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Blaske, Leroy Anthony

Psychological Aspects of  
Problems in Gerontology and  
Their Relation to Current  
Conditions in the Detroit  
Area.

1950.

Date submitted: June 25, 1950

Department: Psychology

Approved

Claude L. Nemzek  
Examiner

Charles A. Weisgerber, S.J.  
Examiner

Alexander R. Schneider  
Adviser

Allan P. Farrell, S.J.  
Dean

Examination: June 27, 1950

Accepted: July 1, 1950

THE UNIVERSITY OF DETROIT

PSYCHOLOGICAL ASPECTS OF PROBLEMS IN GERONTOLOGY  
AND THEIR RELATION  
TO CURRENT CONDITIONS IN THE DETROIT AREA

A THESIS  
SUBMITTED TO THE GRADUATE FACULTY  
IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS

DEPARTMENT OF PSYCHOLOGY

BY

LEROY ANTHONY BLASKE

117482

DETROIT, MICHIGAN

JULY, 1950

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## ACKNOWLEDGMENTS

The writer wishes to express his thanks to Mrs. Mary K. Guiney of the Wayne County Bureau of Social Aid. Her suggestions were helpful in planning the research necessary for this thesis.

The writer is also extremely grateful to Alexander A. Schneiders, Ph.D., Professor of Psychology, and Reverend C. A. Weisgerber, S. J., Ph.D., Assistant Professor of Psychology, for their assistance in the preparation of this thesis.



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## CHAPTER I

### INTRODUCTION

Workers in the fields of psychology, psychiatry, clinical psychology, and other related fields have for years formulated and pursued intensive research and experimental programs centered about the various developmental levels from infancy to adulthood. These investigations aimed at a better and more thorough understanding of individual and group behavior and the concomitant adjustment processes. However, another group, sadly neglected except for sporadic and isolated investigations, is currently commanding attention through sheer force of their increasing number.

Medical science entered the scene and forced an extension of the investigations that were centered around the earlier developmental levels. As life expectancy increased, special clinical techniques had to be developed to cope with the personal problems peculiar to the developmental level termed "later maturity," or more commonly, "old age." Individual differences preclude setting a definite chronological age for the beginning of this period; however, for practical, legal, and statistical purposes the age has been set at sixty-five.

Improved living conditions and programs of disease

prevention and control have increased the life expectancy from 43 years in 1890 to 59.3 for males and 62.8 for females in 1935. Today it is even somewhat higher. Around 1800, records indicate that in certain areas in this country the life expectancy was thirty-five. Census statistics show that in 1900 about twelve per cent of our population was over fifty.<sup>1</sup> In 1940, statistics indicated that twenty per cent of the population consisted of people over fifty. In actual figures the number of people sixty-five years of age and older increased from three million in 1900 to nine million in 1940. Thus the percentage of population made up of people sixty-five years of age and over continually increases, e.g., from 4.3 per cent in 1900 to 7.2 per cent in 1945, and an estimated 11.6 per cent in 1980.<sup>2</sup>

In view of these startling figures, and taking into consideration the fact that a declining birth rate accompanies this declining death rate, it becomes necessary to view the situation in terms of the current cultural setting. Viewed in this respect the first salient feature we note is that the older person on the whole is economically insecure. A largely agrarian American culture characteristic of the last century, together with its larger, well-knit family unit, made it possible for an older person, for the

1. Raymond G. Kuhlen, "Psychological Trends and Problems in Later Maturity," An Introduction to Clinical Psychology, edited by L. A. Pennington and Irwin A. Berg, p. 218.

2. "Aging Population," Fortune Magazine, XXXIV (December 1946), 243-254.



most part, to retain economic independence. On the other hand, the urbanization and industrialization characteristic of our current cultural trends place emphasis on speed, production, and profit. The older person cannot keep pace and is soon cast aside.

The American Psychological Association within the past two years recognized the need for special clinical work with the aged and aging members of our society.<sup>3</sup> The current disproportionate number of older people, coupled with a growing cultural consciousness of the situation, contributed toward making this official recognition inevitable. The APA established a special division called "Maturity and Old Age" for the purpose of stimulating work and thinking oriented toward the aged, with special emphasis on the accompanying vocational, familial, social, and economic problems.

Results of studies, to be cited in later portions of this thesis, indicate that the aged have potential abilities highly beneficial to society providing that outlets and opportunities are afforded for the realization of these potentialities. Evidence culled from various psychological investigations and daily observation contradict the usual practice of arbitrarily shelving an individual because he attains a chronological age commonly referred to

3. Sidney L. Pressey, "The New Division on Maturity and Old Age," American Psychologist, III (March 1948), 107-109.

as "old age." In many cases, occupational difficulties and complications begin for the individual in the fourth or fifth decade of life.

Adjustment processes, either internal or external, are involved in all periods of life from birth until death. If good adjustments are made, the individual is able to live in relative harmony with himself and society. We shall consider good adjustment to mean "mastery of self and of the environment."<sup>4</sup> Further, we shall consider poor adjustment or maladjustment as being "a sign that the individual has been victimized by the forces within himself, or by the difficulties arising from the environment, or both."<sup>5</sup>

As society grows more complex, more adjustments are required in order to retain a wholesome balance between self and environment. Cultural trends indicate that increasing numbers of individuals fail to adjust properly and find themselves in need of help in order to effect proper re-orientations between the self and environment. Help in the form of psychological clinics and counseling centers is on the whole inadequate to meet the demands in most sections of this country. However, a cursory review of the literature indicates that the situation is being partly remedied by the establishment of more clinics to handle the problems related to the earlier periods of development. Individuals

4. Alexander A. Schneiders, Introductory Psychology, p. 94.

5. Ibid.



reaching that period of life termed "later maturity" or "old age" also develop personality maladjustments that require specialized treatment.

Cicero, in an essay entitled De Senectute, mentioned the following fears of the aged: withdrawal from active employment, enfeeblement of the body, deprivation of nearly all physical pleasures, and the fear that old age is the next step to death. If, with Johnson, we add the fear of economic insecurity and the fear of loneliness to the list, we have formulated a brief but inclusive outline of the major problems faced by aging members of our society which call for special adjustments.<sup>6</sup> Old age should be a period of life in which an individual can find opportunity to realize his many potentialities, and develop new friendships, interests, and activities. This ideal situation would lead to the maintenance of self-esteem or personal worth on the part of the aged individual with a concomitant decrease in the maladjustments in later life. However, as previously mentioned, a good adjustment of this sort is difficult to achieve in our modern society that places emphasis on speed and productivity. The need for psychological techniques to be used in the alleviation of personality maladjustments in old age has only recently been recognized. The relatively insignificant numbers of aged individuals that survived in the past were usually ignored

6. Wingate M. Johnson, The Years after Fifty, p. 138.

without serious consequences; upwards of nine million people sixty-five years of age and over cannot be ignored.

### Statement of Problem

Keeping this brief introduction in mind, it is now possible to state the purpose of this research. This thesis will be primarily concerned with a survey and study of the psychological services available to the aged and aging persons living in the Detroit area. In addition to this, any other community services having direct bearing on the good psychological adjustment of the aged individual will be taken into consideration. Therefore, in addition to a study of the available clinical facilities in the form of Old Age Clinics or Counseling Centers, such factors as community planning and organization, recreational and educational facilities, and Old Age Home organization will be studied and described.

Because of the broad scope of the problem and its many ramifications, it is necessary to delimit the area of investigation at this point. In this paper we shall concern ourselves primarily with aged and aging individuals who are not incapacitated by physical or mental illness and are thus able to carry on normal activities coinciding with their age and ability.

Since widespread interest in the adjustment problems of the aged is relatively recent in origin, it will be

necessary to present a more detailed description of the problem and the various methods being developed and used to promote good adjustment in later maturity. This will be accomplished by a survey of the related literature. Physical and psychological changes occur with increasing age. We intend to study these changes and ascertain the potential extent of activity possible for the healthy but aging members of our society. Social factors also play an important part in the adjustment process and it will be necessary to relate the aged individual to the social scene with a description of some of the ensuing problems. A review and study of the related literature will supply us with a more thorough understanding of the problem and its many ramifications. Further, this preparation will enable us to effect a more adequate and comprehensive survey and study of the situation as it exists in the Detroit area.



## CHAPTER II

### ABILITIES OF THE AGED AND THE SOCIAL SCENE

Gerontology, a science dealing with the study of aging, has developed rapidly in recent times. "It includes and seeks to apply to the problems of the aged and of an aging population the knowledge of both the physical and social sciences, and endeavors to develop new knowledge."<sup>1</sup> Geriatrics is closely related to Gerontology since it deals with the medical care of the aged. A psychologist specializing in Gerontology can obtain a great deal of assistance in his work by keeping pace with current geriatric developments.

In order to understand the problems faced by the aging, it is of paramount importance to gain a better understanding of the various physiological and psychological changes that naturally occur as a person gradually grows older.

The periods of later maturity or old age bring about certain anatomical modifications that are readily discernible. Accentuation of the veins is marked in the region of the arms and legs, less erect posture is noted together with a decrease in stature, weight may decline,

1. Florence A. Armstrong, The Noncash Needs of Aged Persons Affecting Their Individual and Social Security, An Annotated Bibliography, Federal Security Agency Memorandum No. 68, p. v.

and finally, hair may become white or disappear, especially in the head region. Kuhlen states that physical symptoms of growing old are twice as frequent as mental symptoms and lists the following physical signs: "the appearance of wrinkles, decreasing sexual desire and capacity, decline in physical resiliency, greater fatigability, and indeed a general slowing down."<sup>2</sup> Physical change alone is in many instances an important factor leading to the development of adjustment problems of varying degree, depending on the individual's resiliency. If the aging person attempts to keep up the working pace of earlier years, refusing to slow down; if the aging individual attempts continued participation in social and recreational activities associated with the earlier prime years of life; if the aging woman is concerned about her loss of youthful physical attractiveness, and the man in similar circumstances becomes unduly concerned over his decreased sexual potency; maladjustments, varying in degree of seriousness, occur. The worker failing to slow down soon develops heart trouble which often leads to a premature death; the woman spends hours at beauty parlors in vain pursuit of eternal youth; and the man is apt to become involved in an illicit love affair for the sole purpose of assuring himself that he is still virile. These and other adjustment problems of the

2. Raymond G. Kuhlen, "Psychological Trends and Problems in Later Maturity," An Introduction to Clinical Psychology, edited by L. A. Pennington and Irwin A. Berg, p. 222.



aged will be further elaborated in the later sections of this paper. Weller<sup>3</sup> and Barker<sup>4</sup> present excellent discussions dealing with the physiological changes in aging.

In varying degree, psychological processes are dependent on the numerous brain structures. Intelligence, at least that factor that is measured by intelligence tests, matures between the age of thirteen and sixteen.<sup>5</sup> The mental age growth or level of intellectual functioning occurring between thirteen and sixteen shows a gradual decline (according to existing IQ measures) over the next sixty years. Wechsler calls this process a "normal mental deterioration."<sup>6</sup> He cites tables and charts (based on the Wechsler-Bellevue Intelligence Scale) indicating that this "normal mental deterioration" is a gradual process, the most noticeable decrements occurring in the forties and sixties.

Wechsler<sup>7</sup> and Lorge<sup>8</sup> present evidence to indicate that while many abilities are involved in intellectual

3. Carl V. Weller, "Biologic Aspects of the Aging Process," Living Through the Older Years, edited by Clark Tibbitts, p. 27 ff.

4. Lewellys F. Barker, "Physical Changes in Old Age and Their Effects Upon Mental Attitudes," New Goals for Old Age, edited by George Lawton, p. 71 ff.

5. George Lawton, "Aging Mental Abilities," New Goals for Old Age, edited by George Lawton, p. 14.

6. David Wechsler, The Measurement of Adult Intelligence, p. 54.

7. Ibid., p. 56 ff.

8. Irving Lorge, "Thorndike's Contribution to the Psychology of Learning of Adults," Teachers College Record, XLI (May 1940), 778-788.

functioning, these various abilities are not subject to the same rate of decline. In general, a psychological process will show more rapid decline if it has a direct functional dependence on physiological structures. The higher mental processes are not subject to the same rate of decline. Donahue attempts to explain the individual differences in regard to declining physical and psychological abilities by use of the "law of exercise."

We may draw an analogy between muscular exercise and mental exercise. After a muscle has been exercised and brought to maximum strength it will retain that strength provided at least a minimum amount of use is made of it every day, and provided there is no actual physical deterioration of the neuromuscular system. There is good reason to believe that thinking helps maintain the function of brain cells just as exercise prevents atrophy of muscle tissue.<sup>9</sup>

Reaction time is closely related to the physiological processes since alertness of attention and celerity of response are involved. Rate of perception is involved and thus vision and hearing are of utmost importance to the process. Declining vision and hearing naturally slow down the individual's reaction time. Lawton reports that in nation-wide surveys, two thirds of the pedestrians killed in auto accidents were over forty. On the other hand the same author tells us that "in a particular experiment 25 per cent of the seventy year olds had a reaction time equal to the average of the group, the latter covering the entire

9. Wilma Donahue, "Changes in Psychological Processes with Aging," Living Through the Older Years, edited by Clark Tibbitts, p. 68.



age range."<sup>10</sup> It is important to bear in mind that, while a gradual slowing down of reaction time accompanies the aging process, the range of activity remaining is very broad.

In many cases, the older person will experience certain difficulties when subjected to new learning situations. Ideas and skills become fixed, and by the age of fifty interests resist change in the absence of adequate motivation. Since an older person's habit patterns and modes of reaction are firmly fixed, any new learning that requires new skills or new ideas is difficult to effect. The motivational factor is very important in this regard. Educational and clinical techniques also play an important role. One writer tells of a man seventy-five years of age who developed a new interest in flowers and was soon able to name two hundred and fifty varieties of iris plants without error or hesitation.<sup>11</sup> De Gruchy devotes an entire book to describing similar successful new learning achievements.<sup>12</sup> It is indeed fallacious to assume that new learning is precluded with the onset of later maturity. Given the proper incentive and sufficient motivation, an older person is capable of almost any form of new learning that is in keeping with his physical capacities. In some cases,

10. Lawton, op. cit., p. 15.

11. Donahue, op. cit., p. 74.

12. Clare De Gruchy, Creative Old Age.

memory impairment is a result of brain damage or atrophy, and as such, little can be done to improve the condition; however, all recent evidence points to the fact that most memory impairment coincident with age is of psychogenic origin.

As indicated previously, the apparent loss of mental ability that seems to accompany the aging process is usually of psychogenic origin. A great deal of the ostensible mental loss of aged individuals can be attributed to the cumulative effect of poor work habits. For the most part, a person goes through life performing a limited number of routine activities. The education and training in proper study habits is usually completed in the first two decades of life. If a person spends the remainder of his life in routine activities and develops a limited number of inflexible interests, he cannot be expected to be receptive to new ideas when he grows older. Special incentives and motivations must be supplied, and hence the necessity for special methods and techniques for reorientation of the rather rigid personality structure. Dr. Lillian J. Martin summarizes the point by stating that "most individuals after sixty-five require a regimen of mental stimulation, . . . they need an operation for the removal of 'mental adhesions.'"<sup>13</sup>

Activity appears to be the key factor that promotes

13. Quoted in Lawton, op. cit., p. 18.

the preservation of mental ability. The extent of activity is naturally dependent on the physical condition, but as a rule good adjustment is best brought about by a gradual lessening of working time rather than by an abrupt cessation. The slowing down period should ideally be the time for the cultivation of new interests. Many adjustment problems are created by abrupt retirement from a gainful occupation. Lawton states that "the industry or profession should retire people not on a particular day but over a period of years by means of a stepping-down and retraining process and through the medium of a Job Reallocation Bureau, operating within the industry or profession itself."<sup>14</sup>

Other mental processes to be considered are judgment and reasoning ability. Miles states:

In the test results for performance not necessitating quickness in reaction, but depending essentially on comprehension, reasoning and judgment; in matters where experience may contribute to the goodness of response; older adults appear most nearly to maintain their characteristic mature scoring level as long as they continue to maintain mental practice and intellectual interest.<sup>15</sup>

Many inadequacies are attributed to the older person, but only the unenlightened individuals include paucity of experience among these supposed shortcomings. The older person is in a position to handle difficult problems by summoning a wealth of experience to aid him. Many authori-

14. Lawton, op. cit., p. 18.

15. Walter R. Miles, "Psychological Aspects of Ageing," Problems of Ageing, edited by E. B. Cowdry, p. 771.



ties claim that judgment and reasoning ability seem to improve with age. That the older person's aid and opinions are valued in the fields of politics, medicine, military tactics, counseling, etc., is demonstrated daily, and can be verified by a cursory glance at the daily newspaper.

Increased judgment and reasoning ability provide ample compensation when carried over to the sphere of sensory and motor functioning. Da Silva has this to say:

Although this decline of ability is important and should be recognized and allowed for by persons as they grow older, it has too often been exaggerated. The assets of the older persons, such as improved judgment, better emotional control and coolness in the face of emergencies, usually more than offset the slight loss of sensory capacity and motor control. Older drivers prefer to drive more slowly and are apparently more careful. In tests of adaptability and vigilance, older experienced drivers invariably rank higher than young ones.<sup>16</sup>

Since gainful employment is an important factor in the promotion of good adjustment among the aging and aged individuals, Da Silva's remarks serve the purpose of providing a logical introduction to a discussion of this particular aspect of the many problems associated with the aging process. Our discussion up to this point has indicated that the older person is still capable of profitably utilizing many abilities. The activation of these potentialities can be beneficial to society in general, and to the older person in particular. Society can profit by making use of the wealth of knowledge and experience

16. Harry Da Silva, "Age and Highway Accidents," Scientific Monthly, XLVII (December 1938), 536-545.

possessed by the older person, and the older person himself can develop renewed feelings of personal worth and self-esteem.

Industry and employers in general are quick to give negative replies when an older person seeks employment. In many instances they act just as quickly in firing or retiring workers who begin to show signs of aging. Many reasons are given to justify this social rationalization characteristic of our current cultural setting. Following is a list of some of the more prominent reasons given by employers: 1) a belief that the older worker is involved in more industrial accidents; 2) a fear that the older worker is unable to produce profitably; 3) an older person's inability to learn new skills; 4) excessive loss of time as a result of illness. Ignorance of the existing facts should also be included among the reasons.

Numerous experimental studies have been made which serve to contradict all the objections made by employers who refuse to hire or retain older workers. The most damaging criticism of the stand taken by the employer was supplied by the necessary employment of older workers in World War II. A report issued by the War Manpower Commission states that in 1943 one out of every three workers was at least forty-five years old. In 1941, 2.1 million, and in 1943, 2.6 million workers were sixty-five years old or over. The report states further that care in proper placement of the older worker led to satisfactory performance. Once the



ability of the older worker was recognized, the number of older workers employed by industry dramatically increased.<sup>17</sup>

Thewlis made a study of the older workers employed in war-time industry. This investigator was impressed by the remarkable showing of these workers. He noted that Social Security benefits were in suspension for about 114,000 beneficiaries because they were gainfully employed in industry. Other large groups of wage earners put off retirement to continue working. Further, statistics indicated that the older worker does not want to be idle, but prefers remunerative work to charity or a pension. The common belief that increased physical activity is likely to increase deaths from old age diseases, especially heart disease, was also disproved. Thewlis referred to statistics compiled by the U. S. Public Health service indicating that deaths from heart disease declined in 1943 and 1944, the maximal period of aged employment. He concludes that old people are more likely to become ill when not occupied than when they are busy. When they have nothing to live for there is a general letdown, followed by physical inactivity. The author feels that work is a good preventive measure against physical and mental disease. Thewlis is of the opinion that nothing wears a man out more than

17. "Older Workers," Manpower Review, X (June 1943), 5-6.

thinking about old age.<sup>18</sup>

Apparent inability to acquire new skills is primarily a psychological problem. As noted previously, speed of learning declines only slightly with age. For this reason it is important for the enlightened employer to keep the workers alert and teach them new skills and techniques. Failure in an older worker's health can also be remedied to some extent by the establishment of preventive medicine programs in industry. In keeping with these projected programs of mental and physical hygiene, the older worker should be reassigned to new and more suitable duties if warranted by the older worker's physical condition.

In addition to these studies that favorably report the employment potentialities of the older person, we might cite the results of an investigation indicating that the older person is also adept in creative imagination. Test results led Miles to conclude that this ability is apparently ageless. He used the Kinephantom to test the imagination. The Kinephantom consists of a revolving fan that forms a silhouette which has the appearance of an animated ink blot. After testing both younger and older individuals, Miles found that these groups achieved similar scores.<sup>19</sup>

18. Malford W. Thewlis, "Geriatrics and Postwar Problems," Geriatrics, I (January 1946), 54-59.

19. Miles, op. cit., p. 771 ff.



The foregoing discussion indicates that the aged individual is capable of participating in many diversified activities, provided that sufficient incentive and motivation are present. However, to complete our treatment we must briefly review the position occupied by the aging individual in the changing social scene. An ideal society would make profitable use of the numerous abilities of the older individuals. However, as previously mentioned, problems associated with the aging process have only recently been given special consideration.

Rapid economic and industrial developments have caused radical changes in family organization. Urbanization has led to the crowding of more people into less space with the result that homes become smaller. Congregate dwellings or apartment houses provide even less space. In general, the size of the family unit shows a decrease in proportion to the available living accommodations. The older person finds that only few and undesirable avenues of escape are open to him. He may remain in a home that only tolerates his presence and considers him to be a necessary evil, or he may seek sanctuary in an Old Age Home. Employment and private housing accommodations are difficult to find and security and economic independence are soon precluded. Reluctantly the older person enters an Old Age Home or adds his name to the relief or Old Age Assistance Rolls, and literally rocks his life away on some porch, useless to himself and to society.



A brief consideration of certain emergent personality patterns will conclude this portion of our discussion. The Rorschach test has been used to study the structure of the personality of older individuals (fifty to eighty years). Donahue reports that "personality characteristics accompanying increasing age were found to be creative intellectual impoverishment, relatively shallow emotional responsiveness, little inner conflict, and a recurrence of the primitive manifestations of childhood."<sup>20</sup> Other stereotypes have also been attached to the older person. They are considered to be rigid in personality structure, lacking in resiliency, and highly conservative. Cowdry interprets increased conservatism among older people in terms of a general feeling of inadequacy.

Feeling inferior and inadequate as social beings, they find a sense of security and support in long established beliefs and practices insofar as these affect the environment with which they must interact. To put it another way, the aging person is likely to have an emotional need of finding the world as unchanging and predictable as the infant finds his completely subsidized world.<sup>21</sup>

In the preceding discussion we have attempted to accomplish a two-fold purpose. In order to understand the significance of the adjustment problems faced by the increasing numbers of aging and aged individuals in our society, a general survey of some of the salient factors

20. Donahue, op. cit., p. 78.

21. E. V. Cowdry, Problems of Ageing, p. 467.

involved was necessary. We have included a brief consideration regarding the extent of alteration of psychological and physiological functioning, stressing the point that a good deal of deterioration is of psychogenic origin. This realization of some of the more significant ramifications associated with the aging process prepares us to attack our problem as set forth in the introduction.

We believe that the older person is capable of wide and diversified functioning. Activation of these potentialities is beneficial both to society and to the older person. The personality structures of older people do not necessarily have to show signs of inflexibility and lack of adaptability. However, in order to make old age a wholesome period of life, social reorientations are necessary. The following discussion will consist of a survey of literature relating to those factors having direct psychological significance for the promotion of good adjustment in old age.

## CHAPTER III

### SIGNIFICANT GERONTOLOGICAL DEVELOPMENTS

The preceding discussions served to give us a better understanding regarding some of the physiological and psychological changes that accompany the aging process. The position of the aged individual in the current cultural setting was also taken into consideration. It now becomes necessary to consider the methods being utilized which tend to promote or influence good adjustment or readjustment on the part of the aged.

Admittedly, Federal or State legislation leading to an increase in financial aid, improved housing conditions, or re-employment would go a long way toward solving many adjustment problems faced by the aging members of our society. However, developments in these areas bear closer relation to economic or legal discussions, and as such do not enter our psychologically oriented treatment. Further, such legislative developments are usually slow and under the influence of political pressures.

We are primarily interested in developments that can be instituted by members of a community who recognize the immediate needs of the increasing numbers of aged individuals. Hence, we shall only consider those methods or



facilities that fulfill the following requirements: 1) the particular method or facility must have a direct bearing on the psychological adjustment of the aged individual; 2) the particular method or facility must be amenable to immediate development by a particular community. These requirements rule out those factors dependent on Federal or State legislation. In our opinion the following areas are considered to be pertinent to this investigation: 1) psychological clinics or counseling centers specifically designed for the aged; 2) community planning and organization; 3) developments in the field of education; 4) recreation and leisure time activities; 5) old age home organization and treatment.

#### Counseling Services and Related Considerations

Dr. Lillian J. Martin organized the first Old Age Counseling Center at San Francisco in 1921; she was seventy years old at the time. Dr. Martin died in March, 1943, at the age of ninety-two, remaining active at the Counseling Center until this time. Only three other counseling centers, specifically designed to handle adjustment problems of the aged, have been reported in the literature. George Lawton, one of Martin's students, and Karl Stern, a psychiatrist, have organized Old Age Counseling Centers in New York and Montreal respectively. The other one is a branch of the San Francisco Counseling Center located in Los Angeles. These centers were all opened within the past seven years. Admittedly, many social agencies have been assigning certain case workers to specialize in old age

adjustment problems, but because of lack of training or sufficient time their work has been largely ineffectual.

Clare De Gruchy, the present director of the San Francisco Old Age Counseling Center, reiterates the aim of old age counseling as formulated by the late Dr. Martin.

The aim of old age counseling is to remove the frustration that society has hitherto imposed on the aging person; to help him release those potentialities latent in every human being, so that he may again play his part in life rather than remain a parasite to the end of his days.<sup>1</sup>

In order to accomplish this aim the old age counselor must treat the clients as individuals. De Gruchy and Martin have concluded that only failure results if an attempt is made to improve a client's unhappy condition through a change in the environment without changing the individual who is to function in the environment. Further, these workers state that old age counseling is a special method, having well developed techniques. Moreover, they report that the results have been tested and have proven valuable for practical living.

The Martin method of counseling is divided into three parts.<sup>2</sup> The first part consists of a personality evaluation of the aged client. "The client's attention is directed inward for a realistic understanding of himself as he was,

1. Clare De Gruchy, "Counselling the Aged," Geriatrics, II (May-June 1947), 183.

2. Lillian J. Martin, A Handbook for Old Age Counselors, pp. 8 ff.



is and hopes to become."<sup>3</sup> The entire process usually consists of four or five separate visits. During the first visit the client is carefully observed. Facial expression, posture, general appearance, manners, and dress are all carefully observed by the counselor. The counselor's next function is to determine the client's physical condition, and if physical malfunction is suspected the examining physician is called in before further steps are taken in the readjustment process.

The life history of the client is also taken during the time of the first visit. This history usually proves to have diagnostic significance for later personality evaluation. A short mental test is usually given after the life history is recorded. The test consists of nine or ten items from the Stanford Revision of the Binet-Simon Intelligence Tests, Fernald's Ethics Test, and other tests, administration time usually running about twenty minutes. No attempt is made to give conventional scores. Average, average plus, and average minus are the only ratings since the counselor seeks diagnostic leads rather than quantitative results. Following are some sample items: Binet reading test, Year X; Binet visual recall designs, Year X; Binet ball and field test; and Fernald's Ethics Test, made up of several cards depicting misdeeds. A suggestibility test and some simple muscular coordination tests complete

3. Martin, op. cit., p. 44.



the battery.

These tests aid in predicting the extent of future rehabilitation. The life history has similar prognostic implications. The counselor then makes a tentative psychodiagnosis for his personal use, attempts to inculcate needed corrective mental and physical therapy, and ends the session by giving the client an appointment for another visit.

During the second visit a detailed study is made to determine whether or not the client is using his time economically and judiciously. The counselor also seeks to determine the extent of the older client's interference with the time program of others. The client is supplied with a chart and a general plan as an aid for effecting a more beneficial utilization of time. The time schedule is intended to promote useful activity and eliminate idleness. During the third visit the client's financial status is evaluated, and if necessary, a budget is provided to eliminate careless expenditures. The budget is planned to provide the client with the best values for health, comfort and mental growth in his personal life. The fourth visit usually completes the first part of the Martin method of counseling. At this time an attempt is made to reformulate the life goals for the client.

The client makes his fourth visit especially to establish his future functioning as a good individual and a happy, efficient citizen. The counselor then finds out whether the client has a blueprint for life functioning, and, if not,

tries to aid him to establish valid, worth-while goals suited to his individual needs.<sup>4</sup>

Obviously, the number of visits necessary to complete the first step of the Martin method of counseling will vary to some extent with the nature of the problem. We are merely presenting a general outline of the procedure.

The first part of this counseling method is primarily oriented around the client himself; the second part of the process aims at a "re-education of the client in objective thinking for active participation in community and industrial life."<sup>5</sup> A number of visits are designed to introduce the client into a new field of objective thinking that embraces the outside world. The client must be made to realize that he has obligations to society as well as to himself. The type of older person in need of counseling has usually reverted to viewing the world in a very limited manner, only concerned with his own woeful position. Hence, the need for objective thinking and a reacceptance of responsibility. At this point, community facilities, in the form of recreational, educational, and vocational training programs, are of paramount importance for successful rehabilitation.

A battery of tests has been devised for vocational selection. These tests are administered at this point in the procedure if the counselor feels that job placement

4. Martin, op. cit., p. 43.

5. Ibid., p. 44.

is indicated for successful rehabilitation. The San Francisco Old Age Counseling Center operates a Vocational Placement Bureau; however, its operation is limited because of the relatively few job opportunities available to the older person. Many older persons have been employed over a period of time. The measure of success has justified the continued operation of this Job Placement Bureau.

The first two parts of the Martin method of counseling are centered about the client; namely, a subjective personality evaluation, and an objective reorientation to society. The last part is made up of certain principles formulated for the benefit of the counselor.

The counselor should not only firmly believe in the work of old-age rehabilitation: he should be prepared to give it all his attention, imagination, ingenuity, resourcefulness and intelligent sympathy.<sup>6</sup>

Several forms of psychotherapy have been successfully used at the San Francisco Old Age Counseling Center. Psychoanalysis and hypnotism are two psychotherapeutic techniques never used at the Center since past experience has shown them to be ineffectual. Discussion, suggestion and auto-suggestion, and the use of slogans are the only psychotherapeutic methods utilized by the clinic.

Results of years of clinical experience have yielded two major conclusions:

1. Normal human beings can grow mentally at any age -- can reform their thinking and acting

6. Martin, op. cit., p. 64.



and thus reclaim life by reanimating mental processes that have become atrophied through disuse because of the belief that aging inevitably means mental deterioration.

2. Happiness for mature people lies not in hopeless uselessness or the piling up of material luxuries or external possessions, but rather in participation in life according to the individual's physical and mental strength and capacity.

The slogan of the Center is: Wake yourself up; develop your potentialities, train yourself; learn to comprehend the world of today in order that you may become a participator in it, perhaps even a leader; don't spend the remainder of your life as a parasite.<sup>7</sup>

Authorities agree that the Martin method of old age counseling is without peer and should be used as a model for all other clinics that handle similar problems. Therefore, we have considered this detailed treatment of the Martin counseling technique a necessary adjunct to our main problem.

George Lawton, a former student of Dr. Martin, established an Old Age Counseling Center in New York about three years ago. His procedure in handling the aged client is divided into three separate stages. The first step is diagnosis, which includes a study of the mental, emotional, social, and creative resources of the individual. In keeping with current trends in Clinical Psychology, projective techniques and qualitative psychometric analysis are emphasized. The second step in Lawton's method

7. Martin, op. cit., p. 3.

includes counseling, largely non-directive in nature. The third and final phase of the method is directed toward finding, in the community, opportunities for the older man or woman to use his abilities and interests. According to Lawton, this is the most difficult part of the entire procedure.<sup>8</sup>

Another recent study reported in the literature gives us further insight concerning some of the special problems encountered in the typical Old Age Counseling Center. Karl Stern analyzed the first hundred cases in the newly established Counseling Center of the Gerontologic Unit of the Psychiatric Department at Mc Gill University.<sup>9</sup> His investigation yielded many interesting results.

According to Stern, successful counseling of the aged client necessitates the utilization of special techniques and a unique approach. The counselor, in order to establish rapport, must overcome the client's resistance arising from the fact that the client is usually much older than the counselor. In most cases the older clients are recipients of charity, and this unavoidable mendicancy can easily serve to accentuate the delicacy of the situation. The initial contact with the older client must be tactfully and sincerely handled, since failure at this point leads to further exacerbation of symptoms instead of the intended

8. George Lawton, "Counselling the Older Person," Journal of Gerontology, III (Supplement 1948), 8.

9. Karl Stern, "Observations in an Old Age Counselling Center," Journal of Gerontology, III (January 1948), 48-60.

amelioration. The aim of psychotherapy for the aged differs from the aims applied to the younger age groups, according to Dr. Stern. With the younger age groups psychotherapy aims at the correction of previous maladjustments with the purpose of making the subject mature in addition to tapping the productive sources for the future. The goals of psychotherapy for the aged differ in intent and direction.

The goals proposed by Stern are the following:

- 1) To make the patient's remaining years more peaceful and contented
- 2) To ease the situation for those who have to live with him
- 3) To appraise the situation clinically for the benefit of the Social Worker . . . .<sup>10</sup>

Stern's psychotherapeutic goals are of some value if we limit our consideration to that group of older persons who suffer from serious physical or mental impairment. From this standpoint we are forced to criticize Stern for his failure to recognize the various capabilities and potentialities possessed by the older person. The healthy oldster does not want to rock his life away in the comfort of an easy chair; he wants to make himself a useful and functioning member of society.

Other points culled from Stern's investigation are of value to our discussion. A detailed enumeration of some of the most common complaints made by the older clients is presented in the form of frequency tables accompanied by brief descriptions. Following is a partial list of the

10. Stern, op. cit., p. 51.



more common complaints: difficulties arising from the severing of family relationships; inability to settle and adjust to new living arrangements; development of querulous behavior patterns; unrealistic and incongruous planning for the future; values and goals not in keeping with age; undue degree of dependency on others; and marital difficulties.

We may also note that Stern is in agreement with a point that we stressed in an earlier part of our discussion. He feels that the organic or cerebral decline plays the least important role in the faulty adjustment of the aged. Failures at social and emotional adaptation are listed as the most important causes of aged maladjustment. In order to improve the situation in the future, this investigator advocates educational programs designed to prepare adults for the period of later maturity. The lower age limit at the Mc Gill University Old Age Counseling Center has been set at fifty.

Stern states that "one of the most immediate aims of Psychiatric Gerontology is to establish Old Age Counseling Centers analogous to the child Guidance Clinics."<sup>11</sup>

The older person's inability to handle family relationships gives rise to a very important group of problems that require special consideration in the counseling situation. Fried and Stern report that this particular area requires further research and study in order to facilitate good

11. Ibid., p. 48.

adjustment among the aged. According to these authors, more systematic field work and specific investigation is needed to gain a better understanding of old age marital relations, relationships between offspring and parents, the situation of older individuals whose parents are still living, and the situation of older persons of single status.<sup>12</sup>

These investigators made detailed studies of seventy-five case histories, and their findings enabled them to draw several interesting conclusions regarding maladjustments in family relationships. They found that the extent of good marital adjustment is usually determined in the early years of marriage, with the exception that at times individuals are drawn together if one becomes physically or emotionally incapacitated because of illness or retirement. The study also indicated that no harmful effects need result if the wife, after rearing the family, returns to work. This action, according to the case history reports, enables the wife to grow in the husband's esteem because of the recognition she gains. The return to employment and the resulting economic independence have the beneficial effect of increasing the wife's self-confidence.

In regard to other family relationships Fried and Stern found that in those cases where parents and children lived

12. Edrita G. Fried and Karl Stern, "The Situation of the Aged Within the Family," American Journal of Orthopsychiatry, XVIII (January 1948), 31-54.

apart, the contacts were relatively infrequent. The majority of older people disliked the idea of being materially dependent on their children or of living permanently in the home of their offspring.

Antman<sup>13</sup> explained the New York Family Agency's approach to counseling older parents and their adult children. This study is of importance because it suggests that in the absence of a clinic, specifically designed to handle adjustment problems of older persons, family agency centers or social service bureaus can provide limited counseling services. Lack of trained personnel obviously sets limitations to the service, but such services are definitely a step in the right direction in spite of these limitations.

Antman notes that the family agency can function as a legitimate means in enabling the aging person and his child to evaluate their responsibility to each other, their fears of each other, and where possible, re-establish their relationship to each other. The "adult child" and aged parent develop common fears that often cause undue stress in their relationship to one another. Both fear the time when the aged person will become too much of a burden around the house because of increased infirmity. The commonly shared fear of the future and the knowledge of the lack in community resources often blocks any real consideration on the part of those involved, in seeking more

13. Joseph Antman, "Older Parent-Adult Child Counseling," Jewish Social Service Quarterly, XXV (March 1949), 331-340.



livable balances in the family relationships.

Antman continues by making other valuable observations. He stresses the fact that the wants of the aged are similar to the wants of other age groups. Primarily, the older person wants financial security which would result in freedom from concern about his next meal, and freedom from worry about how to pay for the roof over his heads. Further, the aged individual wants security for the rest of his life; wants to feel important and useful to himself, his family and community; and finally, he wants reassurance that he is not merely being tolerated until death overtakes him.

Antman goes on to say that the majority of older persons have little chance to attain these legitimate wants at the present time. The older person is constantly confronted with statistical reports that tell him that he will live longer, but in most cases he realizes that economic dependence at sixty is inevitable. The older person is told that, barring physical difficulties, there is no reason why he can't work to sixty-five and beyond, but at the same time he is aware of the fact that in most cases employers consider people in their fifties to be a poor employment risk.

The author concludes that the family agency can be instrumental in alleviating some of the stress in the existing family situation. It seems that too many people believe that the family agency is not for them. "For these

people we need to continue to develop and to interpret our Older Parent-Adult Child Counselling Services."<sup>14</sup> Antman recognizes the limitations of this type of counseling service and stresses the immediate need for specialized old age clinics and general reorganization of community resources.

Reports of similar activities in the family agencies throughout the country are to be found in the literature. Smith's article can be cited as another representative example.<sup>15</sup> All the reports are in essential agreement with Antman's conclusions and suggestions. Specialized clinics of the Martin type are needed for the psychological re-adjustment of aged clients, and reorganization of community resources is necessary for their successful rehabilitation.

#### Organization of Community Resources

A widespread interest in the problems of aging is of relatively recent origin. Work in the field has been largely confined to a few special groups within the community, e.g., psychologists, psychiatrists, and social workers. The obvious result is that no community is adequately prepared to meet the needs of the older person.

14. Antman, op. cit., p. 340.

15. Joan M. Smith, "Psychological Understanding in Casework with the Aged," Journal of Social Casework, XXIX (May 1948), 188-193.

We have already described the significant trends in old age counseling. Later sections of this chapter will deal with other developments that have proved instrumental in bringing about readjustment and rehabilitation. The older person will not be able to assume his rightful place as a functioning and useful member of society as long as current social attitudes remain intact. Because of their increasing numbers, complete acceptance of the older person is imperative for future social stability. Many tentative plans have been proposed for effective community organization. We shall continue our discussion by outlining a representative group of them.

Kraus<sup>16</sup> formulated a detailed plan to be used as a working hypothesis for community organization with special emphasis on the well-being of the aged individuals. With insight and judgment, Dr. Kraus elaborated organizational changes designed to promote social security in old age. The plans proposed covered the fields of employment, income, home, health, education, and recreation. Dr. Kraus is a nationally recognized authority in the field of Gerontology and her suggestions are highly valued. Persons interested in this relatively new area of investigation will benefit by reading this particular article.

Moore reiterates the pressing need for community

16. Hertha Kraus, "Community Planning for the Aged," Journal of Gerontology, III (April 1948), 129-140.



organization directed toward meeting the demands of the increasing aged population. He characterizes the aged as "victims of our civilization plus our scientific attainments."<sup>17</sup> Moore goes on to say:

Whether wisely or not, we have succeeded in lengthening their life expectation. The task will be wisely completed when we make possible for them the fullest enjoyment of these added years.<sup>18</sup>

Moore predicts that relatively few "retirants" will seek shelter in old age homes; and the majority of aged individuals will remain in the community. According to the author, most of the activities in the American community are designed for the young and those in vigorous middle age. Suitable activities should be made available to the aged that would afford them equal opportunities for social expression.

Moore suggests organizational plans for other areas within the total community structure. The aged need adequate housing. In this country it has been the practice to quarter the aged group in left-overs, attics, and basements. Moore feels that these are indeed poor substitutes for small quiet quarters. He supports this point by describing the movements in England, France, Holland, and Sweden wherein special housing projects have been constructed, especially designed for the older group. Needless

17. Elon H. Moore, "Community Organization for Older Persons," Geriatrics, II (March 1947), 306-313.

18. Ibid., p. 306.

to say, a similar movement should be initiated in this country. Other detailed plans are proposed that suggest methods for providing social outlets, special interest outlets in the form of schools in arts and crafts, and work outlets to supplement income and stimulate useful activity. Developments in these areas will be reported in the following sections of this chapter.

In conclusion, Moore states that "Old Age Counselling Centers are of importance, but of much wider significance is a widespread community provision of recreational and social outlets for the elderly group."<sup>19</sup>

Mc Hugh proposed a similar program for community organization. She stresses the fact that special planning for the aged is necessary to help them function as useful and contributing members of the community.<sup>20</sup>

The most effective step taken along these lines is that of the Jewish Charities, especially in Chicago.<sup>21</sup> A special Council for the Aged was formed and included representatives from all Jewish agencies that offered any type of service to old people. The Jewish segment of the aged group derived numerous benefits from the resulting

19. Ibid., p. 313.

20. Rose J. Mc Hugh, "A Constructive Program for the Aged," Proceedings of the National Conference of Social Work, XXIII (1947), 391-401.

21. Esther Beckenstein, "Central Planning in the Field of Aged Care," Jewish Social Service Quarterly, XXIV (June 1948), 451-453.

well-rounded and coordinated program. The author reported that attempts were being made to embrace the Catholic and Protestant Charities in this central planning movement. A larger portion of the aging population could profit by the union of these three groups and the ensuing integration of facilities and services.

The trend toward integration of Family Agency services was anticipated by Cordish in 1946.<sup>22</sup> The article cited in the preceding paragraph was written in 1948. Here is a definite indication of progress in the right direction. Total community organization to meet the needs of the aging population is a long way off, but recent trends make such a prediction possible.

#### Educational Developments

The importance of educational programs cannot be discounted if any real progress is to be made in the field of Gerontology. Special programs in our school systems, specifically designed for older persons, embracing subjects in general education and vocational training, would prove advantageous in helping them meet life situations more effectively and realistically. Other educational programs should be directed toward the community, since the proper

22. Hilda Cordish, "Family Agency Services in Meeting the Problems of the Aged," Jewish Social Service Quarterly, XXII (December 1946), 177-185.



rehabilitation of the older person is dependent, to a great extent, on social recognition and acceptance. Any improvement in the life situation of the older person will be reflected by improvements in society.

To the extent that society tolerates the humiliation and degradation of human beings, proportionate personality distortions will develop. If there is to be continued insistence on rigid adherence to the prevalent social structure that thrives on activity and automatically discards the aged as useless, then society will continue to lose by sacrificing people who are capable of performing a wide range of useful activities. Because of the increasing numbers of old people, some means must be found to avert this unnecessary sacrifice, some means must be utilized to prevent the personality distortion, wastage, misery and unhappiness that usually accompanies the transition from maturity to old age. It is in this respect that education assumes such an important role. Special educational programs for all age groups could lead toward recognizing the value of the individual personality regardless of the age factor. Education for the aging and aged would result in less personality distortion in later maturity. However, the one is dependent upon the other, since no amount of education for the aged will improve their position in life if society is not prepared to accept them on equal terms.

A careful survey of the literature yielded only a few articles pertinent to our present discussion. Harris reports

that a course in "Maturity and Ageing" has been a part of the curriculum at the University of Minnesota since 1945. The course was designed to accomplish a twofold purpose. On the one hand, it prepares students to work with pensioners and elderly clients as well as with parents; on the other, it is designed to enable students to anticipate and understand the various changes which come with increasing years. The course covers the following areas: general problems of maturity and aging, biology of aging, changes in social relationships, changes in interests and attitudes, personality and temperament in maturity and senescence, intellectual development in maturity and later years, occupational and professional achievements of older persons, the older person in the family, the older person in a changing society, and anthropological approaches to the problems of aging. Similar courses are now being offered at the University of Chicago, and Columbia University.<sup>23</sup>

McKeever provides us with a detailed description of a school curriculum specifically designed for older persons, seventy years of age and older. Courses in general education are provided along with specialized training in various skills and crafts. Useful leisure-time activities, in the form of hobbies and new interests, are carefully cultivated under skilled supervision. This school is

23. Dale B. Harris, "Maturity and Ageing. A Course in the Institute of Child Welfare of the University of Minnesota," Journal of Gerontology, III (January 1948), 18-20.

located in Oklahoma City and is privately owned. Tuition rates are flexible and determined by individual means. McKeever recommends that similar schools be established in other communities and predicts eventual integration with the public school system.<sup>24</sup>

### Recreation and Leisure Time Activities

In modern society loneliness and inactivity are predominantly reserved for the aging population. A few years ago the older person, as yet involved in a struggle to escape commitment to an old age home, found that the available facilities for wholesome social interaction were few and far-between. Some individuals enter the period of later maturity armed with a wide range of interests and the capacity for resiliency. Unfortunately, the greater number of individuals find themselves incapable of making proper adjustments in the absence of outside help.

Recently, many communities have recognized the need for providing constructive leisure time activities for the older age group. The first attempt in this country to organize recreation clubs for older people, on a city-wide basis, was instituted by the Philadelphia Recreation Association in 1946. At the present time forty-three clubs are in active operation, weekly meetings being attended by approximately two thousand people who are sixty-five years

24. William A. McKeever, Campaign Against Old Age.



of age or over. Funds, facilities, and leadership are regularly supplied by the sponsoring social organizations. Older people of heterogeneous cultural and economic backgrounds plan their own programs and assume all other responsibilities connected with club operation. The leader originally assigned by the social organization usually assumes a passive role. The resulting wide variety of activities and interests leads to the acquisition of new hobbies, changes in attitudes, and the cultivation of new friendships. The therapeutic effects flowing from this type of group activity are obvious.<sup>25</sup>

A great deal can be accomplished to improve the older person's position in society if interested individuals or groups adopt a course of action instead of confining their activities to mere theorizing. Moore illustrates this point by describing the work of Oskar Schultze in Cleveland. His sole ally was ambition, ambition to do something for the older people in Cleveland. Schultze began by securing loans of rooms and halls in different sections of the city. Other business concerns cooperated by providing free refreshments. Within a few months (up to July 1945) Schultze had organized fifteen clubs for the aged with a total membership of eight hundred. Approximately five hundred members attended meetings every week. The club

25. Georgene E. Bowen, "Philadelphia's Recreational Project for Older People," Journal of Gerontology, III (January 1948), 215-219.

activities consisted of singing, discussions, occasional entertainment, social affairs, and picnics. Operational costs of the clubs are negligible, but their value to older persons is priceless. It is noted that the participating groups put aside their former tendencies toward self-pity.<sup>26</sup>

The Welfare Council of New York City sponsors a group of nineteen recreation clubs for the aged. All the clubs are nonsectarian, and except for one club, no social restrictions are permitted. Parties, games, daily luncheons and teas, song-fests, movies, arts and crafts, and music constitute a partial list of the activities made available to the club members.<sup>27</sup>

The results of a study made at Iowa State College serve to support the assumption that good adjustment values naturally flow from active participation in wholesome leisure-time activities. Four hundred and fifty people from sixty-five to ninety-eight years of age were interviewed by members of the Sociology Department. The results indicated that those individuals who developed hobbies and participated in other leisure-time activities made

26. Elon H. Moore, "Community Organization for Older Persons," Geriatrics, II (March 1947), 306-313.

27. Recreation Facilities for Older People, Directory prepared by the Welfare Council of New York City, 1946.

better adjustments than the inactive group.<sup>28</sup>

We have limited our survey by citing only those sources that reported the organization of groups of clubs within the community. It is true that a single club for the aged is better than none, but central planning and organization of groups of clubs is necessary if the entire aged group is to benefit.

### Old Age Homes

Recent trends in old age home organization should be noted because of the inherent psychological implications. In general, the pattern of life varies only slightly in the numerous old age homes throughout the country. Greater differences are to be found in the physical surroundings. The living arrangements within these homes fall on a scale ranging from palatial accommodations at the one extreme to slum-like facilities on the other.

When asked to form a mental picture of a typical old age home, one usually visualizes a mansion, nestled between trees with perhaps a small stream flowing alongside. One sees the residents strolling through beautiful gardens, quietly sitting on rockers, or at the most, engaged in a vigorous game of checkers or cards. The whole image depicts a beautiful scene where happiness and contentment

28. John T. Landis, "Hobbies and Happiness in Old Age," Recreation, XXXV (January 1942), 641-642.



prevail. In view of what has been said previously, we might well question the accuracy of this typical mental representation. In this respect we are forced to adopt a skeptical viewpoint, and interpret the situation according to the facts. The older person in the old age home has the same needs for activity and social expression as the older person on the outside. In fact, we even question the value of the security afforded by the old age home. The healthy oldster in the old age home, or in society at large, craves opportunities for activity and social interaction. The need for ego-enhancement does not automatically cease to exist when a person reaches later maturity.

Certain psychological implications involved in old age home reorganization are discussed by Kelley.<sup>29</sup> She reported the results of a program instituted at the Milwaukee Protestant Home for the Aged. The management recognized the need for providing the residents with organized activities to prevent them from limiting their interests to the path between bedroom and dining room. The usual entertainments provided in old age homes, e.g., movies, conversation, reading, etc., proved inadequate for sufficiently utilizing the spare time and energy of the older residents. An organized program of occupational therapy was included among the activities and soon seventy

29. Eleanor P. Kelley, "Occupational Therapy as Mental Hygiene for Retired Persons," Occupational Therapy, and Rehabilitation, XXII (June 1943), 143-145.

per cent of the group participated. The type of work varied and included woodworking, clock and watch repair, leather work, tray decorating, weaving, and Red Cross work, to name a few. A general sale and social affair is arranged annually. The sale is advertised by sending out two thousand invitations to a carefully selected list of interested persons in the community. The profits from the sale, except for the cost of materials and handling, are given to the maker. Kelley goes on to describe the therapeutic effects of the new program. All the participating residents seemed to develop a renewed interest in living. Moore cited other similar experiments that yielded successful results.<sup>30</sup>

Ju-Shu Pan studied the personal adjustments made by an institutionalized and a noninstitutionalized group. Using nine criteria of adjustment, he compared approximately one hundred elderly women living in a home for the aged with a larger noninstitutionalized group. On the basis of statistical evaluation, Ju-Shu Pan concluded that on the whole the adjustment of the institutionalized person is less satisfactory. The criteria of adjustment were the following: 1) success in maintaining social status; 2) absence of personal difficulties; 3) possession of an interest in living; 4) companionship; 5) good health;

30. Elon H. Moore, "Homes, Hostels, and Other Institutions for the Aged," Journal of Gerontology, III (July 1948), 207-214.

6) good adjustment and flexibility in past; 7) feeling of economic security; 8) religious faith and philosophy of life; 9) feeling of indispensability and usefulness.<sup>31</sup>

### Summary

Certain studies cited in this chapter served as a review of the recent gerontological developments that tend to promote good adjustment in later maturity.

The functions of the old age counseling centers were described in detail, and further light was shed on the nature and causes of some of the adjustment problems peculiar to old age. Good adjustment or rehabilitation within the older age groups is influenced by the availability of resources in the community. No amount of counseling or therapy can correct the maladjustments of older persons if opportunities for wholesome activity and adequate social expression are lacking in the community. Other studies described current developments in community planning and organization, education, recreation, and institutional programs.

All of the preceding discussions have been designed to supply us with a comprehensive view of the aged individual, his adjustment problems, and his position in

31. Ju-Shu Pan, "A Study of the Influence of Institutionalization on the Social Adjustment of Old People," Journal of Gerontology, III (October 1948), 276-280.



society. We are now prepared to make a study of the psychological facilities available to the aged group in Detroit.

## CHAPTER IV

### PROCEDURE AND RESULTS

As stated in the introduction (see p. 6), this thesis was primarily planned to study and survey the psychological services available to aged persons living in the Detroit area. Other facilities and services within the community were designated for special consideration because of their direct influence on the psychological adjustment of aged individuals.

The data for this study were gathered by personal visits to the various clinics, social agencies, and other bureaus within the Detroit area. Visits were also made to a representative group of old age homes. A detailed enumeration or listing of all the visits would serve no practical purpose at this point. Suffice it to state that contacts were made with all sources that could supply us with the necessary information. Many of these sources will be specifically noted in the following sections of this chapter.

#### General Considerations

The statistical department of the Wayne County Bureau

of Social Aid reported that in February 1950, there were 21, 790 Wayne County residents on the Old Age Assistance rolls. Old Age Assistance is the name given to the program offering financial aid to people sixty-five years of age and over. Funds are set aside for the program as a result of the Federal Social Security Act and the Michigan Social Welfare Act. The recipients must meet certain requirements: they must be at least sixty-five years of age; the clients must prove that they resided in Michigan for five of the last nine years; they must show that their income is insufficient to meet personal expenses; the market value of their personal real estate must be under six thousand dollars; and finally, the client's personal property in the form of cash or other personal possessions cannot exceed five hundred dollars if single, or seven hundred and fifty dollars if married. Persons are ineligible if they live in public institutions, or deliberately transfer property or income to meet the requirements for this financial assistance.

Old Age Assistance recipients make up only a portion of the total old age group in the Detroit area. While no figures are available for the entire old age group, it is possible to estimate the number on the basis of the 1940 census statistics. In the Introduction (see p. 2), we noted that approximately seven per cent of the national population was sixty-five years of age or older. The population of Detroit was approximately 1,700,000 in 1940.



Making the necessary computations, we find that on the basis of national averages, the "65-plus" age group in Detroit would be 119,000. Making the necessary corrections to 1950 would undoubtedly increase the number, but we feel that this approximation is large enough to merit special planning and consideration within the total community structure.

The aged in the Detroit area, in need of some form of assistance, are routinely referred to the Wayne County Bureau of Social Aid. Figures compiled by the intake secretary at the bureau indicate that the requests for assistance take the following forms, in order of decreasing frequency: need for suitable living arrangements, physical illness, economic needs, mental illness, difficulties in family, need for employment, and recreational needs.

Employment practices in Detroit follow the national trend. There are no special opportunities for old age employment. If the older worker loses his job, it is almost impossible for him to find another. The last war temporarily increased the possibilities for employment, but the situation has since reverted to the prewar practice of ignoring the older applicants.

The housing situation for the aged is also acute in the Detroit area. The aged are usually excluded from the various federal and local public housing projects. Further, little space is provided for them in their childrens' homes. Currently, the average house has six rooms; fifty years ago, the average home had nine rooms. The clients that

request aid from the Wayne County Bureau of Social Aid, as a rule, state that they prefer to live away from their children. A large number of Detroit's old age group live in the dilapidated homes located in the U-section bounded by East and West Grand Boulevard.

#### Psychological and Psychiatric Clinics and Services

Our results show that there is a dearth of psychological and psychiatric services for treating the personality maladjustments of the old age group in the Detroit area. There are no psychological clinics or counseling centers specifically designed for the aged in this area. The usual practice is to refer all aged clients to the Wayne County Bureau of Social Aid. This bureau also lacks facilities to offer counseling services. Each social worker has a case load of approximately two hundred. Counseling and therapy is precluded because these workers lack the necessary training. Moreover, the size of the case load confines their activity to a routine procedure of administering the financial assistance program.

The Catholic, Protestant, and Jewish Family Agencies occasionally enlist the aid of a psychiatrist. This is done on a consulting basis and no treatment is offered to the aged client. The psychiatrist determines the seriousness of the mental impairment and makes the necessary referrals to the mental hospitals.

## Friendly Visitors

The loneliness and isolation of a few older people in a large community can be easily rationalized or overlooked. However, upwards of twenty thousand older persons on the Old Age Assistance rolls, not to mention a larger group who do not seek aid from the various Detroit social agencies, cannot be ignored for long if serious repercussions are to be avoided. For many years, the Wayne County Bureau of Social Aid requested help from the community to meet the "non-cash" needs of the increasing numbers of older people in the Detroit area.

Their requests for assistance from the community to provide facilities for old age counseling and recreation remained unheeded. An urgent appeal to the Detroit Council of Social Agencies finally brought about some positive action. In 1940, representatives from the Council of Churches, the Catholic Charities, the Jewish Welfare Federation, the Wayne County Bureau of Social Aid, and the Community Chest combined and formed a working committee. The Friendly Visitors program was launched as a result of this meeting. The group has remained active under the direction of the Community Chest Women's Committee for the past nine years.

The Friendly Visitors group is not directly connected with any Detroit social aid bureau, nor is it a social case work agency. Its sole function is to provide



volunteers to visit the lonely old folks who are unable or unwilling to seek adequate social outlets. The visitors also provide other helpful services, e.g., driving the older client to a hospital or social agency, taking the older person to church services, supplying suitable reading material, etc.

The case workers from the Wayne County Bureau of Social Aid make all the referrals to the Friendly Visitors' central office, located in the Detroit Council of Social Agencies Building. From there the client is referred to one of three subgroups, depending upon the particular religious affiliation. Three separate divisions, Catholic, Protestant, and Jewish, are active under a central and unified organizing committee. Clients having no religious affiliation are divided among these three groups.

No statistics are available regarding the number of friendly visits carried on by any one of the groups. However, case workers from various agencies report that the Catholic group is by far the most active member of the Friendly Visitors program. At the Cardinal's request, many parishes have formed special groups to visit the aging church members. In addition to this, the St. Vincent de Paul Society carries on an extensive program of friendly visiting.

The Friendly Visitors program functions on a strictly volunteer basis. Each visitor is prepared for the work by a series of lectures, during which time she is urged

to be a good listener, to listen sympathetically, to refrain from making value judgments or playing the role of a counselor, and to make as many visits as possible.

### Recreational Opportunities for the Aged in Detroit

Community planning for the aging population in Detroit can be considered adequate in only one area. Results of our investigation indicate that sufficient facilities are available to provide recreational activities for the greater part of the old age group in Detroit. The recreation clubs were originally intended for recipients of Old Age Assistance, but recent expansion of the program was intended to embrace the entire old age group, regardless of financial status.

Recreation clubs for older persons originated in the Detroit public housing projects. As noted previously, these public housing units are not made available for private occupancy by an older couple. However, many older people share these relatively crowded quarters with their children. An old folks group was privately formed at the Parkside Homes project in 1942. However, the first recreation center, organized and directed by agencies within the community, was opened in 1944.

At this time, an Institute for Family Life was held in Detroit. During one of the sessions, Oskar Schultze (see p. 44), described the activities of the old age

recreation clubs in Cleveland. A Friendly Visitors Committee enlisted the aid of the City Parks and Recreation Commission, and organized a recreation center at the Brewster Homes, a public housing enterprise located in a thickly populated negro area. Two hundred negroes, fifty years of age and over, living in the area, were invited to the first meeting, and 165 attended. The meeting was held at the Brewster Community Center. Spontaneous approval of the plan resulted in the formation of the Friendly Hearts Club. This club for the oldsters has met regularly, twice a month, since 1944.

The activities of the Friendly Hearts Club are typical of the other clubs in Detroit. These activities include movies, social affairs, birthday parties, picnics, gardening, maintenance of library facilities, and various types of hobbies. The group has a private club room, comfortably furnished, and featured by an organ. Organized meetings are held on one afternoon on alternate weeks, average attendance exceeding one hundred. The club facilities are also available for daily use. The cost of operating the club is negligible, but the resulting social interaction and stimulation of new interests is priceless when considered from a psychological point of view.

A recent program held by the Cass Senior Club, an old age group that meets regularly at the Cass Community Center, demonstrated the opportunities for personal expression provided by the Detroit old age recreation groups. The



master of ceremonies, though seventy-six years old, gingerly directed the member participants in the following program: a group song, solo song by an elderly lady, a violin solo by one of the men, another group song, a jig danced by one of the ladies, a song by the club's barber-shop quartet, a poem recitation, a recitation from classical literature, a group song, and finally, a chain march. Volunteers were then solicited for the next program, and refreshments were served.

Thirty-three recreation clubs for the aged are registered with the Detroit Council of Social Agencies. Several others are being sponsored by private agencies in the area, but they are presently in the early formative stages and the information is incomplete.

The Detroit Department of Parks and Recreation, working in close cooperation with the Friendly Visitors group, has been responsible for the greater number of old age recreation facilities. This department operates four clubs that meet regularly, once or twice a month, the year around. Three other departmental projects operate exclusively during the summer months. Special facilities are made available at Pingree Park, Clark Park, and Palmer Park, from 1 P.M. to 9:45 P.M., Monday through Friday, during the summer months. In addition, the Detroit Department of Parks operates two club rooms, exclusively for the recreation of older persons, that remain open daily, the year around. One is located in the G.A.R. Building on Grand River Ave., and

the other is maintained at the Northwestern Recreation Center. These clubs are open to all the older persons in the Detroit area.

Other representative old age clubs are sponsored by the Franklin Settlement, Golden Age Group; the International Institute, Golden Age Club; the Jewish Community Center, Los Angeles Telcove Club; the Polish Aid Society, Golden Age Club; Lutheran Settlement, Golden Age Club; and the Salvation Army club for older persons. In fact, all the social and family agencies in Detroit are taking an active part in providing organized recreation programs for the old age group.

Last summer (1949), the Detroit Department of Parks and Recreation sent one hundred and twenty older persons, all recipients of Old Age Assistance, to a camp for a two week vacation. The Salvation Army was responsible for sending one hundred and four older persons to another summer camp. This summer (1950) the St. Vincent de Paul society will make available facilities for one hundred older people at Camp Ozanam, after the close of the regular camping season.

The recreation projects for older persons operating in Detroit at the present time do not solve all the problems of these aging members in the community. However, they do provide media for social interaction, and opportunities to develop new interests and activities. Loneliness need no longer be the sole and constant companion of the older person.

## Old Age Homes

There are approximately eighty old age homes, approved by the Michigan State Department of Social Welfare, in operation at the present time in the metropolitan Detroit area. These homes offer convalescent, semi-convalescent, and room and board facilities to aged men and women. The Community Information Service Bureau of the Detroit Council of Social Agencies maintains an accurate list of the homes, including information concerning fees, admittance requirements, waiting lists, type of care offered, and other pertinent information.

According to figures obtained from the old age home department of the Wayne County Bureau of Social Aid, the old age home population for the early part of 1950 was set at 1700 for all public and private homes, and 1650 for the Wayne County Infirmary. These figures do not include the chronically sick or institutionalized mental cases.

It is not our purpose to present a detailed listing and description of all the homes. We are primarily concerned with the activities carried on within the various old age homes that tend to promote or deter good adjustment.

Daily activities usually assume routinized patterns within the homes. To illustrate, we can describe the daily activities carried on at the St. Joseph Home. The day begins for the seventy residents with mass at 6:30 A.M. Breakfast is served at 8 A.M. The guests then clean their



rooms and carry on various activities until lunch time at noon. Some listen to the radio while others sew, knit, play cards, or just spend the time in chatting. Dinner is served at 6 o'clock, and the group retires at 9:30 P.M. Opportunities to develop new interests are afforded by an occupational therapy program that functions on a limited scale. However, for the most part, the residents are left to their own devices. This type of daily activity is characteristic of most of the old age homes in the area. Certain modifications are to be found at times, especially in the homes that cater to the poor or destitute. These charitable institutions often require the residents to perform a certain amount of the maintenance work within the institution. Tasks are assigned only if the resident is physically able to perform them.

The larger homes, e.g., Arnold Home, Burtha Fisher Home, Jewish Home for the Aged, Evangelical Home, etc., offer organized and extensive occupational therapy programs. Facilities are available to train the residents in methods of weaving, ceramic work, rug-making, art work, etc. Opportunities for recreation are also plentiful at the larger homes. Bingo parties are held once a week, a birthday party is given once a month, television sets are provided, and movie programs are frequently made available. During the holiday seasons, various private and public groups provide ample opportunities for outside entertainment. Library facilities are also made available to the

residents of these larger homes.

In the smaller homes, the residents derive most of their entertainment from television programs or card playing. New interests are developed solely on the basis of individual initiative.

Results of our investigation indicated that, in general, adequate facilities are available within the homes to keep the residents active in some way. However, the activities take on the character of mere "time-killing" devices. Except for two recent developments, to be described later in this section, little attempt is made to stimulate new interest in living. The old folks home is just a place where an older person can wait for the end of earthly life in more or less comfortable surroundings.

Minor maladjustive behavior remains unattended until it assumes psychotic proportions. The unfortunate individual is then committed to a mental hospital. The commitment is effected in two ways. The various family agencies, e.g., Catholic, Jewish and Protestant, maintain part-time psychiatrists for the commitment proceedings. The problem is also handled by simply sending the afflicted resident to the Psychiatric Ward at Receiving Hospital.

Unfortunately, the two recent developments mentioned above, i.e., at the Washtenaw County Infirmary and the Jewish Old Age Home, do not include the establishment of a counseling center or psychiatric clinic for the aged. These developments are significant because they consist of

attempts to promote social interaction between the residents of the old age home and the community at large. The developments also include provisions to meet the emotional or psychological needs of the residents.

The reorganization of the Washtenaw County Infirmary came about as a result of a scientific experiment recently completed by the Institute for Human Adjustment, a department of the Rackham School of Graduate Studies at the University of Michigan. Complete results are to appear in a book that will be published later this year. The Washtenaw experiment was designed to determine the effects of a carefully planned recreation program on the personalities of the aged residents. Hitherto, the Washtenaw Infirmary had made virtually no provisions for meeting the emotional needs of the patients. Another underlying consideration related to the experiment was to test the possibility of devising a program in a relatively small and poor institution that would lead to improvement of both mental and physical vigor by stimulating new interest in living.

Experimental procedure was oriented toward two objectives. Trained personnel provided the necessary facilities and guidance to stimulate the residents to participate in various activities. It was hoped that better personal adjustment would result from this intensive cultivation of new interests and activities. The second objective was to bring about community participation in the activities of the infirmary so that the program could be continued after



the experimental period ended.

Both objectives were accomplished. After the experiment ended, an auxiliary group of women in the Ann Arbor area provided the necessary facilities and personnel to continue the program. The residents also derived a great deal of profit from the planned recreation program. Happiness, initiative, and general personality improvement supplanted former feelings of worthlessness and abnormal inactivity. This reorganizational program was considered to be instrumental in preventing the gradual personality disintegration of the infirmary residents.

The second development, meriting note, occurred at the Jewish Old Age Home in Detroit. A plan was formulated to extend the facilities of this home to the community. Older Jewish people living in the community were invited to join in the activities of the home. At present the Jewish Old Age Home has approximately two hundred residents. An equal number of older people living in the community participate in planned activities that include extensive occupational therapy and recreation programs. This facilitates social interaction between residents and nonresidents, and at the same time, provides opportunities for a larger group to participate in organized recreation programs.

#### Education

Night schools for adult education have long been an

integral part of the Detroit Public School System. Courses in general education are offered along with special programs for vocational training. As a rule, the courses are designed with the younger adult group in mind. The special program in basic education for the foreign born is the only exception to the rule. In the preceding chapters we made mention of the fact that special educational techniques must be applied to the older age group for successful results. Notable changes in psychological and physiological functioning necessitate the use of specialized techniques. We find that there are no schools for the aged in Detroit. Further, except for the classes for the foreign born mentioned above, there are no courses or vocational training programs specifically designed for the old age group. The limited facilities for occupational therapy were described in other sections of this chapter.

On the university level, we note that no course is presently offered resembling the one at the University of Minnesota (see p. 42). Brief reference is made to gerontological problems in a course in Normal Development offered by the Educational Psychology Department at Wayne University. Normally, two lectures are devoted to a discussion of the problems of aging. For the past three years, the University of Michigan has offered an annual institute on "Living in the Later Years." This institute meets in June, and lasts for three days.

Regarding education for the general population, we

noted a similar dearth of planned programs. Information culled from various social agencies in Detroit indicated that case workers are occasionally assigned to speak before various community and religious organizations on the problems of aging. It is impossible to determine the extent of this activity since no specific information could be obtained.

### Future Planning

The statement, that there is an immediate need for psychological and psychiatric clinics to carry on counseling and psychotherapy with the old age group in Detroit, was reiterated in one form or other by all social workers and old age home supervisors. Further, it was commonly agreed that more opportunities should be provided within the community for recreation, employment, housing, and forms of social interaction.

The results of our investigation indicated that while the problem enjoys wide recognition, very few concrete plans for future action have been formulated. A Friendly Visitors committee is currently engaged in an attempt to draw the larger manufacturers into the program. By stimulating the interest of employers, they hope to secure more jobs for the older persons within the community. The Friendly Visitors group is also trying to develop programs in the parishes of the three participating religious groups which



would provide more leisure-time activities for the aged within the parishes, and also promote better relationships between the young, middle and old age groups.

Certain plans were made at a recent meeting (January 1950) of the Federation of Catholic Charities. They discussed a projected survey of all the Catholic homes for the aged. The purpose of the survey is to study intake procedures, reasons for delays in admittance, and the daily activities carried on within the Catholic homes. By a careful analysis of the existing situation, they hope to shorten the waiting periods, promote more useful activities within the homes, and make the entire Catholic old age home system a smoothly functioning unit.

Two other plans being formulated at the present time merit mention. The Protestant Charities are currently engaged in reorganizing their Friendly Visitors program. They intend to stimulate interest in the activity among the various member denominations in the hope of eventually offering more extensive services.

The Jewish Social Service Bureau plans to offer special case work services to older clients in the near future. At the present time, an older client will be given special case work service on request, but because of a lack of trained personnel, the service is not advertised. The director of this Jewish agency expects to add a specially trained social worker to the staff for purposes of carrying on case work and some form of counseling with

the older clients.

Certainly, the extent of future planning for the aged, especially in the area relating to psychologically beneficial services and facilities, leaves much to be desired when we consider the increasing seriousness of the situation. In view of what has been previously stated, we are forced to recognize the immediate need for psychological and psychiatric clinics and counseling centers to treat all forms of maladjustive behavior developed by the older individuals within the community.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

Owing to the increasing numbers of older people in our population, approximately 11,000,000 in 1950, interest has been recently manifested in developing the science of gerontology, a study of the physical and psychological processes of aging and aged individuals. Gerontological investigators, studying the problems of aging, were motivated to increased activity as a result of two significant developments. On the one hand, the old age group in the population continued to grow larger as a result of improvements in the medical sciences; on the other, the trend toward urbanization and industrialization placed all emphasis on speed and productivity, because of which the old age group was neglected. Lack of opportunities for social interaction and individual expression within the community structure have made it difficult for the older persons to make good psychological adjustments.

This thesis represents an attempt to study and survey the services and facilities, available to the old age group in the Detroit area, that are deemed to be psychologically significant in promoting good adjustment on the part of these older individuals.



In order to gain a better understanding of the older individual and his adjustment problems, the literature was reviewed and studied with two objectives in mind, namely, to develop a better understanding of the physical and psychological capacities and potentialities of the older person, and to determine the extent of application of gerontological developments within the community.

We noted that certain anatomical modifications occur with increased age, e.g., accentuation of the veins on the arms and legs, weight decline, alterations in posture, and changes in hair coloring and density. Along with the anatomical modifications, the physical and psychological processes undergo certain changes that necessitate activity reorientations on the part of the older individual. Failure to adjust to this general slowing down of physical and psychological functioning can easily lead to the development of personality maladjustments in later maturity.

References were cited (Chapter II) that explored the wide range of abilities and potentialities, both physical and psychological, possessed by the older person. Given the opportunity, the older individual is able to produce efficiently in industry if placed in the proper job; further, he can acquire new skills if sufficient motivation is present, and his higher faculties of reasoning and judgment remain relatively unimpaired.

Personality maladjustments commonly occur in later maturity, not because of any pronounced deterioration of

physical and mental abilities, but because of the lack of opportunity for wholesome individual expression and social interaction within the community. Society prefers to shelve the older person and reduce him to a position of economic dependence by placing him on a welfare roll or in an old age home, rather than grant him an opportunity to make profitable contributions that would be beneficial to the community.

The second part of the review of the literature (Chapter III) was designed to study any significant gerontological developments that were deemed to be instrumental in reaffirming the individuality of the older person, thus restoring, at least in part, his role as a functioning and integral part of society.

We found that special old age counseling centers are in operation in four major cities. These clinics use specialized techniques, developed by Dr. Lillian Martin, which prove successful in bringing about the readjustment and rehabilitation of the older person. There exists a pressing need for more specialized clinics for the psychological readjustment of the aged clients, along with a reorganization of community resources to provide the necessary activities for successful rehabilitation.

Several plans for community reorganization were described and other studies were cited to show the beneficial effects of reorganization programs within certain communities. At present the various family agencies in

the larger cities are taking the greatest initiative in reorganizing and integrating their services to provide better care for the old age group.

Other community programs have provided educational and recreational opportunities for the oldsters. These programs have proved successful in offering necessary social outlets that permit the older person to develop and cultivate new interests, friendships, and activities. Certain similar developments in old age home organization were noted. The studies indicated (see p. 47) that the residents of the various old age homes that have opportunities for participating in wholesome and useful activities make better adjustments than the "rocking chair" group.

Results of our investigation, regarding the situation of the old age group in the Detroit area, enable us to draw certain conclusions, mostly negative in character.

We found that, in the first part of 1950, 21,790 people sixty-five years of age and over were on Old Age Assistance rolls. The total "65-plus" age group in the Detroit area was estimated at 119,000. Our intensive search for specialized clinics and counseling centers designed to treat the maladjustments of this large group of individuals bore little fruit. It is necessary to conclude that there is a dearth of psychological and psychiatric services to treat the personality disturbances or maladjustments developed by these older persons. Maladjustive behavior on the part of an older person usually remains untreated until it



assumes psychotic proportions. Commitment proceedings are then quickly completed and the older person finds himself in a crowded geriatric ward in one of the mental hospitals. Psychological and psychiatric clinics and counseling centers, including specialized social case work services for the old age group, are conspicuous by their absence.

Our investigation of other services and facilities within the community that were considered to have direct bearing on the good psychological adjustment of the aged individual yielded more encouraging results. The Wayne County Bureau of Social Aid has been the dominating influence behind the recently developed community projects that have been organized to provide some form of activity for the old age group.

A Friendly Visitors group has been organized by representatives from the Catholic, Jewish, and Protestant religions. This group provides volunteer visitors who make social calls on the lonely and isolated members of the old age group who crave companionship. These volunteer visitors are not trained social workers and at best do little more than temporarily combat the loneliness and isolation of the older individuals who request their services.

Recreational opportunities are available to the older people in Detroit. A large number of old age clubs have been organized to give the older person an opportunity for some form of individual expression and social interaction. The older person can partake of a wide range of

activities, but as a rule the clubs do not meet often enough to have permanent therapeutic effects on the personalities of these older individuals. These clubs do not satisfy all the needs that must be gratified if the older person is to retain or regain good psychological adjustment.

Opportunities for education and vocational training are also limited in the Detroit area. The recreation clubs and a few of the larger old age homes offer training in certain skills and crafts; however, these programs fall short of adequately fulfilling the older person's need for activity and new experience.

Old age home organization in Detroit makes adequate provision for the physical needs of the aged residents. However, the homes fail to provide for the psychological needs, and the residents usually lead a "rocking chair" type of existence. Wholesome life goals deteriorate and the aged individual looks forward to a visit from the "grim reaper," hoping that the end will come pleasantly with a minimum of physical and mental suffering.

Encouraging signs were noted in the recent developments at the Washtenaw County Infirmary and the Jewish Home for the Aged. Attempts were made to stimulate interest in various activities, and arrangements were made to provide opportunities for social outlets, both in and out of the home. The residents of these homes set aside their feelings of uselessness and reaffirmed their interest in living by increasing their activities and adopting new

goals in life.

The needs for activity, self-esteem, and personal worth do not cease to exist when a person reaches that period of life termed later maturity or old age. The important factor for good adjustment in old age is the person's ability to maintain a proper balance between a healthy mind in a body that is not so healthy. The older person requires a fair and equal share in the community planning and organization if this delicate balance is to be maintained.

An older person, living in Detroit, who maintains good psychological adjustment, does so solely on the basis of individual initiative, and not because of any special aid extended him by organizations within the community. Financial aid, provided by the Old Age Assistance Act, does not per se bring about good psychological adjustment on the part of the aging members of our community. These older individuals desperately need clinics and counseling centers that would facilitate their readjustment and rehabilitation; they need comfortable living quarters, employment opportunities, and in general, a fair and equal share in the community planning and organization. Unfortunately, these basic services and facilities are not available at present and are not included in the immediate or future planning.



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