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A study of how one community attempted to meet some of the emotional needs of its aged.

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BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY OF HOW ONE COMMUNITY ATTEMPTED
TO MEET SOME OF THE EMOTIONAL NEEDS OF ITS AGED

A Thesis

Submitted by

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TABLE OF CONTENTS

CHAPTER	PAGE
I INTRODUCTION.....	1
Background	
Statement of Purpose	
Scope and Method	
Sources of Material	
Limitations	
II CASE STUDIES AND FINDINGS.....	7
III REVIEW OF THE CURRENT LITERATURE.....	21
Jobs and Retirement	
Living Arrangements	
Health and Nutrition	
Interpersonal Relationships	
Leisure Time Activities	
IV A STUDY OF THE GOLDEN AGE CLUB OF LOWELL AS A COMMUNITY..	54
EFFORT TO MEET PART OF THE PROBLEM OF ITS OLDER CITIZENS	
V SUMMARY AND CONCLUSIONS	62
BIBLIOGRAPHY.....	65

CHAPTER I

INTRODUCTION

Background

The basis for this study came as a result of a project sponsored by the Council of Social Agencies of Lowell to study "the problems of the aged" as they existed in Lowell and what was being done to meet these needs on the state and national level.

In January of 1952, the Executive Committee of the Council of Social Agencies selected as a project "the problems of the aging". A program committee planned two meetings, one in April and one in June, in which the problems were discussed from two different viewpoints. The council membership is made up of representatives from public and private agencies, city officials, lawyers, doctors, ministers, representatives from civic clubs. In the first meeting there was a panel made up of executives from Public Welfare, the State Employment Bureau, Social Security, and Family Service. They discussed the resources currently existing in Lowell for meeting the problems of the aged, and brought out the particular needs not being met. At the June meeting, outside experts were brought in to tell how such needs were being met in other communities and in the state.

Following this second meeting, it was decided that the most apparent need, and the one most possible to work on, was for recreational activities. A chairman was appointed for a "Golden Age Committee", and a representative committee of professional and lay people were asked to study such a program. It was found that none of the group work agencies had the staff or facilities for undertaking such a program. Therefore, it was decided that the Council itself might make this a pilot program to point up to the community the need.

"Everywhere the human cycle begins with the dependency of the young on those who are older, and usually ends with the dependency of the very old on those who are younger."¹ Taken at face value, this statement would appear to be a fact to be accepted without question, but let us examine this more closely and see how it stands up against statistical facts. Sample data from the 1950 Census indicates that there are 12,000,000 persons, or about eight per cent of the total population of 150,000,000, who were sixty-five years of age and older in the United States. In ten years this number is expected to increase to 15,000,000.

In the middle of the nineteenth century, life expectancy was about forty years. By 1950 medical science had increased this expectancy to roughly sixty-seven years.

1. Edith M. Stern with Mabel Ross, M.D., You and Your Aging Parents, p. 11.

If statistics are boring to some, a person has only to walk through country church yards and read the sagas to be gleaned from old tombstones. The number of women who died in childbirth, the numberless small stones attesting to the death of a beloved child who died in infancy, heads of families worn out with hard labor on rocky farms by the age of thirty-eight, all giving reasons why problems of the aged were less numerous in former times. Continuing these meditations in the country church yard, a person would be impressed by the family solidarity indicated by large family lots. Many older citizens today recall their grandfathers and grandmothers as a vital part of their early lives. It is not unusual to hear them recall even great grandparents as well as numerous aunts and uncles who constituted their early family group. All lived under one roof and the family was self sufficient, raising all they needed to eat and wear. Each contributed, not so much in wages, but services. Tasks were allotted according to each person's ability. As grandfather became too old to do the hard labor of clearing the rocky soil, he "graduated" to feeding the chickens and such lighter chores. He was often accompanied by members of the younger generation, thus relieving the parents of their care. Such older citizens felt needed and useful, and had a chance to both express and receive love and affection.

Today we no longer have this concept of what constitutes a family group. Now we are, at most, a two generation family and, in many instances, are fact becoming a one generation family unit.

Through marriage or employment, young people tend to move out to separate living arrangements. This changing concept of "family" is important and needs to be understood when we are faced with the problems of the older generation which arise from the deep needs of each individual, whether his chronological age be sixty or ninety.

Statement of Purpose

The changing concept of the family unit is often accompanied by pain and frustration. Emotional problems are bound to arise especially for the older person who feels unwanted and useless. In this study we will seek to discover 1) what are the areas where emotional maladjustment is most likely to occur and 2) having recognized these "trouble areas" how a community combining its resources could help prevent these emotional problems before they become a major issue.

Scope and Method

The scope of this study covers:

1. A group of ten cases which were referred to Family Service in the past two years which involved the problems of older men and women
2. A study of the Golden Age Club of Lowell to evaluate how a community used this positive approach toward meeting one part of the emotional problem of the aged
3. A review of current literature on the problems of the aged in

books and magazines with some positive steps various segments in communities have found successful.

Sources of Material

Information for this study came from:

1. Careful selection of books, magazines, and pamphlets on all the phases of the problems of old age.
2. Study of approximately ten cases handled by the writer which cases had been referred to Family Service of Lowell during the last two years.
3. Study of the newly formed Golden Age Club in Lowell, Massachusetts of which the writer was Chairman.
4. Use of the writer's previous experience as a social worker in the State of Maine Department of Public Welfare, working in the categories of Old Age Assistance, Aid to Dependent Children, Aid to the Blind, and World War Assistance.

Limitation

It is obvious from the wealth of material on the subject of the aged that this study cannot cover fully all the facets of the emotional needs of the aged but the writer will attempt to show through the case findings that there are certain areas where one can expect emotional maladjustment to occur and through the study of the Golden Age Club show how a particular community tried to meet two facets of

the problem, 1) leisure time activities and 2) inter-personal relationships.

The science of geriatrics is young and much is still in the experimental stage. There is much that needs to be tested over a period of time. Available material on the subject has increased rapidly in recent years and much is accumulating on every phase of the subject. There is slowly evolving a more scientific understanding of why older citizens are as they are, and of what may be done before their maladjustments become too severe or too much of a set pattern.

CHAPTER II

CASE STUDIES AND FINDINGS

As explained in Chapter I, this portion of the study pertains to ten cases which were referred to the Family Service of Lowell in the past two years. They were particularly selected because they were problems of older men and women and because it appeared that they could be grouped around certain areas where maladjustment appeared to most often occur. After the careful study of these cases, these areas became quite clear cut and the problems occurred enough times to make the observation that there were such areas which were typical of the emotional adjustments of the average older man and woman.

The ten cases used as a basis for the case studies were chosen because they were representative of the problems of approximately fifty cases of older men and women which were referred to the Family Service and carried by the writer in the past two years. Seven of these ten cases will be described in detail as they pointed up the problem situations which tended toward emotional maladjustment in older men and women. Just as men and women differ in physical appearance from one another, so in these seven cases about to be described, different areas of the life situation is involved. Some are concerned

with long term medical care, some with adjustment to new living arrangements, some are troubled about leisure time activities, or lack of preparation for retirement and loss of regular work.

Case I

Mrs. B., age 60, presented the problem at intake that time hung so heavily on her hands that she wondered if there would be any volunteer work which she could do.

Mrs. B. and her husband had raised a family of three boys and two girls. There had been a long hard struggle of ups and downs but now her children were all married and living in separate units of their own.

About six months previously Mrs. B.'s husband had died quite suddenly. She had been so stunned that she had left all the decisions up to her children. They had persuaded her to sell the home where she had had "such inner security" for so many years, and to divide up the year living with her various children. Since she moved from one to another at about monthly intervals, she could not keep or take many personal items with her.

Her children told her how much help she would be, especially with the grandchildren and in giving a hand with the housework. Mrs. B. found it difficult to adjust to the ways of her daughters-in-law. She had formed certain patterns as far as managing the home was concerned. Through trial and error she had evolved a system which had worked well for her, but her children were young and inexperienced and they were very much in the trial and error stage. They resented "advice". They had read the latest books on child psychology and strict schedules were adhered to. Mrs. B. felt hurt and insecure. As time went on she was not so sure that the young people always wanted to take her on trips and she felt unneeded and unwanted. These realizations were very upsetting to Mrs. B. and the nervous twisting of her hands and the eyes brimming with tears, told the worker of real emotional upset. She had suddenly realized that her children no longer needed her. Her husband, the companion of many years, was dead, and the future was frightening and she felt apprehensive and depressed.

Interpretation

Mrs. B.'s problem could be duplicated many times in casework agencies like the Family Service. Here was a woman of sixty who had helped raise a fine family with many years of useful activity ahead of her, now suddenly faced with an overwhelming sense of inadequacy and the feeling that she was no longer wanted or needed. Her growing depression and apprehension could well lead to a mental disturbance which could eventually lead to hospitalization.

Fortunately, this woman was able to realize what was building up and she was able to seek help before it became too serious. The caseworker understood that what she needed more than anything was to feel she was able to do something useful and to feel that she was capable of selling herself for a job. A suggestion was made that she go to the employment bureau and "sell herself for a job". The worker knew that she needed to regain confidence and ego strength. Instead of the "volunteer job to fill in time", Mrs. B. obtained a good paying job as a companion housekeeper and her positive strengths overcame the negative and her whole outlook broadened.

Case II

Mrs. S. was referred to Family Service by the Visiting Nurse Association. Her problem at the time of referral was for long term medical care, and included problems of living by herself and of not eating properly. Mrs. S. was a woman of 68. She had worked in a laundry until her retirement three years before. Her husband had died several years prior to

her retirement, and there were no children of this marriage.

The couple had scrimped and saved to own their modest five room home and it had become a source of strength to Mrs. S. that she would always have her own home, and not be dependent upon anyone after she retired to live on social security and her small savings.

Within a year after she retired, Mrs. S. became ill and there was a long and costly hospitalization. The diagnosis was cancer. She returned to her home and dragged along, not eating properly and letting herself get run down physically and very emotionally upset when any plans were discussed about a move to a nursing home.

Interpretation

The Family Service worker realized that it would really hasten the end for Mrs. S. if pressure were used to get her to accept a nursing home at this time, and through conference with the Visiting Nurse, arrangements were made for Mrs. S. to remain in her home. The Visiting Nurse called twice a day to attend to medical needs and a neighbor was hired to prepare nutritious meals and to bring them in to her. A series of friendly visitors was worked out with her church and the laundry, so that she had company afternoon and evening. Family Service arranged to have a telephone installed so that she could lie in bed and talk to her many friends.

Mrs. S. would have been most unhappy in a nursing home. The loss of emotional security from being in her own home would have intensified her fear of her impending death and the impersonal efficiency of the nursing home would have made her feel so much more the lack of real

feeling and affection from those she knew at a time when she most needed this.

Case III

Mr. R. had come from three generations of mill workers. His grandfather had come to Lowell in the era of the rise of the cotton mills along the Merrimack River. He had worked all his days "in the mill" and it was taken for granted that his son, Mr. R.'s father, would follow in his steps. Then Mr. R. started working in a rayon mill and became a skilled dyer of rayon fabrics. Every morning he went to work on the seven to three shift, and his days fell into a set pattern. Always the family ate at 5 p.m. and Mr. R. would work in his little garden, smoke his pipe, and get ready for another day. Mr. R. didn't give much thought to "retiring". He just felt good that he would get social security for his long years of effort, and felt better off than the generations before him.

For the first week of retirement, it seemed good not to have to get up at 5:30 a.m., but the habit of so many years was strong, and he found that he became worried and restless when faced with the whole day to fill in time.

Interpretation

Mr. R. had given little thought, during his working years, to what it would be like when suddenly he was faced with not only one, but many days with no specific job to take up the hours. It was impossible for him to adjust to this lack of purpose and loss of fixed activity in his life. When Mr. R.'s wife began to show irritation because he was "hanging around and in the way", he began to get hurt and to become self absorbed. He soon began to develop somatic complaints such as "nervous stomach" and headache.

When a friend sent Mr. R. to Family Service to "Talk about how

he felt", it was too late to prepare him for retirement because it was already upon him, and he was unable to accept it. It was fortunate that the worker was able to get a part time caretaker's job for Mr. R. and so relieve considerable emotional tension that had been built up. Mr. R. felt that he was "not like an old discarded shoe" and felt it good to be in the routine again of the pattern that had become so much a part of him.

Case IV

This case was referred to Family Service when the widow came for help in trying to find a companion to stay with her until she could recover from the shock of her husband's untimely death and to try to make some acceptable plan for her future. The writer first knew this family when the man was in his early seventies, meeting them socially.

Mr. D. had led an active Army career as the head of several of the country's largest supply depots. Because of the stress of World War II and his invaluable experience, he was kept on past the age of sixty-five. He drove himself continuously on his job. He refused to take time off and said that he didn't need to chage a golf ball -- he was too busy! At seventy, he was forced to retire due to Army regulations. His colleagues gave him a farewell party and presented him with a fine set of golf clubs so that he could now, with free time, learn the game. He and his wife purchased a large home in a section where they had never lived because they wanted to "settle down". Physically and emotionally this man could not adjust to the sudden and extreme change, and in less than two years he was dead. Having never learned any way of living except in work, he could not find a new way at this late date. His wife was burdened with a large house and the years which they had looked forward to, for enjoyment of pleasures that they had always denied themselves, were lost to both of them.

Interpretation

This man had made his job his way of life. He had no preparation to have any sublimation of his years of activity in the Army. His whole system, both physical and emotional, had been driven at such a pitch that the shock was too great, and he was unable to make any lasting adjustment. He had no hobbies or outlet for his talents, and he could not learn new ones on such short notice.

Furthermore, selecting a home in an unfamiliar section, meant the making of new friends and acquaintances at a time in this couple's life when this was the most difficult to do. This couple had always moved in Army circles. They had entertained as part of their job and so had not actually sought out congenial couples with whom they might have something in common after Mr. D. had retired to civilian life. Mr. D. seemed unable to make any kind of adjustment when faced with an unfamiliar home situation and no "Army connections". To suddenly take up golf was an unhappy solution to the problem of leisure time as he had built up no previous interest.

By the time this case was referred to Family Service, Mr. D. had died of a heart attack and his wife was burdened with a large home and the loss of companionship. There was little a caseworker could do at this late date except to help the wife find a companion and to help her work through the grieving period and face her own adjustments.

Case Y

Mr. C. was 68 and his wife 65. He had worked very hard for the past forty years to bring up his family, composed of three boys and two girls. He spoke with evident pride of the fact that the two sons were on the police force and that the girls had married "good men".

Mr. C. and his wife had had a small apartment, but after the children moved into homes of their own, Mr. C. became ill and it was necessary for him to stop working. Medical expenses ate into his savings and they had to apply for Old Age Assistance and, after some urging from the older son, Mr. and Mrs. C. went to live with this son and his family. Very soon friction arose as Mr. and Mrs. C. were not contributing enough to the household. Mr. C. went to the local public housing authority to see if he and his wife could be admitted as they both were emotionally upset and ill over the effort to live with the son. They were told that first choice went to families with young children. They would need furniture and, since they had broken up their home to live with the son, they had none. Furthermore, they were upset at the section of the town in which they would have to live under this plan. Mr. C. was very hurt by the way he and his wife were treated by their son and family and said that their opinion was never asked and that they were told "to shut up and stay in their bedroom".

Interpretation

While Mr. C. came to Family Service worker with the problem of housing, after listening to Mr. C., the worker recognized that the real problem was the fact that the old couple felt in the way and unwanted. The role of authority which they had for so long assumed as heads of the family had been reversed and the younger couple didn't want to be told what they should do or how they should bring up their children.

Mr. C.'s cardiac condition had used up much of their savings and

they realized that their children could not give the financial help necessary. They had to adjust their thinking to include the acceptance of financial assistance. The Housing Project seemed to be the best solution for their housing problem, but they found it impossible to get into since first choice went to families with children. The G.'s were frightened and the thought of living in an unfamiliar part of the city, and in possibly sub-standard dwellings, further upset them. The task of making all these decisions was overwhelming to this older couple.

The caseworker helped the G.'s to work through some of their feelings of being rejected by their children. Through contact with a real estate agent, she helped them to find an apartment within their means and gave them some assistance in buying the necessary furniture.

Case VI

Mrs. G., one of five married daughters, came to the Family Service concerning the problem of her 81 year old father. His first wife had died when he was seventy-two and the children had married and gone into their own homes. The father tried to live alone during the week and spend the weekends with his daughters. He became very lonesome and upset, and finally married a widow ten years younger than himself. She was a good homemaker and Mr. G. became very dependent on her. Recently it had been discovered that she had diabetes. After hospitalization, Mrs. G. was returned home and Mr. G. tried to take care of her. Soon he became depressed, developed numerous somatic complaints for which there was no organic basis. He became confused and eventually had to spend a period of time in a mental hospital. The loss of attention to his own needs, the other person's dependency on him, resulted in an emotional breakdown for Mr. G.

Interpretation

This case involved dependency feelings on the part of a parent and guilty feelings on the part of grown up daughters. Loss of prestige, loss of family unity, resulted in a turning back to a dependency state which was answered briefly by the second wife. Then when she became ill he became absorbed in fancied complaints which eventually caused and resulted in a mental illness which necessitated hospitalization, and eventual living in an old men's home. It was impossible for the married daughters to take their aging parents into their homes which were inadequate, but they had strong guilt feelings about not doing so. The cultural pattern familiar to this family had been that children personally cared for their ill or aged parents. It took some time for the worker to help them to accept the necessity for a long term plan for their father in a men's home, and for them to see its advantages for themselves and for Mr. G.

Case VII

Mr. L. was a 68 year old retired broker. He walked into the office, looked directly at the social worker, and said, "I don't know what you can do to help me, but frankly, I'm bored to death." He had been a very successful broker who had been forced to retire twenty years ago for physical reasons. His wife was diabetic and a partial invalid. Each day he "killed off a few more hours" by making her comfortable. (No housekeeper would stay with the couple for any length of time). His inevitable pattern for the past twelve years was to drive down to his club and play cards with three cronies, listen to the same old threadbare jokes, come back by the same route at 4:30 to care for his wife. When the worker

asked him if he had developed any hobbies to give him interests, he shrugged his shoulders and said that he hadn't, but he was so desperate at that stage that he guessed he would take up knitting!

Interpretation

This man had made the mistake of cutting off all his former talent he had acquired in the financial world. He sought no new outlets and satisfied himself by a routine which eventually became unacceptable and ingrown. Like many, this man had retreated into self absorption and it would require skill and understanding to bring such a person into a group to actively participate. For example, when the worker in the case just quoted suggested that the client might enjoy taking some residents of the Old Men's Home for a drive, he rejected this by saying that he was not interested in their problems, but needed help with his own.

The caseworker realized that he needed some new interest beside himself and wondered if Mr. F. would be interested to talk to a group of young married couples who wanted to understand more fundamentals about investments and finances. Mr. F. was very interested and as the group got to know and like him they tended to include him in social activities. His whole attitude about being "bored to death" changed as he realized that he had something to offer and as he got satisfaction from his relationships with people and had something to do.

General Summary

In contrast to the problems of the young who are constantly seeking new ways to prove their worth, these problems just described seem always to be around a sense of loss: loss of family unity, loss of position in life situations where the person once felt adequate to function, loss of personally meaningful contacts.

Since the average person spends the greater part of his life in earning a living both for himself and his family, he is naturally very concerned about any change in this employment or financial status which has been won over long years. Abrupt termination of this pattern is upsetting and it seems natural to feel insecure when employment is lost through retirement and illness. Therefore, jobs and retirement are areas where one can expect to find maladjustment, particularly if the man or woman has not been prepared to meet this new situation before it is suddenly thrust upon him.

Any social worker who visits clients in their homes knows how important living arrangements are to a person's emotional well being. Loss of savings or family ties which necessitate a move to an unfamiliar neighborhood, or to a poorer type dwelling, may cause deep insecurity and tension. The necessity to move from the familiar to the unfamiliar may well cause maladjustment. This is also true when an older person feels in the way and unwanted in the home of children, and is thereby put on the defensive.

Long term planning for chronic cases of illness, whether physical

or mental, is a problem that comes to many families as the members get older and physical or mental disabilities set in. It is not hospitalization for the acute stage which is so baffling, as it is to find a place for the person after the acute stage has passed. Most older people long for the familiar security of a home setting at this point and it is a problem to find adequate care for them and to gain their acceptance.

Many older people are living alone on small and inadequate budgets and are often physically unable to shop for adequate food. Some lack the knowledge to buy suitable food on limited budgets. Health and nutrition, with adequate medical services, is of great concern to the older person.

Everyone, young or old, needs some interest outside himself and his job to express talents and feelings. It appears to be increasingly difficult for people to find new interests and abilities as they grow older. They tend to become preoccupied with real and fancied problems and to take less initiative. Leisure time activities are becoming more and more important with the lessening of the work week, early retirement, and more free time available.

Because of many losses, an older person is particularly in need of relationships which bring warmth and satisfaction. He needs to feel loved and wanted to have some sense of prestige. The interpersonal relationships in his life play a tremendous part in his emotional adjustment to old age.

These problems in these trouble areas occur when the set patterns of behavior are broken into either by death of the other partner, or loss of job through compulsory age retirement. Emotional tension is increased by loss of prestige, a feeling of inadequacy, or loss of status. The number of such problems that come to a Family agency show that these are areas in which maladjustment may well occur. These five areas are: jobs and retirement, living arrangements, health and nutrition, interpersonal relationships, leisure time activities. These will be reviewed in the next chapter from articles in current literature around the subject of the aging.

Maladjustment in any one of these five areas can be serious in itself but too often more than one area is involved as seen in the preceding cases. The person then finds it difficult to function in his environment and becomes emotionally disturbed.

CHAPTER III

REVIEW OF THE CURRENT LITERATURE

The writer read some thirty magazines and ten books on the emotional problem of the aged and found the problems most often fell in the same five areas which were the findings of the ten cases studied and described in Chapter II. These cases had been referred to Lowell Family Service in the past two years and were used as the basis of the case study in this thesis.

The areas of possible maladjustment seemed to occur most often around jobs and retirement, housing, health and nutrition, interpersonal relationships, and group or leisure time activities. The writer plans to discuss these under two headings: 1) discussion of problem per se and 2) ways in which this problem has been met successfully by different segments of a community as it appears in the current literature.

Jobs and Retirement

1. Discussion of the Problem Per Se

Along with the aging of the population has come a like change in the age distribution of the labor force. In 1890 about one-fourth of the labor force was forty-five and older. Today this age group is

nearly one-third of the labor force. The depression of the 1930's did much to cause a rather sharp decline in the employment of men over sixty. On the other hand, there has been a steady rise in the employment of older women. Statistics tell us that nearly 33% of the women between the ages of forty-five and fifty-four were employed in the labor force in 1950.¹ There are several reasons for this, one of the most significant being that during the war the women found it profitable to work in the mills to earn extra money. Now they continue as it is the only way for many, with the present high cost of living, to afford such modern requirements as television sets and the family car. Such things would often be impossible with the single pay check of the husband.

These same statistics tell us that only 10% of the women over sixty-five are now employed. Here we must recognize that increased benefits in Social Security and in Old Age Assistance has made it possible for women to stop work at sixty-five and, by frugal living, to get along on these combined benefits. This would apply particularly to certain states such as Massachusetts, where Old Age Assistance grants are fairly liberal in comparison with southern states, for example.

Here it might be well to consider in what occupations one finds these older workers. In 1951, men fifty-five and over constituted one-fifth of the labor force and were most often found in agriculture,

1. U.S. Department of Labor, Employment and Economic Status of Older Men and Women, 1952, Bulletin No. 1092, p. 15.

transportation, finance, insurance, personal and professional services, state and local government. Men sixty-five and over were more often found in farm work, finance, insurance, personal and professional services.² In other words, in the highly skilled jobs of the mills we see a dropping off of men from fifty-five and over. In crafts and professions where principles of seniority have been established, the older worker can continue, as in railroading for example.

Older women find it more difficult to find work after fifty-five unless it is in domestic service or professional and public administration. About 10% of women over fifty-five were found in these occupations in April of 1951.

During the recent war years, many thousands of older men and women found themselves in the rather surprising position of being actively recruited for work in war industries. The writer was in Philadelphia at this time and well remembers the full page advertisements in the newspapers and the direct appeals from posters and employment bureaus, listing opportunities available to the older man and woman "to share the war effort by returning to the labor force". This was a far cry from the 1930's when the labor force shut all doors in the face of the older worker. At the close of hostilities everyone expected that many thousands of older men and women would find themselves back in forced retirement. Then came the needs of the huge

2. Ibid., p. 18.

defense program, and thus far it has maintained the labor force at nearly war-time levels and women over fifty-five have continued to be more in demand than normally. It would appear that, if the trend holds or moves forward, men and women now employed in trade and service jobs will be moved up into essential jobs.

The rise in the cost of living and the lessening value of the dollar, which reflects the buying power of savings or pension, further points up what is sending many older men and women out of retirement and back to work. Many people who retired in the past ten years and thought that they had enough funds to see them through have found that, due to this high cost of living and the dollar devaluation, it is imperative that they supplement their income by seeking work on a full or part time basis.

Against these positive needs of both industry and the older individual lie the negative factors which have tended to reduce the opportunities for older men and women wishing to obtain work. In the past decade there was a constant trend to move away from the country to the city. There is much around a farm that an older person can do and many possible jobs are available. In the city such unskilled jobs are few and older men and women are often told that they are too old to learn to run the complicated machinery of modern industry. They lack agility and speed and are often considered an insurance risk.

One must also recognize that many times the older person himself places barriers which he refuses to recognize. He, or she, may have

had an excellent earlier work record, but does not want to recognize any falling capacity and insists on accepting only such jobs as he held at the peak of his productive powers, and will accept only the maximum wages earned in the past. Such personal blockings point up the need for the help of a trained counsellor, with understanding of the emotional factors involved.

Retirement means a variety of things to different people. Most people look forward to it, many make some financial plans, but very few actually prepare for it until it is a sudden reality. Recently, the writer overheard a conversation in an elevator. The operator asked a man who had recently retired how he was getting along. The man replied that he was not getting along well, that he was working harder doing nothing than he ever did working, that "it's just slowly killing me". Too often one encounters this attitude in those in retirement. When a person thinks of the word "retirement" he usually thinks of giving up the five day a week active job he now holds, but too rarely thinks of moving into a different kind of activity, less strenuous, but calling for ability and interest. Another person whom the writer encountered illustrates this "moving into" concept. After retiring from the business in which she had been active for thirty years, she started a small boarding home for pet cats of her friends. This woman realized in advance that she could not sit and fold her hands, or find satisfaction in a social life alone. She had always been fond of animals and had this plan in mind when she thought of her

retirement. She visited boarding kennels and found out as much as she could before the day of retirement came. Retirement to her meant continued fulfillment. Put simply, it might be said that a person must retire to something rather than from something. Retirement is a way of life not a chronological age when all purposeful activity ceases.

When is that magical moment that will give a person leisure time and a chance to take up hobbies and interests that he has looked forward to? In the past, retirement age was the age when a person was no longer considered employable. In recent years, age 65 has often become the arbitrary point when employment activity ceases. In 1935, when the Social Security program for the aged was set up, it was necessary to set an age when men and women could begin to receive benefits. Reading and study as to why the age of sixty-five was selected indicates that in the past, before the continued extension of the life span, people had generally used up their working energies by sixty-five. Also, during the depression years of the 1930's, the age group above sixty or sixty-five was almost totally removed from the labor force.

Recently many doubts have been raised about the wisdom of an arbitrary retirement age. Many examples could be cited of individuals who are more employable at sixty-five than many are at thirty-five. Should retirement be based on individual capacities, or is it more fair to have a compulsory age regardless of any individual values? These are questions which are being argued pro and con across the country today and there is much to be said for both sides. Those who hold to

the compulsory age for all claim that it is more fair because:

1. All are treated alike and no one can make use of "pull" to keep further employment.
2. Employees are encouraged to make plans for their less active years.
3. It allows a fairer system for promotion from within as young new workers can move from one position to another as older workers retire.
4. It is satisfactory to the worker emotionally as he doesn't have to give any excuses for his retirement.

On the other side are those who point out that the requirements of certain jobs would allow a person to function adequately well past sixty-five. Most trade unions feel that a worker has a right to work as long as he is qualified and able to do so. Some point out that few workers can afford to retire now that the cost of living is so high, and that employment is necessary in order to maintain a satisfactory standard of living.

In conclusion, our aging population is increasing. Our cost of living has increased so that government estimates indicate that an elderly couple need nearly \$2,000 a year to maintain a modest but adequate level of living. At the same time, the proportion of men over ³ sixty-five in the labor force declined from 68% to 41% in 1952.

3. Committee on Aging and Geriatrics, Federal Security Agency, Fact Book on Aging, pp. 1-3.

2. Positive Approach by Community Action

"The aging man should neither stop working nor retire. Inaction further impoverishes the content of time. Leisure is even more dangerous for the old than for the young. To those whose forces are declining appropriate work should be given. But not rest."⁴ This, then, appears to be the major problem in this area—who should provide the "appropriate work" in what way?

Retraining of workers for more appropriate jobs, and preparation for retirement, could well be the responsibility of industry. When a normal retirement age is agreed upon, a worker may then have adequate time for preparation. Steps may be taken over a period of years to prepare for this time.

A company which has gone a long way in putting such a plan into operation is the Wrigley Corporation.⁵ This company has worked out a deliberate "step down" retirement plan for all of its workers, whether at the labor or executive level. The company has set up a normal retiring age and as each person comes up to this age he is granted a month's leave of absence from the firm, working full time for the other eleven months.

The second year, the person takes two months and this goes on until he reaches the compulsory retirement age. By this time he has

4. Alexis Carrel, "The Problem of the Prolongation of Life", Proceedings of the Association of Life Insurance Bress, 1937, p. 154.

5. Marc Hollander, "Are People Through at 65", Today's Health, June 1952.

adjusted to a semi-retired status and emotionally he is ready to leave active employment.

Standard Oil of New Jersey has done much to work out prepared retirement for its workers. It has set up its own pension plan and encourages its workers through a voluntary savings plan to increase their monthly annuities. A series of conferences is held with each employee about to be retired and they are helped to see how they can get the most out of their retirement. They are urged to participate in community activities and resources are given as to recreation, medical care, nutrition and hobbies.

Allis-Chalmers has gone a step further and arranges for four or five visits a year by their personnel to see just how the employee is adjusting to his retirement, and the visitor is prepared to give help where needed.

These are illustrations from larger concerns, but the principle could well be applied to smaller concerns. Much education is needed with executives and personnel managers in the smaller industries and businesses. This could be accomplished through interest and action in the community.

It is interesting to note that education is becoming aware of this lack of preparation, and several colleges and universities are offering "planned retirement" courses which work on the problems where maladjustment most often occurs and which help people develop new interests and understanding. The University of Chicago, Boston

University, and the University of Minnesota are examples of schools offering such courses. Industry has been quick to see the advantages of such courses and many are attended by personnel workers who can then bring back the ideas to workers in their companies.

The writer has presented a few of the beginning plans for a positive approach to this problem of jobs and retirement for the aging worker. They are indicative of what may be accomplished in the future as labor, unions, management and community work together on the problems.

Living Arrangements

1. Discussion of Problem Per Se

Housing and living arrangements for older citizens probably play one of the most important roles in their emotional adjustment. The recorded experiences of social workers, doctors, visiting nurses, and ministers who go directly into homes, indicate how much "home setting" plays in a person's emotional outlook.

The passage of the Social Security Act plus the increased Old Age Assistance budgets have enabled older citizens to make some choice as to where they live. In many instances this is an improvement over the days before government assistance when the older generation was forced, for economic reasons, to live with the younger generation. In many such cases the older person felt "unwanted" and "in the way". The younger generation could not afford to support parents outside of the

home. It often meant the yielding of hard won independence on the part of the older person. Data from the 1950 Census shows that older people really prefer to have living units by themselves. "Over 80% of the urban and rural non-farm families of people sixty-five years and older maintain independent households"⁶. Figures from the Federal Security Agency show that 77% of California Old Age Assistance recipients maintain their own households.⁷

For the purpose of this study, we are not speaking of the older person who is able to maintain a fairly adequate standard of living, but of the older person whose purchasing power is limited and who tends to occupy low rent dwellings, often in a different section of the city than that in which he has formerly lived. This is frequently necessary because low cost dwellings are often grouped together in a certain section. Many times these were not planned for use by older people and they are often fire and health hazards.

It was the experience of the writer, when employed as a Public Assistance worker, that recipients of Old Age Assistance, due to inadequate budgets, were forced to live in dark, drab rooms with a minimum of conveniences. Many times the heating was inadequate and to obtain some comfort, the older person went outside to sit in bus terminals.

Studies show that in eight cities 37% to 51% of the budget of Old

6. Governor's Conference on Problems of the Aged, Sacramento, California, 1951, p. 70.

7. L.S.Silk, Housing Characteristics of the Aged, p. 70.

8

Age recipients goes for heating, light, and rent. Welfare Departments are limited by budgets and by policy and certainly cannot be held responsible for these conditions. Other factors are the increased number of older people, better recognition of their needs, breakdown of the three generation family group, the inability of people to save.

2. A Positive Approach by Community Action

Generally the housing of the elderly is worse than those of the rest of the population. On non-farm households headed by persons sixty-five or more, 8.4% live in dilapidated housing....One third of the dwelling units occupied by oldsters have no private toilet, bath or running hot water.⁹ Few houses have been designed for the needs of later years.

Many authors and students of the problems of the aging believe that the "cottage unit" of housing offers the average elderly person the best opportunity for privacy, independence, yet close association with a potentially congenial group. Since adequate facilities of this type call for large scale planning and financing, it would seem feasible for commissions and councils to be established on both a state and local level. While such programs will doubtless require the resources of government, it seems imperative that local voluntary groups, such as Council of Social Agencies, Citizen's Committees, etc., take an active part in the planning and promotion. In such a way, affects of changing political forces may be minimized, and the needs of individual communities and their people may better be the decisive factor.

8. Social Security Bureau, A Budget for Elderly People, p. 48.

9. New York State Joint Legislative Committee on Problems of the Aging, Facts About Our Senior Citizens.

If local councils or committees were established, it is the writer's opinion that these should be made up of non-politically connected people with interest in and understanding of the particular problems of the aging. A possible roster of such people might include: staff representatives of Old Age Assistance, the Visiting Nurse Association, the medical director of the Public Health program, family agency personnel, ministers of the various faiths (particularly those acting as chaplains in homes for the aged), representatives of civic clubs.

In many surveys that have been made of the housing needs of the aged and allied services, it has been the finding that something more than a place of shelter is needed to help the older person maintain independence and a sense of security vital to his emotional health. Such services include temporary or emergency nursing care, part-time help with housework, errand services, a sitter service for the ill. Such services may be a part of a housing project, but could also be carried on by services already established in the community. This would require cooperative community planning, but might well be less costly than the establishing of new services. More specific suggestions as to such services will be presented in following sections.

All over the country in the past two or three years have come indications of new interest in the question of housing for our older citizens. Amendments to the National Housing Act proposed:

1. Five per cent of all housing units supported by the Federal Government should be set aside for the older citizen.

2. Single men and women should be allowed to apply for these
10
units.

A recent article in the Boston Globe so well summarized some of the best thought on this subject that the writer would like to quote extensively from the article.

Boston is currently planning a five hundred unit housing project for the South End which is being regarded as a demonstration project for other areas. This apartment house is to be built with private funds under Federal guarantees. It is being planned by the Boston Housing Foundation and is expected to be self-supporting. It will be designed for single men and women as well as couples. It will include a cafeteria providing low cost meals, but will also have facilities for simple cooking. There will be a planned tie-up with medical services from four local hospitals. Rent will average fifty dollars a month and will include light, heat, cooking fuel, refrigeration. Because the planners feel that older people should not be segregated, they plan to have a percentage of others about forty-five to sixty years of age who will help toward a better group adjustment.

It is planned to have representatives of various races and nationality groups. Envisioned is a caretaker staff, and other tenants can, for remuneration, help those not able to help themselves. Strongly backing this experiment is Dr. Robert T. Monroe of Harvard Medical School, founder and head of the Clinic for the Aging at Peter Bent Brigham Hospital in Boston who has indicated that satisfactory emotional adjustment is lacking for many who seek a physical cause for their ill feelings, and who strongly recommends such measures as these here proposed.¹¹

Health and Nutrition

1. Discussion of the Problem Per Se

One of the primary objectives of medicine in the past seventy-five

10. Federal Security Agency, Man and His Years, p. 165.

11. Boston Globe, August 24, 1952, p. 28.

years has been to lengthen the life span. In 1900 the proportion of men and women sixty-five years of age and over in our total population was one in twenty-five. Today it is around one in twelve, and steadily increasing.

The big increase in the relative number of older persons is the result largely of gains in the control of infectious diseases, other advances in the fields of prevention and medical care and of the general rise in the standard of living. Fewer people die in childhood or their early adult years; more live to reach their sixty's and seventy's.¹²

This has brought about new and complicated problems related to health.

In 1900 the first four leading causes of death were: 1) tuberculosis, 2) pneumonia, 3) diarrhea, 4) heart disease. In 1950 the four leading causes were: 1) heart disease, 2) malignant neoplasms, 3) vascular lesions, 4) accidents--homicides and suicides. ¹³ As we think about this, it is not so important that the cause of death has shifted from tuberculosis to that of heart disease, as it is that we are now concerned with diseases which affect an older generation and diseases which require long and costly medical care.

Because so many families today carry pre-paid hospital insurance, it has become the custom to enter a general hospital for many ordinary illnesses which, before the advent of hospital insurance, would have been treated in the home. As a result, hospitals are pressed for bed space and their emphasis is to get the patient discharged as soon as

12. Fact Book on Aging, op. cit., p. 4.

13. Metropolitan Life Insurance Company, Bulletin, April 1948, Publication No. 29, pp. 2 and 32.

possible. This is often particularly true with the older patient whose condition might well be considered chronic. In many instances these older people do not have an adequate home to which to return. The younger family members are often living in crowded conditions and lack facilities to care for the older ill person. Frequently the patient is moved to a nursing home where he lacks the security and affection to be found in a family situation. Again we see where the peculiar needs of the older person result in an emotional problem.

The writer would like to draw upon her personal experience as a social worker in the State of Maine Public Assistance Department. In her territory were about sixty Old Age Assistance recipients who had been placed in boarding and nursing homes because their families could not or would not assume the responsibility for their care. In many cases, no one remained in the family to assume this responsibility and strangers were appointed by the courts as conservator or guardian. There was nothing personal about this relationship. In many cases, the person never saw his Old Age Assistance check as the entire amount was turned over to the nursing home owner who might then allow the recipient a small amount for tobacco. The combination of poor health, lack of families, and inadequate assistance, resulted in many evidences of emotional maladjustment.

In many of these homes to which the older, chronically ill, person was sent, there was no activity planned and people sat in idleness all day. It was largely custodial care and it was natural that the old

person became lonely, secluded, and senile. In many instances, at the end of life, the nursing home owner took the place of family and was the only person present at the funeral other than the minister and social worker. When illness combines with aging much more than custodial care is needed. Status in a group, interests and activities, a degree of financial and emotional security, are essential in providing a purpose for every day living. Lacking these, many older people have no choice but to turn to preoccupation with themselves and fancied and real illnesses. They regress into a state of helpless dependency, or are eventually committed to the senile wards of a state hospital.

Those who have charge of nursing and boarding homes for the aging need to be trained in the physical, mental and emotional problems of the older person. The whole community needs to expand its services to these homes.

The writer would also like to comment briefly on the subject of nutrition for the aging. It is part of present day American culture to turn to fads about eating and many people think that all they need to do to keep physically fit is to decrease or increase their food intake. They do not consider that there is more involved than counting calories and taking vitamins. As a person grows older there are constant chemical changes going on that require changes in eating habits. Dental and digestive changes may necessitate additional changes. The habits of years are not easily changed and decreasing income and energy lead many people to provide themselves with increasingly less adequate

diets.

One of the projects in the Old Age Assistance Department in the State of Maine was to make a survey of typical food orders of recipients. Special workers in the Department talked with store clerks and it was found that these recipients tended to buy food that "filled them up" and required little preparation. With decreased income and energy, they had not learned to provide substitutes for the necessary foods. The need for counselling on subjects of nutrition in order to maintain physical and emotional reserves was most evident from this study.

2. A Positive Approach by Community Action

The health needs of aging man have, in recent years, been closely identified with the needs of the chronically ill. This is somewhat unfortunate as it obscures certain other very important needs of older people so far as physical and mental health are concerned.... Chronic illness is not confined to the old, nor is it necessarily true that age must bring with it specific chronic illnesses. Older people's health difficulties include almost all the illnesses found in younger age groups. Social and economic factors of low income isolation, poor housing, and emotional distress are particularly likely to hinder the medical treatment of the aged and to retard convalescence.¹⁴

As with the rest of the population, it would seem that the real objective of a medical plan for the aging should be a scientific plan of prevention. It is too late to wait until the aging process actually sets in motion all the symptoms which develop into diabetes,

14. Community Project for the Aged of the Welfare Council of Metropolitan Chicago, Community Services for Older People, p. 104.

arteriosclerosis, arthritis, etc. If individuals can be educated when much younger to the prevention of diseases which are likely to be present in later years, the medical problems of the aged need not necessarily be more prevalent than those of other years.

Such a positive educational approach should begin early and be far more forceful than we have now, even in our seemingly "health conscious age". The importance of regular medical examinations and the habit of turning to clinics can be started in the schools and should be encouraged by community groups such as Councils, Parent-Teacher groups.

Community groups must also concern themselves with services for treatment, particularly for hospital, clinic, and nursing home facilities which are within the range of those of limited income. Particularly among the group of Old Age Assistance recipients, where funds may long have been inadequate for medical care, it would be well to see that immediate, convenient facilities are available and that their use is strongly encouraged by the social worker in her contacts with the clients.

Boarding and nursing homes for the aged should merit the particular attention of community groups. Again, existing recreational and counselling resources in the community could well be utilized in a community plan. A training program for those who will be in charge of these homes should be set up to demonstrate to them the importance of social and emotional adjustment to physical well-being. Activity

programs, such as occupational therapy, and participation in community projects such as Red Cross bandage making, should be encouraged.

Operators of such homes should be informed of community resources to be used for their patients, such as counselling services for those with disturbing personal problems.

Advancing years bring external and internal changes that may create abnormal mental and emotional reactions. While there are a few mental disorders peculiar to the aged, particularly to physical changes, the bulk of mental illnesses are the result of breakdown in emotional health. It is well recognized that the foundations of emotional health are laid in early childhood and that, through understanding of one's human needs, such health may be promoted throughout life. A high percentage of the residents of our mental hospitals are people over sixty-five. To prevent this situation, communities need to promote community-wide mental health programs both on an educational and treatment level. The writer is not going into details for setting up such programs as the advice and services of such organizations as the Massachusetts Association for Mental Health or the National Association for Mental Health are available for consultation on such matters.

The writer would like to reemphasize that, as the community provides more adequately for sound health programs for all of its citizens, and as it cares for the social and economic needs of its older people, much will be accomplished in improved mental and emotional health for the aging. As Dr. Robert Monroe has so well stated: "The geriatrician

is conscious of how important it is for the mental health of his patient that he treat vigorously every interfering ailment and find ways of restoring confident living."¹⁵

Interpersonal Relationships

1. Discussion of Problems Per Se

In considering the needs of the older person, it would appear that the foremost factor to keep in mind is that he or she is an individual and must be treated as such. The child reaches out for love and esteem. He struggles to gain status with his peers. The older person struggles to keep this love and esteem and status. This becomes more difficult as he suffers physical disabilities, is faced with the loss through death of those near him, is limited in physical, emotional and material resources. Frequently, in present day culture, old age has come to mean loss--loss of family, job, prestige, and position of authority. The resulting feeling of futility creates tension and anxieties. This situation is often present when the older people have been forced to give up their own home and move in with children. The move in itself is traumatic. Once in the home, further unhappiness results when the parents realize that they are no longer the authority figures. This is often interpreted as loss of esteem and, lacking this security, the older people may revert to a state of dependency on their children. If

15. Robert T. Monroe, "Medical Problems of Old Age", New England Journal of Medicine, January 13, 1949, p. 17.

these situations are too damaging to the older person's ego, he may make use of defenses which are commonly recognized as typical of the older person: 1) turning to the past--"things are not what they used to be when I was a boy", 2) holding fast to set patterns--"your father has always had his supper at five o'clock", 3) concentrating on real and fancied aches and pains--"I always get a pain if I eat meat at night". It is important to understand that these are defenses thrown up against hurt and humiliation.

The tendency to turn to the past can be both a healthy and a destructive force. There is satisfaction and a sense of well-being to be gained from the recollection of past accomplishments. As a youth a person is usually insecure, groping for the way to success in career, marriage, child raising. Accomplishment is achieved by trial and error and when a person has reached his own personal summit, it is good to look back. The memoirs of Winston Churchill, Henry Ford, John Rockefeller, are expressions of such pride of accomplishment. These are outstanding examples of these with marked success.

Turning to many an average person, there may be no such success to recall and reminiscing about the past may bring a depressing sense of futility. At best, it may only represent an escape from the frustrations of the present situation.

The holding to set patterns, the refusal to change, is also a defensive measure. As most people grow older they find it more difficult to make changes and to do things in a new way. Many older women

refuse to give up the old black wood stove for the newer gas or electric ranges, saying that they cannot bake a decent cake in anything else. Country women may insist on the ritual of the baked beans to be picked over Friday evening, parboiled Saturday morning, cooked for hours all day. Actually, one would find it difficult to tell the difference in flavor between these and some of the commercial products. The important point is to recognize in such examples that this clinging to old set ways is satisfying because it is something the person associates with pleasanter times and something he has confidence in.

As we have pointed out, frequent and severe loss and change often characterize the life of the older person. Great adjustments are called for. It is a time calling for sound personality adjustment which must have been achieved through the preceding years or which must be reinforced through the resources of the community.

2. Positive Approach by Community Action

In considering a community plan for counselling services specifically for the older person, we are entering a somewhat new field. In the past there has tended to be a feeling that such people could not be helped because they were "too set in their ways", that their lives were almost over anyway and that time could better be spent on the younger person. As this study has indicated, older people are faced with a perplexity of problems, social, economic, personal. We have seen that through loss and change, disintegration often sets in. There

has not been adequate exploration of the possibilities of arresting such disintegration if the problems are detected and treated early. The problems brought by older people are usually the fundamental emotional problems presented by younger people. There are concrete tangible problems of finance, housing, health, and personal needs. There are less tangible problems of personal relationships, need for recreation, for employment, for companionship, for recognition. These are all problems familiar to the trained counsellor, although few have had training in considering their specific applications to the older person.

Loss and change are the most peculiar characteristics of the aging person and it is important that the counsellor understand the psychological importance of these factors in the client. Since physical and mental powers have usually slowed down, it is important that the counsellor understand the need for the older client to proceed at his own pace. Because of the factors of loss and change, of decreased ego satisfactions, the very existence of a friendly, understanding, supportive relationship with a worker may be the determining factor in the older client's adjustment.

It is evident that the older person is peculiarly in need of the relationship, the treatment, the resources, that a counselling agency may offer. Such service should be a part of every community program for the aged and, above all, should be made known and available. Too frequently, the interpretation of community counselling services lacks reference to services for the older person. Since this field has not

been well explored, it would seem to be a fertile field for experimentation where possibly some counselling services might set up a preventive and educational program on "adjustments in later life". This is being done to a slight degree by some of the larger Family Service agencies in their programs of Family Life Education. It could well be expanded to a "group counselling" program through the interest and support of local community groups.

The writer wishes to close this section by touching also on the part pastoral counselling may play in meeting the emotional needs of the aging. As an example, the facing of death for himself and for loved ones is very important to an older person. The writer recalls how very urgent it seemed to Old Age Assistance recipients to make plans for the details of funerals, and how difficult this was to accept for a young social worker who usually had had little experience with death. The ministerial profession is peculiarly fitted to help with such emotional anxieties as these. In recent years, pastoral counselling has become a dynamic, positive program, encouraging people toward a healthier, constructive outlook on life. This can be invaluable in preparing an individual for the later years. Recent trends toward cooperation and coordination of pastoral counselling services with the other counselling services of the community may result in a more comprehensive approach to these problems of the aging person.

Communities develop these counselling services in ways fitted to their needs. In New York City it has been taken over by a subdivision

of the Department of Public Welfare. In Chicago, it has been studied and promoted by the Welfare Council.

In many communities, basic counselling services already exist and interested community groups may need only to encourage a broadening and emphasizing of services to cover the needs of the aged.

Leisure Time Activities

1. Discussion of Problems Per Se

The basic human need to love and to be loved, to achieve status in one's own small group by being a vital part of that group, is with each of us all through our lifetime. When a person is growing up, he or she is surrounded by a world of activity which takes up time and energy and involves relationships with others--games of competition, intellectual competition, learning to "do". As young adults, people tend to move out to the larger community, often for the sake of their family. They become active in parent-teacher groups, church, other civic and social groups. As family responsibilities increase, a person's activities of a personally rewarding nature tend to decrease and there is often less participation in craft and purely social groups. eventually children are grown up and move out of the home and there are less family responsibilities. This often creates a sense of "not being needed". Until this point, or even until retirement suddenly is near at hand, many people do not seek activities and associations which will give purpose and meaning to these later years when they are

comparatively free. Yet every study of the aging has indicated the imperative need for constructive activity.

For an ideal society we would demand for the aged that their activities should never be abruptly stopped, but changed in accordance with their altered capacities; for as long as the individual is alive, in addition to food and love, he needs the opportunity to be functioning and effective.¹⁶

Older people have such a tendency to become self absorbed and to retreat into themselves, to lose interest in any thing now. It is difficult for them to discover new activities and interests for themselves. Many authors indicate that there are far too many people who rapidly decline, physically and mentally, after retirement because no interest holds them. This would seem to indicate that someone in the community must take the responsibility for stimulation of recreational programs for the older person.

The great importance of the participation of patients in a program of occupational therapy in mental hospitals is a vivid indication of the healing qualities to be found in making something with one's hands and, in the process of associating with others. As a social worker at Ring Sanatorium, the writer has been interested to notice how many people, particularly older men, are positive that they cannot create anything or that "that stuff is for children". Yet when interest is aroused, that same patient may become utterly absorbed in watching a

16. Abram Kardiner, "Psychological Factors in Old Age", Mental Hygiene in Old Age: a Symposium. New York: Family Welfare Association of America, 1937, p. 29.

piece of pottery take shape under the guidance of his own hands.

The writer has seen many agitated, anxious patients come to occupational therapy and become relaxed and at ease with those around them. In most instances, they would not have attempted these activities without urging and encouragement. More and more today people are becoming aware of the fact that the hours of work are being shortened. Labor groups have long upheld a shorter working week with the result that men and women have much more leisure time. When the working day was ten hours the question of recreation was solved by the simple fact that there was neither time nor energy left to seek out enriching social relationships and ways to express one's creative talents whether it be in hobbies or widening relationships.

Also our culture has stressed youth and strength. Our industrial world is geared to speed and time saving devices and quantity. One machine can do the work of five men. This means great competition in jobs and in certain jobs men and women are considered "too old" at thirty-five and forty years. At sixty one is considered useless and unwanted. After years of feeling important this naturally would bring discontent and bitterness. At first it was almost a personal problem which had to be solved within families, but as the years went by and the numbers of such men and women increased and this group discontent and bitterness at loss of status began to be apparent through the growth of the Townsend movement, the recognition by community and social agencies that it was not any one person's or one agency's

responsibility, but the larger responsibility of the various segments that make up the community, to assist this ever increasing part of our population in the wiser use of leisure time, began to emerge.

It has taken many years, through trial and error, to build up America's wonderful playground movement for the younger generation. It is now just as important to build up a similar movement for the use of leisure time for the older citizen. The basic care of recreation for the older person is opportunity for self expression and creativeness and enrichment. It matters little whether it be square dancing or a discussion group, as long as it lifts the individual out of self absorption and a feeling of being "unwanted and unloved". Naturally one gears one's plans to allow for varying disabilities, both physical and emotional, but the real purpose is to allay anxieties which can so often lead to emotional illness.

One must appreciate that recreation is an individual matter and that one person might be bored by a music appreciation course while another would find it his greatest interest. The urgent need seems to be to open up for the older citizen the many forms of leisure time activities, including crafts, educational activities, civic participation. All of these help to maintain the feeling of being a vital part of a group or a community, which feeling is vital to emotional health.

2. Positive Approach by Community Action

As family and work responsibilities become less in later adult years, basic human needs for love, security, creativity, recognition, must be more largely met through educational and recreational resources. Yet, in these later years, it seems to become particularly hard for people to find such resources.

Perhaps the greatest obstacle to the pursuit of happiness in later life is the meager expectation of finding it. Research and interviews with older people revealed how limited was the idea that older people could find any answer to their needs in education and recreation. In more than half the cases in our study there was no information about this aspect of the client's life. In only fifteen per cent was there evidence that the client had companionship as well as an opportunity for recreational activities. The possibility of meeting such needs was indicated only by an eighth of all persons who were studied.¹⁷

Since expectation and initiative is often lacking in the older person, the community needs to take responsibility for developing and making available such resources.

Much has been written in recent years about the need for group and recreational activities for older men and women. The writer would also like to point out that, as in other fields which we have discussed, preparation should begin well before the "Golden Years". The community needs to recognize that social and recreational life are basic needs of all people and make such activities available long before people

17. Community Project for the Aged of the Welfare Council of Metropolitan Chicago, op. cit., pp. 132-133.

become sixty-five. Continued and active participation in group activities would do much to prevent the emotional maladjustments which occur from withdrawal, loss of self esteem, idleness and loneliness.

In modern society, there appears to be need for stimulation and help to people to participate in group activities. An excellent example of what can be done to create such interest and enthusiasm is the "Sixty Plus Show" which has been sponsored for the past two years by the Community Recreation Association of Boston. The purpose is "to stimulate creative activity and interest among persons of sixty or over". More than three hundred persons exhibit and over one thousand attend. Other communities have aroused similar interest with camp programs for older people, with luncheon groups, with community service projects. There appears to be adequate evidence that, if a community senses the need and provided the opportunities, older people are ready and eager for such group and recreational programs.

In recent years, there have been many community programs for the aged established in the recreational field. The possibilities are limitless but often existing agencies are not staffed to handle such a community-wide program. In some cities, such programs have been sponsored by Councils of Social Agencies, or by city Recreational Departments, or by Public Welfare Departments.

Probably one of the most widely publicized of such community efforts in recent years has been the Golden Age Club movement. This started in Cleveland in 1939 as a joint effort of the Benjamin Rose

Institute, which has been a pioneer in the problems of the aged, and Western Reserve University School of Applied Social Science. The core of the club was "the acceptance of the older citizen as a human being whose feelings differed from the young only in degree and expression and that he or she was capable of growth and change". The Rose Institute found that in spite of provisions for individualized casework services, medical care, and financial security, the old people still had a sense of loneliness, uselessness and idleness. This was expressed by physical symptoms of illness, withdrawal, and mental deterioration. In an effort to solve some of these problems, the idea of clubs for
18
lonely older people was conceived.

In the following year the success of this venture was picked up by Goodrich House Settlement in Cleveland and the success of these two groups launched a city wide program which mushroomed until Golden Age Clubs have now become an acknowledged part of good community planning.

The emphasis of Golden Age Clubs has been and is primarily social. As it grows, the special interests of the individual develops. There should be outlets for these interests which will in turn develop into new groupings. These interests will range from painting groups to choral or dramatic groups. The Golden Age Club is the center from which these tangent interests move out.

The main goal to bear in mind is to provide opportunities for individual development and education and to provide within the group

a substitute for loss of family unity. Obviously it cannot take the place of the lost job status or take the place of the position of esteem the older citizen once held in his or her family group, but these clubs can do much to educate the community to their responsibility and make the older citizen's attitude a healthier one toward himself.

CHAPTER IV

A STUDY OF THE GOLDEN AGE CLUB OF LOWELL AS A COMMUNITY EFFORT TO MEET PART OF THE PROBLEMS OF ITS OLDER CITIZENS

As was stated in Chapter I, the basis for this study was the project of the Council of Social Agencies of Lowell to study the problems of the aged as they were being met in Lowell. The Committee appointed by the Council early recognized that there were many areas, many facets, to the problem of the aged in any community. After careful study, they felt that the one not being met at all adequately in Lowell was that of any planned recreation for older men and women. They realized that this would be a broad approach but felt that they would like to use it as a means of acquainting the community with the whole problem of the aged, especially from the emotional point of view.

The Committee felt that if the project was successful and sufficient publicity could be given through the newspapers and radio, that this added insight into the overall problem would be better accepted by responsible agents in the community such as industry, social agencies, church, schools, and housing programs. They might then accept their responsibility to offset the emotional maladjustment that is so

apparent to those who work closely with the aged in any community.

Since the writer was chosen chairman of the "Golden Age Committee", and was involved in the planning from the beginning, some space will be given to the formation of Lowell's first Golden Age Club and an effort will be made to evaluate in what way this club did or did not meet the needs for which it was planned. Apparently there is need to evolve a workable plan for the setting up of such a club since the writer has received innumerable requests from various communities about the details of setting up such a program. Each community would have its own particular needs and resources, but the pointing up of the problem can do much to help coordinate the overall community responsibility to the larger aspects of the whole problem.

The Executive Committee which had been appointed by the Council of Social Agencies felt that the first step was to expand its membership to include a representative segment of the community, both lay and professional. Representatives were invited to a general meeting which should have as its purpose the formation of a Golden Age Club for men and women over sixty years. Groups invited to send a representative were: Parent-Teachers, Group and Casework Agencies, Public Welfare, Social Security, State Employment Agency, clergy of all faiths, League of Women Voters, Business and Professional Women, service clubs, Medical Society, Visiting Nurse Association, school authorities, city government.

At this first meeting, it was again emphasized that the problem

of the aged was a many-sided one and obviously it could not be tackled by this one committee, but that emphasis would be placed on that part which appeared not to have been met by any community group to date, namely, recreation for the older man and woman. It was hoped that by demonstrating what could be done by community cooperation on this part of a program, the community would see that this could also be applied to other parts of the program such as medical services, housing, and rehabilitation of older workers. Enthusiastic response to this first meeting resulted in definite plans for the formation of such a club.

A speaker's bureau was set up to explain the Golden Age Club to various groups. Letters were sent to every church setting forth the goals and also enclosing an invitation to be inserted in the church bulletin or read from the pulpit, giving the time and place of the opening meeting.

The Committee received excellent cooperation from the local newspaper and radio station. Bright colored posters were placed in key public places. Two of the most successful places in which a poster was placed was the local bus terminal, where the manager was only too eager to cooperate since the terminal was usually overflowing with elderly people who spent hours just sitting there to escape loneliness and boredom, and the public library.

Several churches offered facilities but the Committee felt that, until the club was well established, it would be wise not to have it tied up with any denomination. They hoped to interest a large cross

section of the city before breaking up into any type of group.

For the first meeting, a central location, near the local bus terminal, was selected. A hostess committee had prepared name tags which club members could then keep and bring to each meeting. This committee greeted each arrival and took him or her to his seat, introducing him to the person sitting next to him. The International Institute sent a gaily costumed Italian girl who walked up and down the aisles playing an accordian. This created a socially easy atmosphere.

Refreshments were taken care of by the canteen of the local Red Cross and consisted of cookies, coffee, and tea. A tea table was complete with flowers, candles, and decorations. The afternoon started with refreshments rather than, as usual, ending with these. The group appeared to like this as it gave them a chance to get better acquainted and to feel welcome.

The program opened with a short talk by the Chairman who explained the reason for the club, expectations for the future, and requested volunteers to help with future meetings. There were several volunteers for refreshments, but none for program.

For the first two months a variety of programs were planned by the Committee alone. Older men and women who had been pushed into the background for so long seemed to have lost their initiative and ability to take responsibility. The Committee felt that they needed time to get acquainted, feel secure in the group, develop interest and gain ability to plan and carry out a program for themselves.

The group voted to call themselves "The Golden Age Club", and to meet twice a month. They also decided to be as self supporting as possible, having a donation box in which members could place whatever they wished.

The program committee had arranged some musical numbers by a young people's group from the High School Chorus. The last half hour was given over to group singing under the leadership of a very popular trained song leader. This proved so popular that the group has asked for it continuously. Other types of programs which later proved popular with the group were travel films, tape recordings of group activities, musical acts by local talent, and talks about Lowell. As time went on more and more of the group were drawn into the planning and carrying out of the program. Attendance began with about eighty and has since fluctuated between one hundred twenty and one hundred sixty.

Specific types of programs are applicable to the particular backgrounds and needs of each group, but the program committee early learned that variety is very important. Programs of entertainment, such as travel films and speakers, are all right in themselves but older citizens want to do things as well. Group singing and square dancing take away the lost, lonesome feeling and programs of doing for others gives back a sense of being a vital part of the community. Club members enjoyed folding bandages for a local hospital and making stuffed animals for Christmas stockings. Visiting points of historical interest and a "day at camp" did much to restore self confidence and

outside interests. Recognition of birthdays and visits to sick members restored the feeling that someone cared which so many had lost.

Along with the above short discussion on programs must be a comment regarding the very important part leadership plays in the success or failure of a club. The greater number of men and women who joined the Golden Age Club were timid and had had little experience with clubs before. They were apt to be rather passive and looked to the leader to plan the programs while they sat back to enjoy "being waited on". The leader had to be a helper and a planner, not a dictator. Old people need help to move out and to make their own plans. This takes skill and understanding on the part of the leader. He or she does not necessarily have to have personally suffered all the trials of growing old but he or she must have understanding and warmth for the emotional aspects of growing old. The Committee found that actual age of the leader had little to do with their acceptance by the group, so long as they genuinely liked older people and wanted to help them to help themselves.

The Lowell project also demonstrated the need to pay for volunteer leadership even though it is supervised by trained staff members. It is difficult for a volunteer to feel the sense of continuing responsibility as a volunteer that he or she does when paid even a small fee for services. Supervision was much simplified by this method.

The Golden Age Club of Lowell is now nearly a year old and from the present vantage point certain distinct characteristics of the group have come to stand out. First and foremost was the realization that

such a group was not just composed of old people, but rather it was composed of a number of individuals with the same basic needs of all people whether they are ten or seventy. There was the need to feel wanted, to both give and receive affection. There was the same need as in the young to feel one had something to give and the great need to feel secure within one's self.

When one thinks of a club for a younger person one thinks of a constantly dynamic experience played against the young person's need to broaden and move out from what is known to wider horizons and this is brought about by that same need to emancipate oneself from the family closeness. On the other hand, when one thinks of a potential Golden Ager, whether his chronological age be sixty or ninety, one sees him as reacting to a life experience, first emerging from the tie to parents, to union with another individual through marriage and parenthood, to the status where again he finds himself alone and yet with the same struggle to fulfill basic emotional needs which are present from cradle to grave. Children are afraid of the unknown. Older men and women are afraid and apprehensive because they have known first hand what it means to be insecure, frustrated, to lose those near and dear to them. Many have lived lonely lives for many years and have lost their confidence that they can make new friends. They are self absorbed in real and fancied aches and pains because the aging process has actually set in and many suffer from physical disabilities such as loss of hearing, or failing eyesight.

The purpose of the Golden Age Club was not to just entertain, but through the group itself to help meet these needs of the individual. The great difference in working with groups of older people was simply that of method and approach. With older people one moves more slowly and at the pace of the individuals in the group. As a result, great satisfaction and inner security came to older men and women through this group affiliation with their peers.

CHAPTER V

SUMMARY AND CONCLUSIONS

In presenting this study it was accepted that there would be many limitations: that the science of geriatrics was too new to have drawn final conclusions; that there were many suppositions concerning the needs of the aged which required further testing over a long period of time; that there was a wealth of material from many fields that needs coordination.

It would be impossible in the time allotted to this study to go into great detail on the various facets of the problem of the aged, but the writer set out to discover through the study of ten typical cases referred to Family Service in the past two years if there were areas in the older person's life where emotional maladjustment was more likely to occur. These areas appeared to occur most often around five areas: 1) jobs and retirement, 2) living arrangements, 3) health and nutrition, 4) interpersonal relationships, 5) leisure time activities.

Perusal of over ten books and thirty magazines brought out a wealth of material around these areas which could well be labeled as the trouble areas. Certain segments of the communities had moved

toward assuming responsibility for these trouble areas but as yet there is no coordinated effort on the part of a community to accept its full responsibility toward the aged in the population.

Statisticians point out the ever increasing numbers of the aged. Our culture has made no plans for the older man and woman when their working days are through, yet their needs are the same as they were at any stage of life.

The study of the Golden Age Club of Lowell as one community's positive approach to the overall problem by concentrating on two phases: 1) the need for planned recreation for older people and 2) the working out of personal needs through the group process, really accomplished two things. First, it was obvious that merely becoming a member of a group of one's peers and learning new skills and crafts would not solve all the problems of the aged. There was still the question of adequate housing, long term medical care, sufficient income, to be met. But it did point up to the community that these older citizens were not just old, useless, tiresome people, but that they were individuals whose needs were the same as all individuals. Emotional security was contingent on a chance to work and play, to love and to be loved, and to be a vital part of a community. To the Golden Agers themselves, the Club meant a change of attitude toward themselves. By participating in the group, they unlearned selfish attitudes of behavior toward one another, new shared interests helped them move away from self absorption. They gained a sense of belonging.

Beyond this, it also pointed up that, while the Golden Age Club of Lowell met the need to be with people of like interests, there are larger unmet needs which cannot be met by a Golden Age Club per se.

When patterns of behavior become fixed as a person grows older, it becomes increasingly difficult to change. It appears that the time to prepare for old age is in the full tide of life and not at the end. How a person lives, what a job means, how a person preserves his health, what he does with his leisure time, all go to make up what a person becomes as he grows older. Preparation should begin before the aging process sets in and would appear to be the responsibility of both the individual and the community.

In conclusion, it appears that there needs to be a coordinating of resources to meet the problem of our aging population. There is no one time in one's life when one is suddenly old, but much of the waste and unhappiness could be eliminated if there were adequate preparation along the way. From the time that one is mature enough to hold a job and to play a part in a community, then preparation for one's Golden Age should begin.

It is no one segment of the community which is responsible. It is the responsibility of school, church, industry, and civic pride to concern themselves in long term planning and preparation to meet the aging process of their people.

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