SOCIAL CONTEXT—A NEGLECTED VARIABLE
IN RESEARCH ON AGING*

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Social gerontology is a science which is concerned with understanding aging and the aged from a social point of view. The development of social gerontology seems to be based on two excellent principles: interdisciplinary cooperation, and flexibility. These principles are still operative and, undoubtedly, will ensure the continued growth of our field. But it may be appropriate at this time to introduce a third principle: the social system comparative approach.

By now, a sizable body of knowledge has been amassed that has relevance to solving social problems. However, to quote Matilda Riley (1968), “As yet, there is no unified body of knowledge, no general theory of aging, that can be transmitted to students, applied in professional practice, or tested and amplified through further research.” (p. 1.) In the absence of a theoretical framework, it may be useful to review a sample of recent social gerontological research from a methodological point of view. Substantive findings and issues will be examined in light of this methodological analysis and, finally, some tentative conclusions will be drawn.

Included in this review was any study (conducted since 1959) which described a real as opposed to an ad hoc or laboratory group of elderly persons. Some sophisticated comparative studies, as well as some impressionistic studies were also included. The latter were of interest when they described new programs established to cope with some of the problems of the elderly. Although new studies have appeared since completion of this review they do not materially alter the conclusions drawn from the original survey.

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Studies were classified according to the social context within which they were conducted and the variables with which they were concerned. The first focus is upon the setting in which each study was conducted: organizational or non-organizational. Next, we will see whether independent and dependent variables refer to system properties or to characteristics of individuals within the systems. This will lead to an examination of the independent and dependent variables that come together in various kinds of social contexts.

As can be seen in Table 1, old people have been studied in a wide variety of social settings.

To some extent, this table is deceptive: it was rare that more than one system was observed in any single study. However, there are a few excellent studies in which a number of systems were compared. These include Rosow’s study of social integration of the aged in Cleveland (1967), Shanas et al. (1968) study of three industrial societies, and Anderson’s (1969) national survey of senior centers.

In Table 2, we see that in most studies the setting served mainly as a backdrop rather than as a significant analytic component. System properties did not usually serve as independent variables.

The term “independent variable” means that the property was believed to be an antecedent condition of or, possibly, a cause of a dependent condition. It is not used in the experimental sense, that is, in the sense of a manipulated variable.

### Table 1

<table>
<thead>
<tr>
<th>Non-organizational Systems</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross-national and national</td>
<td>10</td>
</tr>
<tr>
<td>Subcultural</td>
<td>12</td>
</tr>
<tr>
<td>Social institutions, e.g. family, polity, religion</td>
<td>10</td>
</tr>
<tr>
<td>Communities</td>
<td>22</td>
</tr>
<tr>
<td>Aggregates</td>
<td>20</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>74</td>
</tr>
<tr>
<td>Organizational systems</td>
<td></td>
</tr>
<tr>
<td>Homes for the aged</td>
<td>46</td>
</tr>
<tr>
<td>Nursing homes</td>
<td>11</td>
</tr>
<tr>
<td>Mental hospitals</td>
<td>25</td>
</tr>
<tr>
<td>Centers, clubs</td>
<td>7</td>
</tr>
<tr>
<td>Specialized groups, e.g. therapy groups, workshops</td>
<td>11</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>100</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>174</td>
</tr>
</tbody>
</table>

*References are arranged on pp. 109 to 116 according to major social system in which aged persons were studied.

*It should be noted that neither a 100% nor a random sample of all social gerontological studies conducted during the past decade were classified. The sample consisted simply of studies which were readily available and which fit into the framework without too much “squeezing.” It seems reasonable to assume, however, that the sample is fairly representative of social gerontological research conducted since 1959.*
The term "system property" means a relatively stable characteristic of a social context. The majority of studies focused on demographic characteristics of individuals such as age, sex and socioeconomic status. System properties studied in relation to the aged were therapeutic programs and services. This indicates the narrow range of system properties studies, as well as their very practical nature.

The large number of studies in the residual category attests to some of the difficulties encountered in classification of research. The residual category contains 69 studies, of which over one-half had no obvious independent variable or were purely descriptive. Also included in the residual category were studies of institutionalization, a concept which mainly seems to refer to elderly individuals' responses to being placed in an institution, but which may also imply the impact of such environmental factors as harsh treatment, geographic isolation, stigmatization, and regimentation. Finally, the residual category also includes studies of situational phenomena such as disaster, relocation and recent death of spouse, in which it was difficult to determine if the independent variable referred to the environment or to stress.

Table 3 shows the number of social gerontological studies by type of system and type of independent variable. Disregarding the residual category, there was a marked difference in the types of variables studied in the two classes of systems. In non-organizational systems, most of the studies were of the census variety and

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### Table 2

Number of Social Gerontological Studies by Type of Independent Variable

<table>
<thead>
<tr>
<th>Type of Independent Variable</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Property</strong></td>
<td></td>
</tr>
<tr>
<td>Population composition, e.g. age concentration, age ratio, size</td>
<td>8</td>
</tr>
<tr>
<td>Physical setting, architectural structure, stimulation</td>
<td>8</td>
</tr>
<tr>
<td>Totality, formality</td>
<td>7</td>
</tr>
<tr>
<td>Services, programs, therapies</td>
<td>22</td>
</tr>
<tr>
<td>Mixed</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>49</strong></td>
</tr>
<tr>
<td><strong>Individual Trait</strong></td>
<td></td>
</tr>
<tr>
<td>Background trait, e.g. socioeconomic status, sex, age</td>
<td>21</td>
</tr>
<tr>
<td>Personality, attitude, mental state</td>
<td>9</td>
</tr>
<tr>
<td>Participation</td>
<td>11</td>
</tr>
<tr>
<td>Health</td>
<td>9</td>
</tr>
<tr>
<td>Mixed</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td><strong>56</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Independent variable not apparent</td>
<td>11</td>
</tr>
<tr>
<td>Descriptive study</td>
<td>27</td>
</tr>
<tr>
<td>Institutionalization</td>
<td>7</td>
</tr>
<tr>
<td>Situation factors, e.g. disaster, relocation</td>
<td>3</td>
</tr>
<tr>
<td>Mixed</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td><strong>69</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>174</strong></td>
</tr>
</tbody>
</table>
focused on individual traits such as health states, participation and background characteristics. An unusual exception is a national survey of 4000 elderly conducted by Schooler (1969) to be described below, in which environment, morale and integration were measured.†

In contrast to non-organizational studies, there were almost twice as many organizational studies using system properties as independent variables. But, these were mainly descriptions of effects of therapeutic programs and services, indicating the practical nature of this research.

Let us turn now to some examples of the kinds of studies that are needed in greater abundance. These are studies in which system characteristics were systematically observed as independent variables. At the non-organizational level, Rosow's (1967) study of social integration and aging in Cleveland is an outstanding example of research in which a system property, namely, that of old age density, was systematically studied in a community setting.

Rosow tested the hypothesis that "the most viable opportunities for the integration of older people in informal groups are among their age peers." (p. 35) To test his hypothesis, he sampled 1200 older working and middle-class tenants in several hundred buildings in the Cleveland metropolitan area. He classified the buildings according to old age density as follows: normal housing consisted of 1−15% households with an aged member; concentrated housing consisted of 33−49% households with an aged member; and dense housing consisted of 50% households with an aged member. His hypothesis was supported, particularly among working class older persons. He concluded that one-half of the suites of an apartment building must have an older resident before age concentration generates major increases in local activity.

Much of our own research has been conducted at the organization level and has consisted of studies of adjustment processes as they are affected by environ-

| TABLE 3 |

Number of Social Gerontological Studies by Type of System and Type of Independent Variable

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Non-Organizational Systems</th>
<th>Organizational Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Property</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Individual Trait</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>74</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Background characteristics, such as age, sex, and SES were considered individual traits. For one discussion of individual vs. system properties, cf. P. Kendall and P. F. Lazarsfeld in P. F. Lazarsfeld and M. Rosenberg (Eds.), Language of Social Research, The Free Press, Glencoe, 1955, pp. 290-296.

†The prevailing concern with integration was noted by Ethel Shanas, et al. (1968) on p. 3.
mental properties. In a recent study of the relations between socialization defined as awareness of social norms, and adjustment in five residential settings which had been selected for degree of institutional totality (Bennett and Nahemow, 1966), we found that socialization scores were high in residential settings which were low in totality, such as a public housing development. However, socialization did not correlate with adjustment in residential settings at either extreme of the totality continuum, that is, in either mental hospitals or housing projects. Socialization and adjustment were correlated positively and significantly only in institutions at the middle range of totality, such as homes for the aged. Possibly, this was because adjustment was not a central value in the other settings, and knowledge of the environment was less useful than other factors for getting along in them.

Pincus (1968) criticized our work and suggested using a multi-dimensional approach to classification of homes for the aged. Unfortunately, because of his small sample of homes, the four dimensions of whether an institution was resource-rich, isolated, formal and private had to be collapsed into a continuum of formality versus informality when used in research. Obviously, homes differ along more than one dimension but a large number of homes must be studied before a multi-dimensional approach has any practical value.

We will now turn to a discussion of dependent variables. Table 4 classifies dependent variables according to whether they refer to system properties or to individual attributes. The result is rather dramatic. System properties rarely served as dependent variables.

**TABLE 4**

<table>
<thead>
<tr>
<th>Type of Dependent Variable</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Property</strong></td>
<td></td>
</tr>
<tr>
<td>Role (behavior) patterns, e.g. mobility, consumer</td>
<td>5</td>
</tr>
<tr>
<td>Normative pattern</td>
<td>3</td>
</tr>
<tr>
<td>Services, care, housing</td>
<td>7</td>
</tr>
<tr>
<td>Goal attainment</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
</tr>
<tr>
<td><strong>Individual Trait</strong></td>
<td></td>
</tr>
<tr>
<td>Physical health, rehabilitation, mortality</td>
<td>8</td>
</tr>
<tr>
<td>Participation, integration, isolation, disengagement</td>
<td>16</td>
</tr>
<tr>
<td>Attitudes, stereotypes</td>
<td>21</td>
</tr>
<tr>
<td>Adjustment, satisfaction, morale</td>
<td>50</td>
</tr>
<tr>
<td>Mental health, mental state, self-concept</td>
<td>28</td>
</tr>
<tr>
<td>Activity, behavior</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>17</td>
</tr>
<tr>
<td>Descriptive</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>44</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>174</td>
</tr>
</tbody>
</table>
Of 174 studies, 114 were focused on individual traits, 44 fell into a residual category and only 16 concerned system properties. System properties which were dependent variables were nowhere near as rich in scope and variety as individual traits. In fact, they were not even as varied as system properties which served as independent variables.

In Table 5 we see that there was little difference between studies of non-organizational and organizational systems, though in the latter there were slightly more studies of system properties. In organizations, system properties studied as dependent variables were adjustment criteria, role patterns, quality of care and goal attainment. In non-organizational systems, role changes, normative expectations and role patterns were studied.*

Finally, Table 6 shows the number of studies by both independent and de-

<table>
<thead>
<tr>
<th>Type of Dependent Variable</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Organizational</td>
</tr>
<tr>
<td></td>
<td>Systems</td>
</tr>
<tr>
<td>System Property</td>
<td>5</td>
</tr>
<tr>
<td>Individual Trait</td>
<td>58</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>74</strong></td>
</tr>
</tbody>
</table>

*There seemed to be an inverse relationship between complexity of the system studied and that of the dependent variable. By and large, when a complex system such as a nation or subculture was studied, the dependent variable was fairly simple, e.g. health status or living alone. Perhaps this is due to the practical nature of most gerontological inquiries. Or, perhaps this is because census-type data are the only ones readily available. Or, perhaps, this is because such variables are most easily quantified and are universally applicable. When the system studied was at the middle range of complexity, such as a community or large organization, the dependent variables were of the social psychological and social behavioral variety, e.g. personal or social adjustment. When the system studied was at the low range of complexity, e.g. a club or workshop, the dependent variable was often a complex personality factor.
pendent variables in organizational and non-organizational systems. Again, few differences are found. Most studies were concerned with the relations between a background variable and some type of attitude, behavior or illness. There were no studies in which characteristics of individuals were viewed as antecedent to system properties. There were only five non-organizational and eleven organizational studies in which two sets of system properties were correlated. These included Beattie's and Bullock's (1964) survey of size and quality of care in nursing homes, as well as a similar study conducted in England by Townsend (1962). In the former study, large size was related to good care while in the latter, small size was related to good care.

An outstanding example of organizational research in which system properties were correlated with each other is Nancy Anderson's (1969) national survey of 1242 senior centers. In this universe of American centers, she was able to isolate environmental properties which are related to goal attainment. Her major findings were: (1) size of budget is the most important center resource, that is, it correlates most with all goal achievement indicators, (2) the next highest average correlation with all goal indicators is director qualifications, (3) the next is staff hours per member, and (4) the last is adequacy of space. She found that the larger the budget, the more activities and services there were. However, budget was not important for participation goals. Centers having larger per cents of all possible members participating, as well as more members assuming responsibility tended to have small budgets. Educational and experiential qualifications of the director were positively related to the number of recreational and counseling activities but negatively related to membership participation and responsibility. This last point should be underscored. Perhaps highly professional directors allowed very little exercise of initiative and cowed members with their superior knowledge. We may discover that what we have been calling dependency is not a personality trait associated with aging but may simply be a role played by some elderly persons when confronted by professionals with superior training.*

DISCUSSION

Let us now turn to the question of whether a social system comparative approach, that is, the routine analysis of system properties, can be useful for resolving contradictory findings. The following are three important unresolved issues:

1. Is there a negative or positive relationship between integration and adjustment in the elderly?
2. Is institutionalization good or bad for the elderly?
3. Are there effective therapies for treating mental disorders in the institutionalized aged?

*Several other examples of organizational studies which used system properties as both independent and dependent variables are the following: Nancy Anderson (1967) studied the effects of ownership and administration on nursing home care and found no differences based on ownership, size or type of home with regard to facilities, staff, patient program, patient activities, and quality of care. In a recent study, Bennett and Nahemow (1965), related institutional totality to presence of explicit adjustment criteria in residential settings for the elderly and found a U-shaped relation between totality and the presence of explicit adjustment criteria, with only institutions at the middle range of totality having such criteria.
First, let us take the question of whether there is a relationship between integration and adjustment, usually measured as morale or satisfaction. As will be seen, there is no simple answer to this question which has been studied in a wide variety of communities. In a small, rural town, the Brittons (1961) found well-adjusted residents were active. Similarly, in rural Kentucky, Youmans (1968) found well-adjusted old men eager to participate and to go on doing so into old age.

In large cities, the findings were not as straightforward. In the Boston area, Schooler (1968) found that adjustment was positively associated with participation among older men who lived in old neighborhoods which were relatively distant from services. In Durham, Maddox and Eis dorfer (1963) found that activity decreased with age but not significantly, morale did not decline with age, and activity was positively correlated with morale. Rosow (1967), who studied apartment dwellers in Cleveland, found no simple decline in activity among the aged, and that old age density contributed to high morale among the active aged. Contrast these with findings of Cumming and Henry (1962) and others in Kansas City, where activity decreased with age and was negatively associated with adjustment. In cities, old age density seems to emerge as a powerful factor.

In studies of urban, low cost public housing projects, Havens (1967) found in Milwaukee that newly relocated elderly persons who moved into low income projects were better adjusted if they continued to participate socially. However, Messer (1967) found in public housing in Chicago that activity was not critical for morale in old age concentrated settings, where morale was high for both the active and inactive. Only in heterogeneous communities was activity related to morale, thereby indicating that it may be age-appropriate normative expectations and reference groups that account for high morale in old age dense communities. Lipman (1967) studied adjustment in public housing in Miami and found that old people outside of housing projects were more poorly adjusted than those within them. Activity did not differ significantly in the two groups. He thought that heightened feelings of independence achieved by living in government sponsored housing accounted for adjustment. In housing projects then, something other than old age density seems to account for the morale-integration correlation.

In a California study, Sherman, et al. (1968) found that participation and morale were higher in retirement housing than in apartments and hotels for the elderly. This implied that something other than old age concentration accounted for the findings. Proppe (1968) suggested that congeniality and homogeneity were responsible for adjustment in his study of four proprietary and four non-proprietary retirement settings in California. In studies of retirement villages which resembled small towns more than housing projects, Burgess (1961) found old age density to be a factor in adjustment and participation. And, in a Long Beach, California, Jewish Community Center, Sheets, et al. (1968) found that the elderly were happy, active, and satisfied and that old age was highly rewarding, thereby suggesting that both density and homogeneity were important for the morale-integration correlation in retirement communities.

Finally, in a recently completed national survey of 4,000 elderly persons, Schooler (1969) studied the relationships among morale, integration and en-
vironmental characteristics. Six factor-analytically derived measures made up a
general measure of environmental favorableness; they were measures of: (1) 
distance from facilities, (2) condition of dwelling units, (3) convenience of loca-
tion, (4) opportunity for social contacts, (5) awareness of availability of sup-
portive services and, (6) size of dwelling unit. The overall relationship between 
integration and morale was found to be a weak one. Moreover, it seemed to be 
explained entirely by environmental favorableness. Morale seemed determined 
by whether old people lived in favorable surroundings rather than by whether 
they were socially integrated. Schoolder concluded that characteristics of envi-
ronment were not mainly responsible for morale but that rather it was determined 
by cognitive awareness of negative or positive life circumstances.

One can only agree with the conclusions of others that the findings indicate that 
the aged are not a homogeneous group. Therefore, it seems premature to criticize 
or dismiss the Kansas City findings on the grounds that they are not supported 
in Cleveland or Durham. What may produce adjustment in one type of setting 
in one city may not do so in another setting in another city. We cannot draw any 
obvious conclusions from the disparate findings of so many studies of discrete 
systems. It is conceivable that in all systems in which integration and adjustment 
are found to be positively correlated, only a few system properties, such as old 
age density, environmental favorableness, or prejudice for or against the aged 
account for this relationship. Unfortunately, we will have no definitive answers 
until we systematically select for or control for system properties in large, repre-
sentative samples of all types of settings.

However, before we can continue to make systematic observations, some 
clarification of the concept of integration will be needed. Undoubtedly, we will 
need new terms for the variety of types of integration found, particularly since 
it is sometimes regarded as both an individual behavior and a system property.∗

By virtue of the many ways integration has been defined and measured, there 
may be a confounding of system and individual variables. Research is needed on 
whether or not and under what conditions there is a significant relationship 
between participation among the elderly and system integration, defined as social 
cohesiveness. Only by doing so will it be possible to determine if we ever have 
disengagement without first having age-segregation norms and rigid age-grade 
structures. As things stand now, we run the risk of lending support for policies 
or practices promoting one form of integration that may preclude another, possi-
bly more critical form of integration.

∗In some studies integration is viewed as a system property and in others as an individual 
behavior. Even in studies in which it is an individual behavior it is variously defined. Disengage-
ment, for example, is an attitude rejecting integration (Cumming and Henry, 1962). On the 
other hand, in some studies, integration refers to active participation in activities or in friend-
ships. And, in still other studies it refers to mixing with younger persons. In some studies inte-
gration is a system property and refers to the extent to which a system is cohesive, in the 
Durkheimian sense. This latter type of system integration is often also measured in various 
ways. In our own research (Nahemow and Bennett, 1968), in nursing homes and in low cost 
housing developments, the index of integration used as a system property was the extent to 
which participation was encouraged rather than whether residents participated. Nancy Anderson 
(1969) was concerned with rates of participation in a national survey of senior centers. Khana 
and Kahana (1967) studied age integration on a mental hospital ward.
Integration of the aged is probably affected by hostile attitudes toward the aged in the same way as attitudes toward blacks are related to racial integration. Clearly, more empirical research is needed to determine the national, sub-group and regional variations in attitudes toward the aged in order to discover where age prejudice is part of the normative structure and where it represents more transitory opinions. To quote Rosenblatt and Tavis (1965): “Disengagement is the response of a culture which has already indicated the aged are superannuated occupationally, and therefore, should be phased out of life.” If this is the case, information and propaganda campaigns to reduce age prejudice and promote integration probably should be concentrated in specific areas and sectors of society.

Turning now to the second issue of whether or not institutionalization is good or bad for old people, we will see again that the answer is a complex one and probably depends on the setting as well as the variable measured. In studies by Lieberman and others comparing community residents with institutional residents, institutionalization was found to increase the risk of mortality (Lieberman, 1969), poor adjustment (Lieberman and Lakin, 1963) and inactivity (Hadley, 1964). The general conclusion to be drawn from these studies would seem to be that institutionalization is, if not the cause of, then a correlate of, poor adjustment.

On the other hand, several studies conducted in similar settings yielded different results; for example, Nancy Anderson (1964) found no differences between an institutionalized and non-institutionalized population waiting to enter a home. Recently, Lieberman and associates (1968) compared those awaiting institutionalization with those living in the institution. Living in the institution had ameliorative effects on the depressed affect level of residents but it also had adverse effects. In our own longitudinal research, we found that performance on cognitive tests improved upon institutionalization in a home for aged but subsequently declined. We concluded that the improved performance of newcomers was due to stimulation of the initial socialization process. Later on, little if anything was available to stimulate residents. (Weinstock and Bennett, 1968; 1969).

Few, if any, systematic studies comparing the effects of institutionalization in one type of institution with those in another have been conducted. This is not surprising because it is inherently difficult to do this type of research. Institutions are established to treat specific problems of specific populations which, therefore, disallows the assumption of inmate comparability. However, we have been willing to make this assumption, particularly in light of Goldfarb’s et al. (1961) findings on the virtual interchangeability of elderly populations in homes for ency, we compared nursing homes, housing projects, a mental hospital, a home

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*If negative attitudes toward and stereotypes of a group are pervasive, communicated freely, tied in with everyday practices, stable over time, and fairly impervious to change, they may be considered norms and part of social structure. In studies of race relations it was found that prejudice and stereotyping are as much part of the normative structure of many cities and communities as are segregation laws (Robin Williams, Strangers Next Door, 1964). While negative attitudes toward aging and the aged become internalized by old and young alike there seems no reason to believe that age prejudice is any different from any other prejudice, some of which is maintained in conformity to social norms and practices to which people are socialized.
the aged, mental hospitals and nursing home. In our own research (Nahemow and Bennett, 1968) on the effects of institutionalization on attitudinal dependency for aged, and supervised apartment residence. For the moment, we have concluded that institutionalization in nursing homes is worse than institutionalization in any of the other settings studied, as far as attitudinal dependency is concerned. This seems to be due to the large number of isolates in nursing homes which results in a low frequency of interaction and discussion.

Unfortunately, too little work has been done in the community to tell whether old persons are better off there than in institutions. In the United States, little or no emphasis has been placed on developing and evaluating programs specifically designed to prevent physical and mental breakdown and/or hospitalization of the mentally and physically ill aged.

In England, on the other hand, community comprehensive health and mental health programs to assist the elderly have been developed under both the National Health Act and the Mental Health Act. Some of these programs were described by Grant (1967), O'Brien, et al. (1968) and Hoenig, et al. (1967). The latter authors found that fewer patients used community facilities in the North as compared to the South of England and that patients who used them differed in the two regions. They concluded that the planning of extramural services for the elderly must not be based merely on findings in one part of the country no matter how careful the assessment.

Turning now to the third and related issue of whether or not we can improve the mental status of the aged in institutions, again the answer probably is a complex one. The following are some examples of programs which have been systematically evaluated: Rosenblatt and associates (1965), re-engaged old people into meaningful roles within a home for the aged; Lawton and associates (1968) have been experimenting in a home for the aged with the physical structure of wards; Gottesman (1964) set up a work program in a mental hospital; Cumming and Cumming (1963) set up a crisis-laden environment in a mental hospital. Kastenbaum and his colleagues found that improved mental and social status of geriatric patients could be brought about through a "mutual gratification" program featuring the serving of wine or beer (Kastenbaum and Slater, 1964; Kastenbaum, 1965; Volpe and Kasenbaum, 1967). Margulies (1969) structured a graduated activities program in a home for aged; and Kahana and Kahana (1967) experimented with young-old age ratios on a geriatric ward of a mental hospital. In this last study, the authors found that age integration brought about improvement in affective states. When looked at in relation to Rosow's (1967) work, these findings are important because they underscore the fact that context makes a difference. In a mental hospital, adjustment may be poor in an old age concentrated setting, while in the community it may be poor in an age-integrated setting. Various therapeutic programs have been undertaken which have in common the fact that they utilize aspects of the social environment of mental hospitals to increase stimulation and/or interaction, though these programs have not been systematically evaluated. They are: intensive treatment (Korson, 1969), milieu therapy, sensory training (Leona Richman, 1969), reality orientation (Oberleder,
1969), use of parent-child relationship (Rosen, 1962, Colwell, 1964), crisis therapy (Oberleider, 1968), dance therapy (Siegel, 1968), the “buddy system” (Kosbab and Kosbab, 1962), and social clubs (Smith, Tonge and Mersky, 1965).

In nursing homes, group therapy has been introduced in order to try to increase interaction and stimulation (Dykens, 1965). Routh (1968) found that group therapy provided a group of nursing home patients with an organized opportunity to talk and to obtain skills, without which they are seriously incapacitated in meeting the demands of daily living. Similarly, Brudno and Seltzer (1968) used group therapy with senile patients to increase interaction in a geriatric hospital and to bring about improvement in functional capacity and a decrease in somatic preoccupation. Ernst (1962), after finding more mentally ill persons in proprietary nursing homes as compared with religiously oriented old age homes, successfully set up and impressionistically evaluated group therapy in nursing homes.

In most of the foregoing studies, patients reportedly improved in overall adjustment, though no systematic evaluations were conducted. In general, when testing new programs, little attempt was made to control for unique characteristics of settings, patients, staffs, as well as for the Hawthorne effect. Thus, when more systematic work was conducted in nursing homes, the results were somewhat less favorable. Stotsky (1967) was concerned with whether or not the nursing home is an appropriate community resource for discharged mental patients and compared a group of patients placed in nursing homes with a group regarded as candidates for placement in nursing homes but who remained in the hospital. He found that for the two groups of patients short-term changes favored the patients in nursing homes. For long-term changes with a matched pair sample of patients, the results were less definitive, though still favoring nursing home patients. Stotsky (1967) then tried to determine if staff attitudes toward the mentally ill in nursing homes were related to outcome. He found that success with mental patients in terms of non-return to the hospital was not related to staff attitudes, but was primarily a function of age of staff members, which in turn reflected differences in their psychiatric training. Still later Stotsky (1967) instituted psychiatric interventions on behalf of mental patients in nursing homes and systematically evaluated whether they contributed to maintaining the adjustment of formerly hospitalized patients. The plan of therapeutic interventions was defined in terms of direct assistance with acute and recurrent problems in the management of patients, education, consultation, rehabilitative and recreational treatment, and community volunteer participation. Sixteen homes with the largest number of identified former Boston State Hospital patients residing in them were selected for study. The homes were randomly distributed into two groups of eight homes each: Group I, consisted of those homes that participated in the interventions and activities only during the first six months and Group II, consisted of those homes that were in the control condition during the first six months and then participated in the interventions and activities during the second six months. Death and rehospitalization occurred less in nursing homes participating in the intervention program but the symptoms of mental and physical disease remained unabated.
SUMMARY AND CONCLUSION

To summarize, a methodological analysis of recent social gerontological literature showed that the elderly were studied in a wide variety of social contexts. However, these contexts did not play a significant role either as independent or dependent variables. Even when a system property served as an independent variable, it was usually in a single social system with no contrasting control group to sharpen and delineate observations. Usually, when several systems were studied simultaneously, they were neither selected systematically nor were they described in any depth. Sometimes residential settings for the aged were lumped together to obtain a large sample, with no attention paid to marked system differences. Only a few measures of system properties were available, none of which were comparable in number and scope to morale and participation measures.

These limitations may be due in part to lack of sufficient funds needed for studying large samples of systems. But the large number of studies in which system variables could have been studied and were all but ignored suggests that there is a need for a taxonomy of clearly defined system concepts, better measures of system properties, routine use of control groups, and systematic sampling of large numbers of settings. I would also like to suggest that we routinely code for IBM processing the sort of information about systems research that has been discussed here, in order to make it easily accessible to all researchers and practitioners.

The need for more social gerontological research based on samples of systems rather than individuals seems obvious. Whenever research in which systems are compared and contrasted has been conducted, the findings have been highly rewarding. They have contributed to the possible resolution of substantive controversies. They have provided concrete facts which we can use to alter behavior. And they inevitably have indicated the profound sensitivity and vulnerability of the aged to their surroundings. In fact, they may even suggest a general theoretic principle for the field which is that in comparison to any other group the aged are as sensitive if not more sensitive to their social environment. Rendered vulnerable by poor physical condition, prejudice and situational hazards, the aged are easily victimized by uncongenial environments. Therefore, a major task for researchers is to carefully analyze social environments in order to determine how they can best accommodate the aged. And a major task for practitioners is to develop and distribute effective means of protection from environmental onslaughts. I am confident that we will be able to continue to systematically study and manipulate environments without impinging on the privacy, freedom and dignity of the elderly.

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