

## **RESEARCH STUDIES WITH PRACTICAL APPLICATIONS**

*(For more information, please write the author or consult the appropriate journal.)*

The following are abstracts from papers presented at the annual meeting of the Gerontological Society in Portland, Oregon, Oct. 28–Nov. 1, 1974.

### **Why Nursing Homes Do What They Do,**

Leonard E. Gottesman and Norman C. Bourestom, printed in *The Gerontologist*, Dec., 1974.

In a study undertaken by the Nursing Home Research Project at the University of Michigan and the Philadelphia Geriatric Center, observation-based outcome measures were developed to reflect the care given in Detroit's nursing homes. It was found that the highest quality care was given to whites who had visitors and personal possessions, and jobs around the home. Whether the home was run for profit or not was not a major issue. Patients in danger of being taken advantage of are those who cannot stand up for their own wishes or who do not have an external advocate to do so for them. A friend or relative who intervenes on behalf of a patient is more "likely to be acceptable to the resident and nursing home administrator . . . while the role of inspector is likely to foster a great deal of counterproductive hostility."

Nursing homes could also be modeled more closely along "normal life roles" including the right to have possessions, resident government, sheltered workshops and social groups. "The role of the staff in these programs becomes less one of doing things for residents and more one of staging opportunities for resident independence." Efforts in this direction would enhance nursing home accountability.

In fact, little nursing care was observed and many of the residents were found to be capable of living on the outside if the necessary supportive services were provided.

### **Effect of Changing Life Patterns in Retirement**

**Villages**, Dennis Richardson, Georgian Court College, Lakewood, New Jersey 08701, and Vivian F. Farlin, Human Resources Office on Aging, Dept. of Community Affairs, 363 West State St., Trenton, New Jersey 08625, U.S.A.

The authors studied a number of retirement communities in New Jersey to determine what are the effects of the aging process on the psycho-social adjustment of retirees and relationships to the outside community. They found that larger retirement villages developed considerable internal cohesion and tended to view others in a "we-they" dichotomy. "This 'we-ness' was demonstrated in mutual self-help when a crisis occurred, but also created a situation of social isolation for those who were defined by the retirees as unacceptable or 'deviant' residents." In smaller communities, ties to the outside are more developed, but also depend on the availability and quality of transportation.

While retirement villages do seem to provide a happy life to those who are physically and mentally healthy; "when physical and/or psychological restrictions develop

or when there is an alteration in the social status of the retiree, as in widowhood, there is an increase in the social isolation and alienation of retirement village residents," aggravated by the large geographic separation from family and friends. For those who cannot maintain retirement village lifestyle, "alternative forms of supportive service delivery systems must be developed."

### **Language, Children, and Attitudes Toward the Aged: A Longitudinal Study**, David L. Treybig,

Dept. of Sociology, Case Western Reserve University, Cleveland, Ohio, U.S.A.

After an acquaintance period, 85 children aged 3, 4, and 5 were informally interviewed and asked what "old" meant and whether or not they would like to be "old" some day. "Children in the three age levels gave overwhelmingly negative views of the word 'old' and almost none indicated that they wanted to be 'old' some day." The children were interviewed again the following year, along with a new group of 3-year-olds. The same results were obtained, with the older children being more articulate about the subject. More often than not, the possibility of becoming old is rejected "somewhat explosively or with an expression of dislike." As a possible explanation for this negative image, the author suggests that "the English-speaking child may hear the word 'old' applied in an undifferentiated, general way to a variety of referents, the majority of which refer to actions and situations heavily laden with negative content. In a sense, it may be the case that children learn these negative attitudes toward age as they interact verbally with their parents and others in the socialization process and then go on to generalize these negative connotations toward old people, and ultimately to the prospect of their own aging."

### **Predicting the Future as it Relates to Aging in the U.S.**, Drs. Bernice Neugarten, Robert Havighurst,

Stephen Golant, Sheldon Tobin, Robert Kahn, the University of Chicago, Chicago, Illinois; also reproduced in *The Gerontologist*, Feb. 1975. Part II.

Participants from the University of Chicago reported on the first phase of an ongoing project involving gerontologists, economists, geographers, political scientists, etc. which is examining the role of American elderly in the future to come. There was general agreement that the future context for determining this role would include slow population and economic growth, a five-year increase in life expectancy for those aged 65, increasing technological advance, greater urbanization, more interdependence between work and leisure, rational and planned governmental policies, national health coverage, improved educational levels, and increased expectations about quality of life issues on the part of the elderly.

Specific projections for the year 2000 include retirement at the age of 55, with the "young old" living in stable family environments, perhaps in retirement communities on the fringes of cities to permit easy access to the center city, family, friends and part time jobs. ". . . The four- and five-

generation family will be the norm because of increased longevity and because the length of generations has been shortening. . . . If a more effective network of supportive social and home health services arises, more intergenerational households may appear in which both generations are old."

The "young old" will support policies that separate income from work with the assurance of retirement incomes that approximate pre-retirement standards. A key issue will be what to do with increased leisure time, with many opting for voluntary service programs and increased political activity. Education will be instrumental in meeting many needs of aging, and adult education programs will be offered to both the inner city and rural dweller.

Multi-service centers will be built into housing for the elderly and retirement villages; these will be available to the community at large. Hopefully, this will decrease unnecessary dependence on nursing homes for the "old-old". Services will be integrated and community-based. At the same time, terminal care centers linked with hospitals will arise which will be able to deal more effectively with death, family mourning and euthanasia issues.

Many of these programs assume increased economic security for the aging and continued willingness of the labor force to transfer funds to programs for aging.

## **CROSS-NATIONAL RESEARCH**

**Variations in Value Orientations by Age in a Developing Society**, Irving L. Webber, David W. Coombs, J. Selwyn Hollingsworth, Dept. of Sociology, Univ. of Alabama, University, AL 35486, U.S.A. (Printed in *Journal of Gerontology*, November, 1974)

The authors decided to test the positive correlation that has been found by some between aging and traditional values by interviewing 178 top leaders in three Colombian cities — Popayan, Cali, and Medellin. Using an instrument which measured value orientations that had been adjusted for cross-cultural differences, it was found that this sample of aging, Colombian leaders did hold more traditional values. What remains unclear and a question on which more research needs to be done is whether the elderly are only retaining strong values internalized in their childhood and youth or whether people do in fact "change their value preferences through the life cycle".

**Old People in New China**, Yung-huo Liu, Senior Staff Psychologist, Student Counseling Center, University of California, Los Angeles. (Printed in *Perspective on Aging*, May/June, 1974)

China shares many aspects of a frontier society which finds the resources of the elderly and retired too valuable to waste. Most of the Chinese population are organized into communes which provide retirees with about 60% of their past income and care to the elderly no longer able to work and without close relatives. Men can retire as early as 55 and women at 50 (in recognition of their experiences

in childbirth and child rearing). Those still vigorous can continue to work full-time; others may assume less demanding tasks and earn extra income. Most elderly living both in the cities and the country own their own dwellings and have access to very inexpensive medical care. "Given a fixed income, an ordinary worker or peasant can live comfortably without fear of deprivation in his advanced years."

Communal life still shares many characteristics of an extended family. "Chinese families continue to help each other. Adult children are morally responsible for the health and welfare of aging parents." With adult children usually working all day, they are very happy to share their dwellings with retired parents who will take care of their children, despite the availability of day-care centers.

Education and service opportunities continue for Chinese elderly. Rural elderly can serve "as master-teachers for students learning agricultural skills." In cities, elderly help the police maintain law and order, guide tourists around shrines, etc. In addition, the elderly often teach each other; there are many political reeducation classes. "China believes that all people are educable and that, through continued education, they can develop morally, physically, and intellectually into men and women of higher socialist consciousness and a higher purpose of living."

**The Honorable Elders: A Cross-Cultural Analysis of Aging**, Erdman Palmore, Duke University, Durham, North Carolina, U.S.A. (Paper delivered at the annual meeting of the Gerontological Society, Portland, Oregon, Oct. 28–Nov. 1, 1974).

Professor Palmore, after spending a year's sabbatical in Japan, found that Japan is an exception to the rule that the role of the elderly declines to relatively low levels with the advent of industrialization. The traditional high status of the elderly has only been slightly affected, according to Palmore. Among his findings were that ¾ of Japanese over 65 live with their children and that a large majority prefer to do so even if alternative opportunities were available to them. Well over ½ of Japanese aged men continue to work and face less job discrimination than in the West. More than half of Japanese over 65 belong to some kind of seniors citizens club which are organized and supported by the government. These meet at least once a month for social activities, study and communal baths. "Respect for the aged is demonstrated by honorific language both in public and in private. The elderly are usually given precedence in family matters." Respect for the elderly has been embodied into the 1963 National Law for the Welfare of the Elders:

"The elders shall be loved and respected as those who have for many years contributed toward the development of society, and a wholesome and peaceful life shall be guaranteed to them. In accordance with their desire and ability, the elders shall be given opportunities to engage in suitable work or to participate in social activities."

**Health Care in South America**, Dr. J. E. Mazzei, Avenida Francisco, Solano Lopez, Grand Caracas, Venezuela.

Improved public health services have caused a marked