SOCIAL INTEGRATION OF THE OLD*

Ruth Bennett, Ph.D.
Biometrics Research,
New York State Department of Mental Hygiene
and Teachers College, Columbia University

* Discussion prepared for SSSP meetings, Special Committee on Youth and Age.,
What we have heard about today is not really about social integration but about the social marginality of the aged. This marginality, which often results in isolation, come from statuslessness, that is, the virtual absence of meaningful social positions for the aged and rolelessness, that is the loss of former role partners. When the aged become marginal or isolated, somebody has to think of things for them to do. These things are sometimes referred to as compensatory activities and may be prescribed for the aged like medications by persons thought to be more knowledgeable or more competent than themselves. A man retires from work, he is referred to compensatory activities: a woman loses the wife and mother roles, it is suggested she do volunteer work.

Many old people become marginal, then isolated through no fault of their own. Society seems to fall or slip away from them. Mandatory retirement rules affect them. Deaths of age peers like spouses, relatives and friends occur. Children grow up and are socially and geographically mobile. Illnesses and accidents occur which force the aged to slow down or stay at home.

Assuming the inevitability of the marginality or isolation of the aged, we ask what can be done to keep the aged busy, help them feel important and make them happy. Usually, it is suggested that they engage in some sort of compensatory activities. Not a bad idea in theory. However, in practice there are few activity options and an amazing paucity of creative thought in the development and design of such activities.

Unfortunately, little if any thought is given to changing the social structure so as to prevent marginality, isolation and attendant feelings of
loneliness, uselessness, worthlessness and depression in the aged.

The paper by Chad Gordon deals with the complex nature of leisure activities. Probably compensatory activities, that is those which are seen as substitutes for work or other meaningful roles must be more complex than ordinary leisure activities. If interaction is lacking in an older person's life, activities should be available to compensate for that. If stimulation is needed that should be available. At which point in time should leisure activities particularly those which are compensatory be instituted in an older person's life so as to prevent the onset of any deleterious effects of losses or social marginality? And who should plan or conduct these activities and how much involvement of the aged there should be?

Gordon's paper suggests that research is needed to determine the activity needs of a wide variety of aged persons in order to make more creative activity options available. Clearly many options are needed to maximize participation by the aged.

This gets us to the next three papers. Inman, et.al. notes the sparse use of senior centers in Hartford by the aged probably because their needs are not being met in these centers. These authors also note that those who need companionship most do not come to centers and that many who need them are screened out. This paper suggests the need for development of multipurpose centers with special outreach programs for those who cannot or will not attend. I would like to add that education campaigns are needed too to be aimed at those who probably need the centers but do not use them. Also, options other than centers are also needed and some creative thought should go into their development.

From the Piedmont survey of leisure patterns of 1500 adults Payne found
that the aged do belong to and participate in voluntary associations to a greater extent than earlier cross-sectional studies (of unspecified regions) would indicate. She found that they not only belong but they rank religious association activities and club work high among the activities they enjoy most. She did not reveal how many were isolated. From the Kansas City Shepherd's Center longitudinal observation study of 225 elderly volunteers of a religious association; Payne learned that the elderly will accept new volunteer roles, are willing and like to be active participants in planning and providing meaningful community services as volunteers. Undoubtedly, continuity of lifetime activity may be critical in designing compensatory activities. Probably, such activities are indigenous to every locale, however we wish to define it. Thus research is needed on success or failure of a variety of compensatory activity programs by whether a region is say rural or urban, southern or eastern, rich or poor, predominantly male or female, etc.

Huttman found old people eager to engage in activities in housing developments in Canada, I think, though she also found a hard core of isolates who did not become active.

In order to find out what differentiates those in Piedmont from those in Canada or Hartford data probably should be collected by locale and updated regularly to find out what each new cohort of elderly needs, wants, can do for itself, will not do for itself and will not touch with a ten foot pole. Incorporating new information gained through periodic surveys will make it possible to develop or revise compensatory activity programs in a rational manner.

Probably compensatory activity programs should be available before
an elderly group becomes totally isolated. Also, many kinds of options should be available for many kinds of isolates. Undoubtedly different sorts of activities are needed by those who have been single all their lives, those for whom work has been all-engrossing, couples who are childless and those who are homebound.

Let me add a bit about how we might find out about the different sorts of isolated people in any given region.

In a recent paper circulated privately by Burton Dunlop he argues that isolation is important and gives suggestions to planners for estimating numbers of isolates and those at risk of becoming isolated. Dunlop writes:

"Isolation is an important program concern because it may involve unpleasant and possibly pathological effects on the elderly. Rational planning to deal with the problems of isolation is dependent on knowing the size (or (at) least having reasonable estimates) of the target or at-risk population. Generating such numbers on the incidence of isolation depends on the use of standardized and objective criteria for assessing the presence or absence of isolation. Two options exist for obtaining the numbers or estimates: (1) Surveys or (2) Use of regularly collected data. Because of the expense involved in carrying out surveys, the latter approach—if informed by the results of past surveys and of future small scale surveys showing the association between regularly collected demographic indices and isolation—is preferable." (p.32)

With the scheme Dunlop suggests for assessing isolation, he found that the universe of potentially quite isolated individuals nationally would be about 308,000 with another 1.2 million with some serious probability of isolation. This would be about 5 percent of the total elderly. The approach he took to estimating the number of isolates was to use a number of census items such as living alone, widowhood and childlessness as indicators of isolation. He suggests that this approach has potential for
estimating the number of future isolates as well. Dunlop writes, "To do this, policy makers, for example, might look at the number of unmarried persons who are under 65, and the number of couples in which one spouse is 75 or over and hence may soon die leaving the other spouse widowed." (p.29) He feels that numbers generated in the way suggested or in similar fashion could provide a yardstick against which to measure progress in combating isolation and writes, "Unless those responsible for administering remedial programs have some idea of how many elderly there are in need or potentially in need of assistance in overcoming isolation...there is little basis for determining the inroads being made on the problem; and the meaningfulness of evaluations of costs and benefits is considerably lessened. Dunlop concludes his paper with a warning to program and policy makers and by calling for relationships between objective isolation, undesirable psychological states and various identifying demographic characteristics.

The following are some of his concluding remarks:

"Research may indicate that measurement should be focused on the associations between identifying characteristics and specific psychological problems—i.e., loneliness, depression, etc.—and that a separate index of social interaction is unnecessary. It seems to be assumed by many that isolation is at least an indirect cause of all these other problems and that if isolation were eliminated, its symptoms would disappear also. Lowenthal and Townsend's studies, however, both suggest that isolation is far less than perfectly associated with emotional distress or mental illness.

If further research reveals rather large discrepancies between the incidence of isolation and the problems thought to be associated with it, and if reliable indices of these pathologies can be constructed, then it may be most efficient to estimate directly from demographic attributes the number of elderly who are depressed, lonely, without support and so forth. For example, it might be possible eventually to estimate on the basis of extensive representative sample surveys (and perhaps observation research) that, say, 50% of the elderly in rural locales lack adequate support in meeting daily needs—or that 50% feel lonely. This would be obviously more direct than estimating with some
coefficient of probability (yet to be determined) how many are depressed or without social support, etc. on the basis that 50% of rural elderly lack some threshold level of social interaction.

If such precise measures of pathologies can be developed then program planners could drop the concern for isolation as a problem and focus on the 'real' problems. This would rid the field of ambiguity and allow the formulation of more specifically focused programs with perhaps higher probabilities of success.

On the other hand, research results may show that overall, isolation or level of interaction is easier to measure than the incidence or degree of these more specific pathologies and that measuring isolation does in fact provide a reasonably good proxy for detecting the presence of these problems or at least the serious problem of lack of assistance in meeting basic needs." (p.30-32)

To conclude, let me add that without the combined and creative efforts of the aged, the planners and the researchers, the elderly probably will not get the compensatory activities they need and want for a very long time.

Probably all of us also should be thinking about preventing marginality and isolation in the aged thereby avoiding the need to develop any compensatory activities.