (9) filling out forms and applications; and
- (10) purchasing home appliances.

Assistance with these ten activities was measured on a four-point scale (no assistance at all = 1; a lot of assistance = 4). Reliability (Chronbach's alpha) of the overall care giving scale was 0.92.

Grandparenthood was coded 1 or 0 indicating whether or not the respondent had any grandchildren. The respondents were also asked to indicate whether they were diagnosed as having any chronic condition in the past three years (coded 1 or 0). Age, income, education, retirement status (1 = retired, 0 = not retired), and sex (1 = female, 0 = male) were measured using standard demographic questions.

Table I gives the demographic profile of the sample. The sample consisted of Socialization and 63.3 percent males. The larger proportion of males in this sample could be because the sampling frame used has a greater proportion of males listed as the heads of households (according to R L. Polk).

Analysis and results

Partial correlation analysis was used to test the relationship between socialization for old age and each of the explanatory variables. By partialing out the effect of all other independent variables, the independent contribution of each explanatory variable can be tested. Table II gives partial correlation coefficients and their associated statistical significance level.

For mental rehearsal, six out of ten coefficients were significant at 0.05 level. H1a suggested that an amount of care provided will be positively related to

	Percentage (N = 553)	
Sex		
Male	63.3	
Female	36.7	
Education		
Some or no high school	3.8	
High school graduate	16.5	
Vocational or technical school	8.9	
Some college	26.9	
College graduate	26.0	
Graduate/professional degree	17.8	
Age		
Under 35	7.4	
35-44	13.0	
45-54	21.0	
55-64	33.0	
65-74	19.0	
75-84	6.6	
Income		
Less than \$10,000	4.5	
\$10,000-\$19,999	12.5	
\$20,000-\$34,999	26.1	
\$35,000-\$49,999	22.0	
\$50,000 or more	35.0	
Employment status		
Employment status Retired	41.1	
Grandparent	55.2	Table
Care givers	40.0	Demograpl
	10.0	characteristics
Note : Percentages may not add up to 100 percent owing to rounding		the sam

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mental rehearsal. This hypothesis was supported by the data (r = 0.17, p < 0.01).

Retirement and grandparenthood are two life events that signify transition into later stages in life. H2a and H3a suggested that these two events will be positively related to mental rehearsal, respectively. While retirement status did not have any significant effect on mental rehearsal (H2a), grandparenthood was found to be significantly related to mental rehearsal (r=0.16, p<0.01), providing support for H3a.

Age and chronic conditions, which signify arrival of old age, were expected to be positively related to mental rehearsal. While age was significantly related to mental rehearsal (r = 0.15, p < 0.01), providing support for H4a, chronic condition was not (r = 0.07, p < 0.10). Females were found to be more mentally prepared than males (r = 0.15, p < 0.01), providing support for H6a.

Education and income represent resources that enable one to think of the future. The results suggest that education is positively related to mental rehearsal (r = 0.19, p < 0.01), providing support for H7a. Also, income was positively related to mental rehearsal (r = 0.11, p < 0.05), providing support for H8a.

For actual preparation, seven out of ten coefficients were significant at 0.05 level. H1b suggested that caregiving will be positively related to actual preparation for old age. This hypothesis was supported by the data (r = 0.09, p < 0.05).

Retirement status was found to be positively related to actual preparation for old age ($r=0.13,\ p<0.01$), providing support for H2b. Similarly, grandparenthood, signifying passage of another stage in life, was found to be positively related to actual preparation ($r=0.14,\ p<0.01$), providing support for H3b. The most important predictor of actual preparation was found to be age ($r=0.21,\ p<0.01$), providing support for Hypothesis 4b.

H7b suggested that chronic conditions will be positively related to actual preparation for old age. This hypothesis was not supported by the data. The data suggest that females are better prepared for old age than males (r = 0.10,

Independent variables	Mental rehearsal	Actual preparation
Care giving	0.17**	0.09*
Retirement status	0.01	0.13^{**}
Grandparenthood	0.16^{**}	0.14^{**}
Age	0.15^{**}	0.21^{**}
Chronic conditions	0.07	0.04
Sex	0.15^{**}	0.10^*
Education	0.19^{**}	0.15^{**}
Income	0.11^*	0.14^*

Table II.Relationship between select independent variables and measures of socialization for old age

Note: Table entries are partial correlation coefficients. All correlations are in the expected direction; p < 0.01; p < 0.05

p < 0.05), providing support for *H6b*. Education and income were both found to Socialization and be positively related to actual preparation for old age (r = 0.15, p < 0.01) and r = 0.14, p < 0.01 respectively), providing support for H7b and H8b.

Discussion

The present study was an attempt to understand and explain socialization for old age. It is important to understand such processes because studies have found that those who are better socialized to old age worry less about their old age and experience less stress as they grow old (MacEwen et al., 1995; Neikrug, 1998). Variables suggested by the socialization model and other theories of aging were used to predict adults' socialization for old age. The notion that family care giving acts as a socialization process was supported by the data.

Anticipatory socialization appears to occur, suggesting that providing care to the elderly makes the care providers think of their own old age, thus facilitating care providers' socialization for later life. Care giving was found to be an important predictor of both mental rehearsal and actual behavior. However, the relationship between care giving and actual behavior was weaker compared to that between care giving and mental rehearsal. With the number of adults providing care for their elderly parents on the increase, these individuals may be prime targets for a vast range of products and services. Since most of the family care givers are in the 45-65 age group, not only will this group be an attractive market for goods and services that facilitate their own care giving but also for planning for their own old age. As MacEwen et al. (1995) found, parental socialization into retirement was related one's own retirement-related anxiety. Thus, after being sensitized to the needs of the old age (through care giving) these individuals might be positively inclined to accept help in planning for their own old age.

The relationship of sex to socialization for old age (both mental rehearsal and actual preparation) was in line with the previous research that suggested females are better socialized to old age than males. The fact that age is positively related to socialization for old age suggests that, with increasing age, not only anticipatory socialization but actual socialization might occur as well. This implies that females are also likely to be positively inclined toward goods and services that facilitate planning for old age. For example, providers of retirement/estate planning and long-term care insurance might find it more beneficial to target females. A different communication strategy might be adopted for the male population. For example, males could be reached through their spouses.

Physiological changes associated with aging might trigger planning for old age. However, the chronic conditions variable was not related to actual behavior. This may be due to the chronic conditions themselves, which may prevent one from taking any action.

Education and income may be playing a facilitating role in socialization for old age. While education might enable one to understand the need for planning (e.g. financial) for the future, income might enable one to pay for some of the

services one may need in late life (e.g. long-term care insurance, funeral arrangements). Positive influence of education and income on planning for old age has implications for marketers as well as for public policy makers. For marketers it means that those with higher income and education may not only have resources to buy goods and services to prepare for old age but also are more likely to be receptive to such marketing communications. For public policy makers it indicates that there may be a need for poorer adults or those with lower education to learn and be socialized to their own old age.

An implication suggested by the findings is that social service providers and marketers of products and services for the elderly might consider targeting younger age groups. Planning for the future takes place at a younger age, before the actual need for such products and services arises.

One of the limitations of this study is its cross-sectional nature. Socialization, by definition, is a process that takes place over time. The true impact of such a process can only be captured in a longitudinal framework. Cross-sectional data can capture states of affairs at one point in time, from which we draw conclusions about the process. The value of cross-sectional data is in falsifying relationships, rather than proving them (Popper, 1959). Longitudinal data could have provided stronger support for the socialization framework. Another problem associated with cross-sectional data in aging research is the confounding of age-related influences with cohort-membership influences. In the present study, age-related factors were found to be important in socialization for old age. It is possible that members of different cohorts exhibit differential sensitivity to their old age and may show differences in socialization for old age. The need to study socialization employing longitudinal designs is suggested for future research.

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