

INTERDEPENDENCE IN OLD AGE:
SOME ASSETS AND LIABILITIES OF
THE AMERICAN DREAM IN GROUP
SUBSIDIZED HOUSING SETTINGS



COLLEGE OF URBAN AFFAIRS AND PUBLIC POLICY

**University of Delaware
Newark, Delaware 19711**

PREFACE

Since the enactment of the Older American Act in 1965, public policy has increasingly stressed the importance of the elderly's living independent and satisfying lives. In contrast to an earlier emphasis upon institutionalized care, this policy focus seeks to provide services needed in order for older Americans to live in their own houses or apartments, to take care of their daily lives, and to continue to make decisions about their lives as they are able.

The elderly living in group subsidized housing are a special kind of subpopulation. Many have incomes below the poverty level, and all are receiving assistance in the form of the subsidy that made their housing possible. Further, their group living arrangements make it possible to provide services at a reduced per capita cost and create the occasion for the elderly to more effectively help themselves than if they were living in separate housing facilities.

But independent living means more than merely living outside of an institution. This report describes what independent living means to the elderly living in these settings and explores the problems they face in realizing such an objective--if they find it desirable. This study is part of a larger study that attempts to define the elderly's social service needs for independent living and assess the policy-related problems in meeting them. Data for this larger study were obtained by interviewing a sample of 502 elders living in Delaware's group subsidized housing, the managers of their housing projects, some of the social workers serving them, and the managers of the larger private agencies providing services. A mailed questionnaire was sent to all agencies known to be providing services to the elderly in the state in order to determine their contribution to meeting the service needs of the residents of group subsidized housing.

Most of the data in this report comes from more intensive open-ended interviewing of a subsample of forty-eight of the elders who answered our initial questionnaire. The open-ended interviewing was undertaken in order to permit these elderly to define their situation in their own words and to suggest what might be done to make their lives more satisfying. Many elderly give more than they receive in their interchanges with family, friends, and neighbors. Few are properly called "dependent." But those who reported that they were very satisfied with their lives were an especially interesting group. These persons suggest that healthy satisfying aging in our society requires a change in attitude and belief that is difficult to accomplish if you have accepted the ideology of rugged individualism expressed in the American Dream--as many of the very old have. I have called this attitude "non-attachment" and suggest that it provides a useful model for healthy satisfying aging.

ACKNOWLEDGEMENTS

I would like to thank Robert Wilson and Timothy Barnekov, of the College of Urban Affairs and Public Policy, and William Bellman, of Delaware's Division of Aging, for their contributions to this research project. Carol Smith, of the College of Human Resources, helped me interview the subsample and has provided useful criticism of earlier drafts of this study. She has begun a paper on the informal support system of the elderly that has arisen out of her involvement in the study. Eleanor Cain, Director of Delaware's Division of Aging, was instrumental in initiating the project and in providing staff support. James Gilliam, Director of New Castle County's Department of Community Development and Housing, provided additional resources to expand the size of the sample of subsidized housing residents, and Jane Wright Vincent, of the same department, provided help in acquiring these resources.

The staff of the College's Census and Data system gathered and processed the data with skill and accuracy. I am grateful for the support of the Director, Edward Ratledge (sample design); Phyllis Raab (survey management); Judith Molloy (programming); Von Holland, Lola Hoffman, and Jo-Ell Malloy (coding); Eunice Clark (keypunching); and Virginia Barnes, Katherine Logan, Jeanette Lort, Dolores Marino, Ethel Robinson, and Sandra Thomas (interviewing).

I would like to extend a special thanks to Mary Helen Callahan for editing the drafts and to Celeste Williams for typing the manuscript. In addition, I very much appreciate the contributions of the following research assistants: Sandra Dombro, Nancy Norling, and Dean Sinclair.

Finally, I am grateful to the residents and staff of Delaware's subsidized housing facilities for their generous cooperation in providing the information contained in this report.

TABLE OF CONTENTS

	Page
PREFACE	iii
ACKNOWLEDGEMENTS	v
THE IDEOLOGY OF INDEPENDENCE	1
A Treasured Heritage	3
The Independents	4
SIGNIFICANT SYMBOLS OF INDEPENDENCE	
IN EVERYDAY LIFE	10
Separate Residence	10
Adequate Income	13
Good Health	15
SOCIAL LIFE IN GROUP HOUSING SETTINGS	18
Keeping in Touch with Family	20
Helping and Being Helped	22
Friends and Neighbors	25
Gossip About Sex	26
Making Friends and Losing Them	28
SOME CHARACTERISTICS OF THE VERY SATISFIED	33
A Sense of Adequate Control Over One's Life	33
Keeping in Touch	34
A Sense of Humor	35
NON-ATTACHMENT	35
POLICY IMPLICATIONS	39
CONCLUSIONS	40

The 1965 Older Americans Act and its amendments are intended to provide resources and services to older Americans so that they can live more independently. In the rhetoric of public policy, "independent" minimally means the ability to live outside of an institution providing continuous care. It is commonly assumed in addition that the elderly will be able to live happier, more satisfying lives if they are given these resources and services along with the income they receive from various public and private sources. This study concludes that the process by which public policy for the elderly is formulated and these resources and services are provided is at least as important as the specific character of the policy or the amount of resource or service provided (above a certain minimal threshold). It further suggests that programs that will enable the elderly to help themselves more effectively cope with the basic problems of life (self-worth, love, sex, friendship, loneliness, death, deprivation, etc.) are desired by the elderly and would contribute to a greater satisfaction in old age.¹ Finally, the study suggests another way of looking at the process of aging--the non-attachment paradigm.

The point of departure for this particular study was why some older Americans are happy and satisfied in their old age and others are not. An investigation of the conditions under which 502 older people living in group subsidized housing in Delaware are more likely to say that they are very satisfied with their lives raised issues with far-reaching implications. A subsample of 48 was more intensively interviewed in order to obtain a more adequate understanding of life satisfaction. From the initial refinement of the research problem, through the obtaining of the data to the evaluation of the findings of this study, elderly people have been involved in our efforts--though by no means to the extent that we had originally envisioned.²

We begin this report with a brief presentation of the American dream and some effects of its acceptance by older Americans. Then we examine some of the issues involved in living with other older people in group subsidized housing given the acceptance of this dream. From these more general considerations of the quality of life of this group of elders, we examine in more detail certain distinguishing characteristics of those who say that they are very satisfied with their life--especially the half dozen who are poor and defined as frail. These are the hard cases for our deliberation. Finally, we consider the programmatic implications of our findings.

THE IDEOLOGY OF INDEPENDENCE

The rhetoric of independence in public policy pertaining to the elderly reflects American values of independence that are based on an image of rugged individualism. While independence is an inadequate word to describe the condition of anyone in our society, it points to an ideal that is widely held. The elderly, as products of such a culture of individualism, must work especially hard to maintain or resolve the tension between ideal and reality, or they must throw off this perspective and look at life differently. If they do not, old age is likely to be perceived of as the ultimate failure, and the provision of any amount of

resources will do little to affect their basic dissatisfaction with life.

When older people are asked about their satisfaction with life, they are likely to reply that they are satisfied.³ In our sample of 502, for example, only 7 percent were not satisfied with their lives at the time of our study: 39 percent were "very satisfied"; 54 percent were "satisfied." Further investigation suggests that much of this "satisfaction" is a reluctant settling for less rather than a joyful affirmation.

Most of the elderly are strongly influenced by the cultural norm of independent living, the best evidence of which is their general reluctance to admit need.⁴ It is a matter of judgment as to whether policy should be directed primarily toward the meeting of basic needs. We became more interested in those who were very satisfied because we felt that their condition was not mere acceptance of the problems of old age but a continuing realization of the value of life. The traditions that sustain and amplify our high value on being free and independent persons are many. The Judeo-Christian tradition has stressed the importance of the individual in the eyes of God. In the Declaration of Independence, individuals are thought of as endowed by their Creator with certain unalienable rights: Life, Liberty and the Pursuit of Happiness. Governments, it is declared, derive their power from the consent of these individuals, and when the governments fail to secure these rights for the people, the people have the right to abolish them. This declaration reflects the philosophy of John Locke. Locke held that the Author of Nature created free and independent people who, if they were to remain so, must be guaranteed the right to life, liberty, and property--by which he meant the clothing, the habitation, and the tools necessary to maintain life.

Certain social values follow from these basic philosophical premises: 1) the freedom of thought and action of individual persons, for whose purposes the state exists, and from whose consent it derives its authority; 2) equal opportunity for each person to make of his or her own life what he or she will, and the corollary that social status derives from an individual's qualities and achievements; 3) belief that the activities of groups are primarily for the development of individual personalities and for enlarging their range of effective action resulting in a proliferation of voluntary associations in American society; 4) a conviction that the family is the basic institution of American life because of its function in nurturing individual development and socializing the next generation; 5) a high regard for work as a sign of visible accomplishment and for the accumulation of property as an essential aspect of the good life.⁵ These latter values achieve their most powerful expression in social Darwinist thought which, through a combination of Calvinist and Darwinist ideas, declares that the very rich are not only the fittest, but also the saved, since their efforts in God's vineyard so obviously have been rewarded.⁶

Title I of the 1973 Amendment to the Older Americans Act declares the objectives of public policy pertaining to the elderly are to be in line with these basic social values:

The Congress finds that millions of older citizens in this Nation are suffering unnecessary harm from the lack of adequate services. It is therefore the purpose of this Act. . . to . . . make available comprehensive programs which include a full range of health, education and social services. . . (with) priority to the elderly with the greatest amount of need. . . (and to) insure that the planning and operation of such programs will be undertaken as a partnership of older citizens, community agencies, and State and local governments, with appropriate assistance from the Federal Government.⁷

Title III further declares its intent to "remove individual and social barriers to economic and personal independence for older persons."⁸

Our ideals are reasonably consistent, but the reality of American life falls short of them in certain critical respects. If our behavior were consistent with our ideals, the Older Americans Act and its Amendments would not be necessary. But, while the Congress recognizes the suffering from a lack of adequate services, as great a suffering may derive from a perceived failure to achieve an adequate status in American life. To the extent that you accept the idea of equal opportunity, it is difficult to escape the corollary of personal responsibility for inadequate performance. Studies of Americans in their productive years confirm the bitter conclusion that many successful Americans perceive themselves to be failures.⁹ In an achieving society such as ours, where social status is based on visible evidence of accomplishment, work is indispensable to well-being, not only because of income earned but also because it provides the main arena in which to demonstrate personal competence.¹⁰ Although retirement may be seen by some elderly as an earned reward for a job well done, by many it is an enforced detachment from the American way of life. For a large number of older Americans achieving a satisfying old age involves redefining some basic American values and affirming a fundamental interdependence with other people. The rest of this paper explores what this means.

A Treasured Heritage.

The ideology of independence is reinforced or undermined by personal experience. What it means to be independent must be significantly different for those who have lived through the depression than for those who have lived most of their lives during periods of economic growth. When discussing with a group of elders at a senior center the apparent discrepancy between the common statement that income was generally adequate to their needs and the findings that most of our sample were impoverished, I was reminded that older people know how to make do with what they have. It may not be what they would like, but most of them have had a lot less, and so they are not inclined to complain. This is particularly true for those over 75 years of age in our sample. Accordingly, in our enquiry into the use of services we discovered that there was a significant correlation between age and perceived willingness to use a service if they felt they needed it in the future. Those who were under 65

were much more likely to say that they would be willing to use a service if they needed it in the future than those over 65. Those elders 75 and older were least likely to say that they would use the service.¹¹

Of our sample, 96 percent were born in 1920 or earlier. About 11 percent were born before the closing of the American frontier. Most of our subsample vividly remembered the depression. We were not very systematic in gathering their recollections, but we did attempt to get them to tell us their story.¹² We asked, "Would you tell us about those people or events in your life that have made you what you are today?" Most of those asked rejected the question. They did not like the assumption that they were not self-made persons. Some, however, responded with a story something like the one told by Mrs. Howard*, age 82.

I was born and raised in Canada. Last year my husband and I stayed with my sister in Canada and he got to see where I was born. I have a family record of my mother and father homesteading. My sister was seven years old when they moved to Canada in a covered wagon. My brother was eleven or twelve when they went out about 1901. There were no roads then. They forded the river, no bridges. My dad, his sister and brother and his family--almost six families went out. All homesteaded in the same area. He had a log cabin. I was born six or seven years after they arrived. I lived 19 years on that farm. My husband and I came here (to this area) in 1927.

Since she came to the United States, life has not been easy for Mrs. Howard. Her husband was a skilled laborer but had a very difficult time finding enough work. Nevertheless, they raised four children and sent two to college. Their oldest girl was crippled. Their youngest girl was severely injured in an automobile accident causing her to be hospitalized for over 15 months. About ten years ago, her husband had the first of several heart attacks, and Mrs. Howard went to work at 72. She has been widowed a little over a year. Her marriage had lasted 48 years. She recalls, "When our generation was young, we had to work for everything . . . I'm proud I've been able to do it. I think an easy life spoils a person. They say you learn from the past." Mrs. Howard contends that her "troubles" and "faith in God" made her what she is today.

The Independents.

Mrs. Howard's story is unique mainly in the details. Most of our subsample elders had similar stories of struggle. Many see their lives as a continuing struggle today. Whatever others might think, the subsample thinks of themselves as independent. The following irate reaction was obtained from a 68-year-old woman asked to read an earlier draft of this paper.

*The names of the elderly used in this report are fictitious.

I have read this paper and the grant received is only a rip-off and a way to use up funds. Why not use the money for something worthwhile? I am sick and tired to have these would-be professionals treat all people over 65 the same way. I am independent and I resent having you professionals treat me as a senile old person. You and others like you are the reason our government costs so much. I do not know how much you received, but it was a waste of money.

Judging from her more detailed analysis of the draft she based much of this reaction on an oversimplified statement in the paper that ventured "how old people redefine success when they are everywhere confronted with failure, is the concern of the rest of this paper." She wrote, "I do not consider myself a failure." This particular woman was among the more affluent of our sample, had completed a Ph.D., and had lived most of her life as a professional. She clearly was not a failure by social or personal standards. But she has few peers in our sample.

Mrs. Lowen would not consider herself a failure either. She genuinely relishes her late-found freedom. A 67-year-old retired manager, Mrs. Lowen worked all of her life but lived most of it with her aunt who ran her life for her. She says:

I guess I'm in a period of transition. My aunt thought for me for the first 50 years of my life. I've really enjoyed the last 17.

She has many opinions about why she is able to live alone (independently) and others are not as successful.

I think they do too much for older people these days. Tends to make them dependent. Now you take that (dietary program) over there. Where do they get the idea that you have to be entertained all the time? I'm insulted to think that they feel they have to tell me that milk is good for me. . . Do you know we don't do a thing in that place that we aren't supervised?

How are you able to live by yourself?

I don't know exactly. I've lived alone before. I read a lot. I'm a baseball fanatic. I work crossword puzzles and I keep in touch with what is going on. Now you take that Chrysler Corp. They're asking for too much money. And when I got your letter, I said, "Why in the world did they provide money to do that?". . .

Do you sometimes get lonely?

No, indeed, I fix myself a fine meal, put on the best tablecloth, light two candles and I enjoy the meal. My neighbors say they would cry, but I enjoy it. These people need to watch things on TV that will educate

themselves instead of their old soap operas. . . Loneliness is a state of mind. I take care of my neighbors when I can. I do these things because I want to. I don't want to be told to do them. . . These day care centers for the elderly are just cradle to the grave care by the government. I'm against that. . . I worked all my life and you know there are people in here who didn't and who, nevertheless, get more money with their welfare payments than I have. . . And another thing, I don't give into my feelings to get over there on the sofa and go to sleep in the afternoon. I don't walk as much as I should, but I don't sleep all day either. I like privacy. I get up early in the morning to read my paper. That's my life. I don't want no one around calling on me then. I'll call. I don't want people dropping in. That's my way of life. All that chit-chat's no good.

Mrs. Lowen claims that her income in 1978 was under \$3,000. Her health is good and her energy high. She looks after others in the project where she lives and is actively involved in the wider community in which she has lived most of her life. Indeed, four of her neighbors moved into the project when she did. Her living alone does not mean living in social isolation. For her, it means having the privacy to live as she wants to live after a rather long period of her life in which she was told how to live by her aunt. But Mrs. Lowen lives in the context of a supporting network of friends. She recently attended her 50th high school reunion in a neighboring town where she grew up and discovered that her favorite teacher was still alive and looking as attractive as she did on her wedding day. "Course you have to see her through the eyes of an older person."

Only two elderly men in our subsample explicitly questioned the assumption underlying our study--that "independence" was a good thing for them. Both were black. These men defined independence as a kind of social isolation from the start. Mr. Simpson is 69 and considered to be nonfrail by our measures, although he nearly died of a heart attack a little over a year ago. He is very satisfied with his life even though his income is less than \$5,000. I asked him if he thought that it was important for older people to be independent and he replied:

No! No! Indeed, no! You need someone to help you a lot of times. If you ain't independent they will come and help. If you go around pretending to be independent who's going to help you? I want to be so everyone will come in and help me when I need it. They do the best they can for me around here. These women, white and black, come in here and help me cure my flu. If I was independent they wouldn't do that.

Later when he was asked to say more about what kind of life his religion taught him ought to be lived, he replied:

Trust everybody. Be as kind as you can. Then if

anything happens to you, they will say, "Oh, that's a nice old fellow. I like him. I don't want him to die." Then they will help you.

On the other hand, when I observed:

I take it you are pretty well satisfied with your life, then.

He replied:

Indeed I am! I'm living my own life. I'm not living somebody else's life.

Mr. Simpson thinks his income is average for his age group, is adequate to his needs, and will be so in the future. Perhaps because of the problems of his health, he readily acknowledges his dependence on others and claims he would have it no other way. It may also be that he is providing us with a rationalization for bedding down with women in the project, a point to which we shall return later. In any case a clearer statement of the personal costs of living independently for the elderly is hard to find. If you behave as though you are independent, you are running the risk that no one will help you when you need help.

For most of our subsample, religion is very important in their effort to live independently. Minimally, it helps them feel at home in the world whatever the ups and downs of their personal life may be. Of the sample population, 80 percent belonged to a church, synagogue, or other religious group. Furthermore, 17 percent of those who did not belong, wanted to belong. In the subsample, the figures were similar: 81 percent belonged but none of those who did not belong, wanted to. Everyone in the subsample considered themselves to be religious, although a number were quick to point out that they were not "fanatics" about it, meaning that they did not try to convince others to believe what they believe as many "Born Again Christians" do. It is not easy to attend church when you are old and unable to drive. It is not surprising that most elders in our subsample are not regular church attenders. Their religion to a considerable extent is their personal beliefs.

It is easy today to discredit an elder's declaration that they are quite content with what has befallen them because they know that whatever happens is God's will. If believed, it suggests that religion is an opiate that prevents the elder from taking charge of life. This analysis is far too simple. Religious belief is complexly related to everyday life even among those who could be classified as fundamentalist Christians.

Consider, for example, the matter of death and dying. Mr. Cairn expressed the most common point of view when he said:

Well, I figure there is going to be a time I am going to go, but I don't take it that serious. I figure when it is my time to go I am going to go. . . Even the greatest saints in the world have all gone before me so

I am no different than them.

Mrs. Brown was asked, "Do you sometimes think of death and dying?" She replied:

No, not much. I know I'm going to die, but I don't worry about it. If the Lord is ready for me, I'm ready to go.

Sometimes death is wished for: Mrs. Barbour declared:

When I took those spells, I wanted to die and my son had a hard time talking me out of it. . . He said he wanted me to stop thinking of his dad and you can't bring him back and let his soul rest, so I listened to him.

In spite of the high value they placed on independence, the most common fear associated with death was dying alone. "Who wants to go by themselves. I don't want to be alone."

Death is clearly something from which there is no escape. "You were born to die," is a common expression among black old folks. On the other hand, death is not completely beyond control. The attitude toward death that characterizes the elderly in our sample is one of acceptance. Religious belief provides a strong base for such acceptance. Religious belief also supports everyday life in a fundamental way. Most elderly are at home in their world because whatever happens, there is strength to be found in prayer. There are very few elders in our subsample who do not pray regularly.

The Lord can be depended upon to see you through when times are hard. He can be petitioned, for example, to help find a new apartment, or to spare a child's life. The petitioner can feel that prayers have been answered when the new apartment is found or the child healed. Few, however, would claim that the Lord is bound to do what the petitioner wants. In the same way that magic cannot be proven false when the spell does not work, so prayer cannot be proven worthless when it is not answered. What is wrong is a lack of faith. The activity of praying itself sustains many elders. When prayers are answered it is an added bonus. Thus, even though there is no direct control over the events of life through prayer, it enables many elders to feel much more secure than they would without it. Of course, for this to be so it is necessary to have faith.

Prayer may be a means, but faith--or right attitude--is also very important. Mrs. Holmes considers herself to be a religious person, but "I don't want to appear to be a fanatic."

I'm not the least bit secure in thinking that everything will be all right. If I have faith it will turn out all right but there are problems. I don't always have faith.

I think I will tell you a story about faith that taught

me a lesson.

I was taking a trip with my sister. When I packed the suitcase, I packed my best clothes. I wanted to look just right. I took more than I needed because I wanted to look good.

We stayed overnight in a motel and I left my suitcase in the car. The next day when we went down to the car, it was broken into and my suitcase was gone. . . the lord had a way of telling me I was too proud. I never let this bother me. When I got to California, I made some clothes and soon had nearly as many as when I started out. But you see, if I hadn't been so proud when I packed that suitcase, it'd not been stolen. It's attitude that is important.

A number of observers have noted that the character of religious experience in the United States is changing. Some declare that religion is no longer a significant influence in American life. Others are amazed to observe the rapid spread of evangelical fundamentalism. Still others contend that, while religious myth is a functional prerequisite for any society, it is not possible for growing numbers of people in our society to make use of any of the extant religious tradition to cope with the complexities of their everyday lives. It seems that religion plays a different role for the very old than it does for the younger old people. If this is so, in all probability, it is so not only because as people get older, they may feel the need to make peace with life through affirming a religious faith, but also because of the long-term trend toward a secular society. I would guess that established or formal religious traditions will have even less a functional role to play in the lives of the elderly of the future.

The issues with which traditional religions have been concerned (What is the meaning of life? What is my role or vocation in it? What is the good life, after all? How can I become reconciled to the fact that I was born to die? etc.) do not just disappear. They do not cease to be problems of everyday life because the social sciences have been reluctant to consider them. Further, it does not appear that the "answers" to these questions provided by an educated elite of a secular society have wide acceptance. Average people face these issues more and more pointedly as they grow older. The lack of their resolution contributes its mite to the dissatisfaction and discomfort of old age. If such speculation is only broadly so, however, it would further support the need for some functional equivalent of "church" in the everyday life of older people. Most established churches do not provide this even for their older members. A concerned group in which one was comparatively free to share some of the problems of everyday living and draw upon the collective wisdom of others to suggest ways of coping with them could meet a part of this need.

SIGNIFICANT SYMBOLS OF INDEPENDENCE IN EVERYDAY LIFE

Often the first question in the subsample interview was, "What does independent living mean to you?" The responses focused around three significant symbols: separate residence, good health, and adequate income. Less often mentioned, but commonly implied, was the notion that the older person should have adequate control over their life at least as far as making the critical decisions about life was concerned. Indeed, the added symbolic value of the necessary resources of separate residence, adequate income, and good health derived largely from the fact that, if you had these, other people could more easily assume that you had adequate control over your life. In the following section adequate control is considered as an aspect of independence.

Separate Residence.

Two types of response about residence were elicited: one meant living outside of a nursing home, and another emphasized living apart from children. Mrs. Dawson is an 83-year-old French woman who was placed in a nursing home after an operation because her children did not feel they could care for her:

I was shocked when I went to a nursing home here. I was perfectly rational, but weak. I could just about cook my meal but when I did, I was too tired to eat it. My daughter said that if I couldn't manage, I should go to a nursing home. I was in one of the better ones. They were good to me but I never want to go there again.

Those places are too expensive. I felt most out of place. In France a convalescent home is where you go to recuperate; here a nursing home is the last place they send you. That's bad.

They were all strapped in their chairs and in their beds. They would look at me and ask me to untie them. I said, I couldn't do that. They never knew I was a patient. The nurses resented me being there because I didn't need the care they were giving. Once one came into my room with ten pills in her hand and said, "Here, take these." I said, "I don't take pills like that." She went back and found my schedule. . . but you see she had been so used to giving out pills and having people take them that she really didn't care.

How long were you there?

Only two weeks. You think when you go there, "There but for the grace of God, go I." Those old people are always talking about their children. They live only in the past because they have no future. It is sad to get old, really old.

Mrs. Dawson is not frail by our measures at present and reports that she is "satisfied" with her life in her own apartment in a high rise for the elderly. She had lived with her daughter and family for seven years after her husband died in 1970 before moving into her present apartment.

Did you have any problems living there?

Well, children are human too. Small children grow into big children. Then they go to college and they let you know they don't need you anymore. They let me know in so many little ways that they could get along without me. But it was awfully hard for me to leave them. You get attached to growing children.

When I was there six months, my daughter went back to work. She is a lab technician. Her youngest child, Daniel, was under two years old. Now he's eleven. And I think, too, that his parents thought that he was too dependent on me. His father traveled a lot. His mother worked. I raised him. And, of course, there are always little things that caused trouble. I remember once Daniel asked me if he could play with something. I said he could. His father came in and, without so much as looking at me, told Daniel, "I thought I told you not to play with that!" Daniel said, "Mom mom said I could." I think his father was afraid of losing control over him.

I think I could have gotten along with my daughter but she did what her husband said. I suppose that's only natural. It's just a fact that three generations don't mix.

Mrs. Dawson has experienced living in a nursing home briefly and has lived seven years with her children. While she enjoyed living with her daughter for a while, troubles developed in the household, and she became tired of trying to live that way. Although it seems evident that there was considerable pressure for her to move out, she declares that she chose to live where she is now living.

In our study, 45 percent of the sample of 502 elderly lived with someone else before moving into subsidized group housing for the elderly. A tenth of them lived with their children. In the subsample population, half had previously lived with their children. None of those who had lived with their children gave evidence that they would prefer living with their children over living in their present apartment.¹³ Indeed, some declared that if old people cannot live by themselves, they should go to a nursing home rather than impose upon their children. This was the feeling of Mrs. Taylor, 74 years old and nonfrail:

Do you feel that it is important for older people to live independently?

Yes, if they are able to take care of themselves. If

not, they should go to a nursing home.

You would prefer a nursing home to living with your family?

Yes, I've lived my life. Why bother my daughters? I had it with my mother for five years. Although I would do the same thing for my mother, I gave my daughters orders that if I can't take care of myself, they should put me in a nursing home.

In some instances, living with children was a more lonely experience than living "alone" in group subsidized housing. A 71-year-old woman who had lived with her son and daughter-in-law for 10 months five years ago recalls:

Independence is when you are here. If you are with children you are not independent. They want you to be but it doesn't work out. I know I tried it. . . I was more lonesome. They lived (downstate) not too close to anything. They both worked and I don't drive. Oh my Lord. . . this is the handiest place anyone could live.

A separate residence, even if it is one's own apartment in a housing complex for older people, is a prime symbol of independence as well as a major resource in its own right. The symbolic dimension should not be forgotten. It is assumed in our society that, if you are living alone, you also have adequate resources to do so. Thus, separate residence can come to stand for independence in the mind of the elderly even if 1) that housing is subsidized through federal funding, 2) an array of services from homemaker, visiting nurse, and meals on wheels are provided, 3) daily contact with family, friends, neighbors, and service providers serve as a constant monitoring of the state of one's health and happiness. Old people hang on to their apartments in public housing masking their need for additional services because they are, in their own minds, living independently.

It is more difficult for old people living in group subsidized housing to maintain the image of independence than it is for elderly still living in their own homes, but it is still possible for them to do so. Sometimes, of course, this image is a costly one because it masks their need and allows them to nurture illusions about the value of their social isolation. Just how such an image of independence is destructive to a particular elder will be specified more precisely later on. At present it is important to reaffirm that separate residence is both a measure of success in our society and a symbol of independence. As such it is highly valued by older citizens, especially those who no longer have their jobs to establish their status.

Adequate Income.

It is difficult for those of us still earning a living to believe that the majority of elderly persons in our society could consider their incomes adequate. In the past we have often assumed that older people need less than younger people. We, therefore, can tell ourselves that their incomes are probably adequate to their needs even though they are far below the average national income. Whatever truth there may be in this observation, the more important one is that older people make do with less--usually because their circumstances require it. The way in which they cut back on their expectations has a lot to do with the extent to which they are satisfied with their lives.

Inadequate income is a major problem of the elderly. This fact is masked somewhat by the official figures of the census bureau, which indicated that 14 percent of all persons 65 years of age or older are impoverished.¹⁴ Mollie Orshansky, who developed the poverty line measures, has recently revised her figures in light of current economic conditions and declares that 37 percent of the aged are below the poverty line.¹⁵ Many of the elderly are marginally poor, and the vast majority have incomes significantly below the national average. Whether officially poor or not, it is clear that old age brings with it a reduction in income and a consequent reduction in standard of living for most older Americans.

In our sample, 49 percent of the elders had a total income in 1978 of \$3,000 or less. An additional 36 percent had incomes between \$3,000 and \$4,000. The incomes of the sample elderly are generally below the national averages.¹⁶ About 8 percent of our sample refused to answer this question, and another 8 percent said that they did not know what their income in 1978 was. Over half are impoverished. Yet 93 percent could say that they felt that they were doing as well as, or better than, other people their age.²³ When asked if their income took care of their needs, 31 percent answered "very well" and another 54 percent said "fairly well." Fully 68 percent declared that they had enough to buy "those little extras" and 74 percent believed that they would have enough for their future needs. Mr. Norman, a 74-year-old nonfrail elder, observed:

As far as I'm concerned, I've been independent all my life and I don't see any reason to change now. You can be poor and still be independent. . not really dependent on other people as far as possible. Sometimes you have to depend on others. If my health got bad, I would not like to depend on other people. I would do it, but I would not like it.

Although Mr. Norman is nonfrail at present by our classification, he has undergone extensive surgery. Mr. Norman is also among the more affluent of our sample, but far from affluent by national standards. In 1978 his reported income was between \$6,000 and \$6,999. He felt that he was doing about average for people his age, that his income very well took care of his needs, and that he had enough for "extras" and the future. He saw

that growing old required cutting back on things, activities as well as income, and he was able to accept these cutbacks and live quite comfortably and satisfactorily. Mr. Norman thus seems to have made a satisfactory adjustment to the more limited income of his retirement years. Other old people have had to make even greater adjustments, sometimes with less satisfactory results.

Mr. Hayward, a 64-year-old frail, but very satisfied man, responded to the question about what independent living meant to him with:

It wouldn't mean anything to me now. . . I was in some debt when I came here and until I get all those deals straightened out, it don't mean anything to me. It would if I was getting the amount of money from both checks, but it is not all mine and I am still paying. It will be clear in two or three months and at 65 years old, I don't need much.

Mr. Hayward's income was between \$3,000-\$4,000 in 1978.

Mrs. Smith, a frail but very satisfied woman, also defined independence in terms of income.

Are you living as independently as you'd like?

Well, sometimes I get a little short of money, but I'll get by. I like to live by myself. . . As long as I can get my meals and keep my little place clean I am doing all right. Course, I don't know what it will come to. I'll be 75 in January.

Mrs. Smith wouldn't tell us what her 1978 income was, but she did declare that, while her children helped out around the house, they never provided her with money. She commented dryly on some senator's observation that poor people don't need any recreation with, "Now I ask you is that right? Who needs recreation more than poor people? The rich have all they want." She also commented that when she was raising her six children by herself she did not smoke because "I barely had enough money to feed the kids. . ."

The problem of inadequate income cannot be satisfactorily handled in terms of a provision of services designed to make up for income deficits because 1) the service providers inevitably require the elderly to subject themselves to a significant invasion of their privacy and meet requirements of eligibility that often are demeaning; 2) it is as likely that the specific kinds of services offered will be determined by the service providers as by the elderly themselves; 3) income, particularly when it is perceived of as earned income, contributes to a sense of accomplishment. The sense of dependence upon others, therefore, is much greater when services are provided in lieu of income supplements.

The evaluation offered on the nature of independence among elderly people in this study assumes that the problem of poverty and inadequate income takes precedence over the problems of making do with less as a means of finding greater satisfaction in old age. The fact that some elderly people are able to be satisfied with their lives in spite of income below or near poverty levels is to their credit. We as a nation may be able to learn from their examples about how to economize and live more simply, but we ought not penalize them through public policies that, in effect, impose poverty upon the elderly. Income that is significantly below the national average is a problem to be dealt with in its own right.

Good Health.

When talking about independence in old age, it is taken for granted that an independent person is in reasonably good health. Fear of falling and breaking a hip or leg is a pervasive--and realistic--fear among the elderly, whose bones have become brittle with age. Mrs. Nadir, ninety-two and frail, was asked, "What's the hardest thing about being old?"

Your disability. There's going to come a time when I can't walk. I broke my hip--my pelvic bone. Now I have arthritis in it. It goes to my back. This morning it was terrible, but I make myself walk. I take my cane when I need it, but I don't want to become dependent on that.

Mrs. Maynard, 75, poor and in frail health, was asked, "Do you feel that it is important for older people to be independent? She replied:

Don't like to feel dependent on other people. Like to be independent, but you have to pay for everything. We have so little to go by. Now people on SSI have all kinds of services given to them, their doctors are paid, medicine, transportation to the doctors. Us on just social security don't have this. Services are available but they are expensive. When I had to go to the Curative Workshop only the Red Cross would take me. . . I had a heart attack, two strokes and a broken hip all within three years. I was going for therapy. . . I tell you something, as long as you get enough money, you can be independent.

It is pointless to emphasize the interrelatedness between good health and adequate income. In some sense adequate income can provide you with all of the services that you might need and, therefore, you need not depend on anyone for these services. In another sense, however, even if you have adequate income but are in poor health, you may feel dependent. Like the poor generally, old people who are poor particularly praise the Lord for their good health (which usually means lack of debilitating symptoms). Mrs. Cage, 75, is poor and in a frail condition, but she responded to the question, "Can you think of ways you might be helped to

live more independently?" with, "No! My health is good. I can do pretty well with what I have."

Mr. Barnes is 70 years old. He is poor and in very frail condition. He wears a short leg brace on his right leg and uses a walker to support himself. He had recently returned from the hospital where he had undergone open-heart surgery. After his return a woman down the hall in his building cared for him. Mr. Barnes talked at great length about his operation, the doctors that operated on him, and the care he received when he came home. Like many of the elderly, his disability has become one of the more interesting things in his life, and he seems to have been able to roll with the punches. For him good health is clearly to be prized, but he remains cheerful in spite of his problems. He considers himself to be in fair health, which is worse than it was five years ago.

In our sample, 8 percent of the elderly considered themselves to be in excellent health, 39 percent in good health, 37 percent in fair health, and 16 percent in poor health. When asked to compare their health now to their health five years ago, 12 percent thought that their health was better, 48 percent said "about the same," and 40 percent considered it worse today. One of the more fascinating studies of the health of older people found that, while the elderly seemed most likely to diverge from medical opinion in assessing their overall health as "good" or "bad," after a fifteen-year period the self-assessment of the elderly was a better predictor of future physician's diagnosis than the medical diagnosis rendered at the same time.¹⁷ The subjective assessment of health is thus not to be discredited. In our needs assessment, this subjective assessment was related to both health status and utilization of health services.

Because the particular elderly population we were studying lives in group subsidized housing, which presupposed that they can do things for themselves, we did not find a high percentage of our sample in need of assistance in performing their everyday tasks (Table 1). Only 5 percent used a walker, 2 percent a wheelchair, and 7 percent received regular special care ordered by a doctor during the past twelve months. On the other hand, almost 75 percent regularly took prescription medicine, and 20 percent took four or more different prescriptions regularly. By these rather crude measures of health, the majority were doing pretty well. Yet almost everyone interviewed had some serious illness in their recent past or were now coping with some degree of functional impairment, the most common of which were arthritis and heart conditions.

TABLE 1
NEED FOR PERSONAL CARE SERVICES
BY INDIVIDUAL CARE ACTIVITIES

		Need Met No Apparent Problem	Need Met Potential Problem	Uncertain Need Met Potential Problem	Need Unmet Current Problem
	N				
Bathing	500	95.1	1.8	0.4	2.6
Dressing	498	97.4	0.5	0.3	1.9
Eating	500	98.9	0.0	0.0	1.1
Grooming	500	92.7	3.7	1.3	2.3
Ambulation	501	99.9	0.0	0.0	0.1

In some cases it is apparent that our classification of the elderly into frail and nonfrail may be misleading. A frail woman, so classified because she was legally blind, had undergone cornea transplantation and was awaiting the results of the surgery. Should she be able to see again, as seems likely, she would no longer be considered frail. In contrast, Mr. Simpson was classified nonfrail but had an enlarged heart, bad kidneys, ulcers, and a hernia.

"I was down in bed once. The doctor thought I wouldn't live. That woman over there (across the walk) came over here and nursed me back to health. I got away from it by prayer. I asked the Lord to let me up one more time to see what I would do. He knew I was going to do better. The doctor said, "How'd you get away from it? When I left you, you were dying fast. I just smiled at him."

Our classifications, based on whatever objective measures of functional health we might wish to employ, are useful in assessing the aggregate amount of health care needed by the elderly population, but the more personal problem of who needs what care, when requires continual monitoring and reassessment. Only 21 percent of our sample population see a doctor at least once a month. The matter of how best to provide continual monitoring of the health of old people cannot be addressed in this paper directly. We deliberately did not make use of a number of more detailed diagnostic instruments and so have a very sketchy picture of the overall health of the population studied. Our frailty index--a measure of overall neediness--defined 14 percent of our sample as frail and 21 percent of the Wilmington Public Housing sample as frail. In most buildings only a small percentage of the elderly--about 3 or 4 percent on average--should not be there in the opinion of the managers. A few more ought to be carefully monitored because of poor health. It seems reasonable, however, to assume that such monitoring cannot be done by professional people alone. We must rely at least in part upon the informal social network of the elderly to detect symptoms and encourage treatment.

SOCIAL LIFE IN GROUP HOUSING SETTINGS

The elderly in our sample do not perceive of themselves as lacking contact with others as Table 2 indicates; over 60 percent talk with a friend or relative on the phone at least once a day. Slightly more than 78 percent talk to someone outside of their own apartment almost every day. Slightly over 46 percent spend most of their day with someone else. Most of the elderly in our study feel that their contacts with others were about as frequent as they would want. About 56 percent see as much of their relatives as they would like, and about 82 percent say that they see as much of the person whom they feel close to as they would like.

TABLE 2
SOCIAL INTERACTION ASSESSMENT

Type of Social Interaction	% Responding	
	Sample	Subsample
1. Talk with friends or relatives on the phone.		
several times a day	34.7	33.3
once a day	27.3	33.3
a few times a week	22.0	22.9
once a week	5.5	4.2
less often	10.4	6.3
2. Called by a friend or relative almost every day.		
yes	66.4	64.6
no	33.6	35.4
3. Talks in person to someone outside of own apartment		
almost every day	78.3	77.1
a few times a week	15.8	18.8
once a week	2.3	2.1
a few times a month	.8	
once a month or less	2.9	
4. Spends most of the day alone		
alone	53.5	50.0
with someone	46.5	50.0
5. Sees as much of relatives as would like		
yes	56.3	45.8
no	43.7	54.2
6. Has a confidant		
yes	91.3	83.3
no	8.7	16.7
7. Sees as much of confidant as would like		
yes	82.4	80.0
no	17.6	20.0

As Table 3 shows, while 88 percent of our sample live alone and 56 percent generally enjoy it, the majority respond that they are sometimes lonely. It appears that the subsample elderly are more likely to live alone and feel lonely than the larger sample population. For many, loneliness is a major problem in their lives, although in the subsample most are not seriously troubled by their loneliness.

TABLE 3
LIVING ALONE AND LONELINESS

	Sample	Subsample
1. Are you living alone?		
yes	87.6	95.7
no	12.4	2.2
married, living with spouse	9.5	2.1
with children	.6	
with relative	1.8	
with friends	.2	
2. How do you feel about being alone?		
generally enjoy it	55.9	41.3
sometimes enjoy it	28.4	37.0
rarely enjoy it	10.8	15.2
never enjoy it	4.6	6.5
3. How often are you lonely?		
always lonely	3.1	8.3
often lonely	5.7	14.6
sometimes lonely	42.3	50.0
never lonely	48.9	27.1
4. Previously lived alone?		
alone	55.0	50.0
with someone else	45.0	50.0
5. Who was living with you?		
(% with someone else)		
spouse	18.5	20.8
children	10.2	50.0
relative	12.2	25.0
friend	2.6	--
other	2.4	4.2

A more adequate perspective on the quality of the contact with relatives, friends, and neighbors was provided by the intensive interviews.

Keeping in Touch with Family.

Half of the subsample lived with their children before moving into group housing. Very few look back fondly on this experience. Our subsample is unrepresentative of all elderly because the problems that they experienced were in part responsible for the fact that they are no longer living with their children. Nevertheless, they do provide us with evidence that living in a three-generation household in the United States is a very difficult undertaking. The problems experienced while living with their children often make it difficult for these elders to maintain good relations with their children now. Mrs. Willard reflects on her having lived with her children:

I lived alone for two years before I moved in with my daughter and her family. When I took over, I tried to do things the way she did them. She kept her mouth shut but I could tell sometimes that she would have done things differently. I kept house for my daughter for eight years. I did all the work but the cooking. I took over in July 1970. It was nothing for me at the start. But, by the time I left there, I was too tired when I finished. . . I couldn't live with my family. I'd rather live with a friend. A friend would not impose on you. If she did, you could refuse. But with a family it's different. . . One thing good about my daughter. She don't let things bother her none. There was no tension in the house. But I knew it was time for me to leave the year before I left. . . I knew my usefulness there was really over. She started to get kinda mouthy with me. I'd done a lot for her. I gave her \$5,000 when she moved into her new home and I cleared her mortgage when I came into my inheritance. I told her, "Don't you talk like that again after all I've done for you." That kinda made her realize what she was doing. I didn't have any more trouble after that.

Mrs. Willard comes from a farm which she worked with her husband and then by herself after he died. She admits that she is set in her ways and contends that the biggest problem she has to adjust to now is boredom, not loneliness.

Are you sometimes lonely?

Lonely, no! I'm bored! Not lonely, but bored. I've been too active. There's no work. When you get to feeling that way, you don't want to do the work that there is to do. I've gotten so I don't feel like doing much of anything. But then I wouldn't be able to take much work these days. The other day I saw weeds in between the evergreens down there and I started pulling. It took me about 3/4 hour to get 3/4 done but when I came up here, I was tired! I'll get them tomorrow, maybe.

Mrs. Willard has a sister whom she has not seen for many years, an aunt on her father's side who is 93 whom she rarely sees, and a cousin of her husband. "I don't have anyone close by. There is an old girl friend of mine who lives down the street though. There's really nobody left but me." Mrs. Willard's daughter, after moving her into the apartments she now lives in, calls her "once in a while." Mrs. Willard claims she does not see as much of her relatives as she would like, spends most of her time alone, and has no one she feels particularly close to at present. At 74, she looks back on a full life, but finds the present largely uninteresting.

Mrs. Tome moved to Wilmington in order to see her children more often. She used to live down South with her husband. Her husband died in 1966 and she lived alone until she moved North last year.

I was pushing 80 and I wanted to be near my children. I have one daughter and her family here. A daughter lives in Maryland. A son also lives in Maryland. So I thought I'd come up here and enjoy them and they could enjoy the last of me.

I see much more of my family here than I did down South. It's too expensive for them to bring their families down there and so they didn't come too often. My daughter who lives in town takes me places.

Mrs. Tome talks with a friend or a relative several times a day, is called just about every day by a friend or relative, talks with someone she does not live with almost every day, has a person whom she feels close to and whom she sees enough of, and generally spends most of the day with someone. However, she does not see enough of her family.

Mrs. Darwin has been living alone for nine years. She moved from her seven-room home into a three-room apartment and has managed to keep all of her furniture and belongings. Her room is cluttered, but not really dirty. Mrs. Darwin feels that she is very much alone. Her husband died in 1956. Her son married and went away to another city. She sees very little of him since he married. Her three brothers died one right after the other within the past year and a half. She is 77, in poor health, and is very dissatisfied with life. She would end it, she says, if she were not afraid of the devil. Mrs. Darwin has this to say about her relationships with her family:

Do you see much of your son?

No. Not much. He comes up once in a while. He has a wife and child to keep. He doesn't want to be bothered. I can't make it down there. I got on welfare when my husband died. They weren't keeping me. I didn't want to force them to. Plenty people who are in better shape than I am are on welfare. . . I wouldn't want to live with my children. Old people get to be a problem. If they live by themselves, it's all right. But then you get to a point when you can't live by yourself. You got

to go to a nursing home. . . You get to be like a child again and your children can't take care of you. I wouldn't want to bother them. If I had never separated from them it would be different.

Why different?

They would understand you better. They would understand your growing old. Now you're old and right into it and they don't understand. Take like last Thanksgiving. I was at my son's house. It was the first time I had ever spilled something on me. His wife got up and mopped up the little something I had spilled. I was so embarrassed. I never went back.

Embarrassed?

Yes, because they seemed to be so embarrassed about it.

How do you feel about your life now?

I don't think it's worth anything now. I'm getting to be a bother to myself. I can't go to a nursing home. I can't afford it. I've been told they can't take any more people in the welfare home in Smyrna. I said, they gonna have to make room for one more.

Mrs. Darwin is one of the more isolated elderly in our study. She gets out of her apartment only a few times a week, has no one to call her, does not feel that she has anyone whom she feels close to, and generally spends most of her day alone. Her bad health and the recent death of several people who were close to her has deeply saddened her. She goes out for necessities only and finds within herself little motivation for cultivating the relationships with her neighbors.

Helping and Being Helped.

While some of the elderly in our study have economically helped their children in the recent past and are helping them still, most do not have enough income to be of assistance in this way. The majority have children who are struggling to keep up their own standard of living and, therefore, cannot be expected to provide economic assistance to their parents. Most of the mutual support within the family is in the form of doing things for one another and demonstrating that one cares for one's family. Many of the elderly women who lived with their children played a major role in the caring for grandchildren, sometimes to the point of threatening the parent's sense of authority in the household. A common pattern among those elderly who lived with children in middle-class households seems to be that they felt themselves useful as long as there were some children still at home. When the kids went to high school, however, their need for privacy at home and greater freedom to do things outside of the home was harder for some grandparents to accept than it seemed to be for the parents. At this time it becomes apparent to all

concerned that grandmother is not as needed as she once was. A number of the elderly women moved out of their children's home at this time.

Mrs. Impy is a very active 82. She enjoys life and claims that there is nothing nicer than to live alone. She has three sons and a daughter still living and sees enough of them to feel that she is in touch with what they are doing. She claims that she sees enough of her relatives and would never want to live with her children, although she feels that she could do so if she became very sick and needed someone to care for her outside of a hospital.

"I hear it said a lot these days, I wish she (grandmother) wasn't here. I wish she'd go." But my children are good, though.

They usually come down every two weeks. Harmon lives in town. I can see him anytime I want to. I see him about every two weeks. I'm not lonesome for them. . .

When you marry, you leave your mother and father to live with your husband. You're supposed to live together and raise your kids. When your family breaks up, you're supposed to stay by yourself. It's not going to work when you lose somebody like your husband and you move in with someone else to help you get over it. I have a friend who moved in with her family when her husband died and she don't get along with them. She asked me, "What am I going to do?" I don't tell her. When you live in other people's home, you want to watch TV and the kids want to watch something else. They say, "Grandma won't let us watch." Then there's a squabble. "Oh, she won't let us, Mom!" You know what I mean?

Does your family help you very much?

See this TV? See this furniture? Everything in this house belongs to my four children. (She points to things in the room that her sons made for her.) "Mom, you raised us and educated us; it's the least we can do for you." There's nothing nicer than your own home. I want to stay here for as long as I possibly can. My family tells me, "Mom, you can come here anytime."

If you were sick for a long time and needed help, what would you do?

I suppose I'd go with the kids. They told me I was welcome, but let's hope that doesn't happen. When my grandson visits, he helps me out around the house. That way he knows what life is all about.

Children help the elderly in the subsample by making repairs on furniture, keeping the automobile--if there is one--in running condition, shopping, giving invitations to meals, providing transportation to

wherever the elder needs to go--especially doctor's offices, and offering assistance in dealing with the various bureaucracies that have become involved in the elder's life. Rarely do children do the laundry or fix meals on a regular basis. More often a daughter will come in once in a while and clean house. These assists are very important to older people not only because of the material benefits that they provide, but because they are visible evidence of caring.

The elders, for their part, also make a contribution to their children. It was more evident for those who lived with their children when they lived with them, but it is apparent even when they are living alone. In our subsample, elders cared for sick children (sometimes against the rules of the project where they were living) by allowing the children to stay with them when they were sick and could not take care of themselves. It was apparent that some children visited their parents not to be kind to them, but to receive the support and care that the parent was able to give. In one case it seemed that a son had not been able to cut the maternal apron strings and at 58 was very much dependent upon his 80-year-old mother. Elders cared for grandchildren through overnight visiting and--while most resented being used as babysitters--for some day care. Financial support was extended to children in a few cases. One older woman helped her recently divorced daughter by allowing her to use her credit card for purchasing gasoline. Several elders allowed their children to use their cars. In our insensitivity, we forgot to provide an opportunity for the elderly to tell us how much help they provided to others on the questionnaire. In the interviews, a much better sense of this reciprocity was obtained.

Mrs. Mory, for example, is 93, frail, but very satisfied with her life. Not long ago, she was forced to live with her daughter while recuperating from an extended visit to the hospital.

I came back from the hospital but after a few days I had to have something to do. I said Dedra, don't you have something that needs sewing? She brought me lots of things--coats, dresses and the like. And so, I did them. She said, "Okay, Mom, you really helped me." Then I feel like I've done some good. There's always something you can do."

Mrs. Mory also recalls the emotional support and good advice she gave Dedra when she was bit younger. Dedra wanted to be a nurse but experienced a nervous breakdown when trying to complete the requirements for a nursing degree while working and raising a family. She went into a slump and withdrew. "One morning I went over there and said to her, "Now you look here, I want you to get up and do something. I don't care what it is. She got up and got a job with a dentist and stayed with him four and a half years." Mrs. Mory also nursed a premature grandchild in her old age and her good care was considered to be largely responsible for the infant's survival. Mrs. Potter, 74 and in a wheelchair, remains a source of support for her family. "... As a matter of fact, I cheer people up. They be crying when they get to the phone, then it's laughter when they gets off. They even call me from New York with tears in their eyes. If you listen, you can quiet them down and cheer them up."

While elders do provide needed services to children, it is clear that in most cases the value of this service is either not acknowledged or considered of much less importance to the children than the services and support the children provide to the elders. While most elders in our study thought of themselves as living independently, they would probably not be surprised to be told that they were thought of as dependents. It was a rare case in which the value of interdependence was mutually acknowledged.

Friends and Neighbors.

Perhaps the most enduring impression from the interviewing of this elderly subsample is that, in spite of the consistent and high frequency of contact with family, friends, and neighbors, there seems to be little depth to the interchange. Mrs. Dawson first explicitly stated this.

How about the people here, are they good neighbors?

Oh, they're okay. You can't imagine what it is like to be old until you get old. There's no conversation that matters here. All they talk about is their children and grandchildren. And, of course, there's no use for me to say, "I've got a bad back." They say, "I've got one too" or "Let me tell you about my legs!" There's no communication between old people.

Have you had any problems because you're Irish?

No. But Americans don't tell you what they think. They'll say, "Oh, he's Italian," and then add, "Oh, he's a lovely man." You suspect that they want to say something else, but they won't tell you what they think. They are very careful. . . They want you to smile at them and agree with them all the time. They want to be just one happy community. When you get older, you can't go live by yourself in an apartment. You need a little security and to an extent, you get it in an apartment like this. So you get security, but don't ask for sympathy. . . Mind you, there are some intelligent old people. Some are very clever with their hands. The problem is that when you get old, if you are clever with your hands, your eyes go out on you (she laughs loudly, I laugh too). Now, around here they would take that very seriously. They would say, "That's right," and go on to tell their hard luck stories.

According to Mrs. Dawson, so much is invested in maintaining the appearance of one big happy community that disagreements and any conversation about things that are important now are avoided. Some matters of importance to the present community of elders may be included in the gossip, but by its very inclusion in gossip its importance is reduced. The chance to respond seriously in terms of how one really feels about the

matter is virtually eliminated. Sexual attraction among members of the community is a typical matter of import that seems to be treated in this fashion.

Gossip About Sex.

Mr. Emery provided us with some gossip and opened up the suggestion of its greater importance to the group of elders in his project.

How have you liked living here?

Fine. I don't visit in other people's apartments. We visit in the recreation room. They don't visit me and I don't visit them in their apartment. You know this is about the closest that blacks and whites get to each other. It's so convenient for old people here. But there's a lot of gossip. "I seen you easing out of her apartment last night," they say.

Course old people leave themselves out for those kinds of examples. There's an old white woman upstairs. She's cooking for an old Italian man on the 7th floor. She had decided that she would care for the old man. But they got to talking about her. "We seen you in his apartment." She came downstairs the other day crying. "They're talking about me." I said to them, "Now you stop it."

Do you know that the man's own children used to invite him to their home on Christmas and Thanksgiving. Since that happened, they don't invite him. He just cried and cried.

I say a man near a hundred years old, he's past his playing. His playing days are over. All he wanted is companionship.

Do you think it is a good idea for old people to visit more?

More, if they stay in their place. If you're 65 years or older, you're finished anyway. But now, most of the time when they're visiting, they'll be sitting up discussing sex, or something. I just stay back and let them do what they want.

See, they got so close to each other in this building, they are burning up. Seventy, eighty-year-old people burning up. If they had to get in a car and go across town or walk around the block, they'd lose their interest. But here it's so convenient. They just get on the elevator and swish! They're there. I didn't come here for that. There is women here working

everyday for a man. Everyday.

Do they find them?

I don't know they just burning up. They done got so close to each other, they're burning up. And let me tell you something, there's more than one way (to have sex). If you're too old for one way, you're not too old for another. We've got men and women bedding up in here all the time. There's more than one way to get over (achieve climax) let me tell you.

It was difficult to determine the nature of the facts involved in this communication or, for that matter, who was burning up. Mr. Emery swears that, although he's been living apart from his wife since 1957, he has . . .

never put my hand on nobody's woman since me and my wife been separated. . . If I been fooling around I'd not be here today. . . I've had plenty of opportunities, but I have not done it. . . It was rough when I was younger, in my 50's and 60's. But I stuck it out. Beyond 65 it's been easier. If you get hot, you go and take a hot bath, get out and dry yourself, read a book. You'll cool down.

Mr. Emery is 68.

Only two other respondents volunteered information about sexual matters. However, these observations support the comments made by Mr. Emery and suggest that one of the problems in visiting in each other's apartment pertains to the gossip over sex, real or imagined.

On a second visit, Mrs. Impy began to fill me in on the local gossip. A good portion focused on the coming and goings of blacks in the project, particularly the antics of Mr. Simpson, who (according to Mrs. Impy) exposed his backside to the ladies at the Senior Center. Mrs. Impy strongly suspects that a lot of folks are bedding down around the project with persons they aren't married to. When she mentioned this, it was in a most hush, hush manner.

During this discussion, she asked my opinion on abortion, rape and bedding down. In each case, I informed her that it was very hard to make general rules as far as I was concerned. As best I could tell, she used the word "rape" whenever she meant that two people were having intercourse. Sex was such a dirty word for her. Her fundamentalist religion prohibited it outside of marriage. But in spite of herself, she seemed fascinated by it. She admitted to dancing and took great pride in being in good physical shape. She told me in some detail about her doctor's explanation about what a change in life was all about. She said that he told her that her breasts would continue to swell from time to time after her period had ceased, but that that was natural. It was not related to her "hypertension," which frequently manifested itself as heart

palpitations. While she informed me of the doctor's diagnosis, she moved her hands up and down over her body, touching her breasts very deliberately. I would be inclined to say that she caressed herself were it not for the fact that she was doing everything possible in her conversation to establish the fact that she was not subject to sexual desire. "That's not the way I am."

Mr. Simpson was the only person directly asked about sexual problems in old age.

What about sexuality in old age? Is that a problem?

That will leave you. You're not as sexy as you was when you were younger. You don't want no girl all the time. You try to live a Christian life so when you leave here you try to have a resting place--wherever that is at.

So sex has tapered off?

I ain't tapered clean off, but I ain't what I used to be. Age does that (he's 75).

In another project I visited people gossiped a lot about sex. What do you think about that?

I don't think that is right. They know what they can do and what they can't do. I know what I can do. I know what I can't do. I about had my day. I let nothing like that worry me. I just as happy as I can be.

Mr. Simpson must be aware that he is being gossiped about in his project, but he did not know that I knew and so I could not directly establish the fact nor investigate it further.

The study was not set up to explore the sex life of old people. It became clear, nevertheless, that it is an area of concern to at least some elders. It is an area that is particularly difficult to deal with given the upbringing of these people and the attitudes of their service providers. The only thing that this study establishes is that it is a problem of some magnitude in this population. It may have much more important consequences in terms of the fear of gossip that prevents persons of the opposite sex from visiting in each other's apartment for whatever reasons, than it does in terms of more explicitly sexual problems. It is an area that needs much more investigation.

Making Friends and Losing Them.

The social network of elders is superficial for other more evident reasons. Many have recently moved into new settings and have not had time to establish friendships with their neighbors. Many are depressed over the recent loss of friends and are not motivated to seek new ties just now. Mrs. Taylor was asked:

How do you like living here?

I like it all right. It's been a hard thing to adjust yourself. I think that I'd be safe in saying that 90 percent of the people living here have lived in and around Wilmington and many have brought their friends with them here.

I've met four women here who are good friends. But now one is dying of cancer. She was my best friend. We hit it off right from the start. I took her back when she got out a while. And now she's just lying there waiting. She can't eat. She can't do nothing. She's just lying there wasting away.

When did she discover she had cancer?

Last May. I took her to the hospital.

That must be hard to see a friend die of cancer.

Awfully hard for me. I lost one of the best friends I had in this building. You must have relatives or friends around here or you are alone. I knew that it was going to happen when I moved, but it's become a little bit worse than I expected. Course I haven't regretted the move.

I still don't know how to get around here. Everybody has a buddy but me. They don't pick you up when they have buddies. I was hit twice by people trying to sock it to you.

What do you mean?

Well, one lady was going to a play with me. She wanted me to drive. She said, "Let's get the tickets," and we did. Then before the event she decided to go with somebody else. I said, "Not with couples." She had her place picked out. So that was a let down. You know after things like that you hold people at arm's length.

Then there was the woman who wanted to play Bingo on Monday nights. She got the three people I was playing with on Tuesday night to play with her on Monday. I was left out. She was trying to get me to play on Monday night but I said, "Why should I change?" And so she finally got her way. Now it's getting so that nobody wants to play games. I'm through! Do you blame me?

Well, I think you have had some disappointments.

I say, if they want to be two-faced about that, let them. Such tricks! If that's the way you want it.

That's life! I'm not fooling around with strangers anymore. You never know what you're getting into. They don't have any respect for anyone.

I was raised to love one another and try to live a perfect life. That was the life I was brought up in. My husband and I were that way. Many a time we'd take old women out to eat. We'd pick them up at church, take them out to eat and drive them home. We tried to be useful if we could. I just got a letter yesterday from one old woman who said, "Gee, I miss your visits." So that's the type of life. And I'm that way today. In this building, if anybody needs help, I'm there if I can be. I took one blind lady for a trip in the Caribbean for a week. She saw everything I saw. I've tried to live a rightful life. So these digs I've been getting hurt. I've decided to leave people alone.

While Mrs. Taylor may be more explicit about her concerns that most, she reflects the opinion of many in our subsample that making friends in old age is very difficult. Mrs. Taylor's recent move into a new area and the experience of losing a new friend to cancer accentuate her problems a bit and perhaps made it more urgent for her to speak of these matters to the interviewer, but many elderly share her concerns.

Mrs. Taylor spoke with great intensity from the start of the interview. She was perky. She seemed to be in good health and was clear about her convictions. It was soon apparent to me, however, that her feelings were quite complexly mixed. I've had few experiences in interviewing that so convinced me that most, if not all, of our efforts at communications are mixed.

Mrs. Taylor whined like a little girl about the woman who would not play games with her on her night. She was angry at the government, the way old people kept to their buddies, and the fact that she couldn't find her way around Wilmington. She was clearly mourning the illness of her friend. She was righteously indignant that people were "digging" her when all her life she had helped old people. And still she helps. She does what she can. She cares, while being hurt by her efforts to care. She even managed some humor between the tense sucking of her teeth. It is grossly inadequate to attempt to develop a personality type to fit Mrs. Taylor. She is many "personalities" simultaneously.

My impression of the elderly that I interviewed is that, on the one hand, they have the potential for greater spontaneity in the expression of their feelings (witness the pointedness of the comments about our funding, for example), but perhaps also just because of this greater closeness to feelings, they become hurt more easily than middle-aged people. Social interactions, therefore, tend to be guarded. When you do venture forth and try to establish friendships, there is always the strong possibility that they will be taken from you by illness or death.

Mrs. Sims was very lethargic in our interview. She did not volunteer much information about herself, but answered the questions I asked her courteously but briefly. She conceded that she was lonely:

Does your loneliness bother you?

Yeah, I get depressed every now and then, but I work out of it. I've had two friends die recently. I was sure surprised to see them go. I used to have lunch with them everyday out at St. Anthony's (a senior center).

When did they die?

One died in May, one in April (She was interviewed on July 19), first of June, I don't quite remember. I was sure surprised at how fast they went.

Were they ill before they died?

No. They didn't seem that way to me.

Have you been keeping yourself to yourself more since your friends died?

Yeah, and these people (neighbors) don't understand it. Course I've always kept to myself.

Have you been back to St. Anthony's since your friends died?

No. They changed it all around up there and it's just not the same. I belonged up there for over 10 years.

Don't you know anyone on this floor?

Oh, yeah. I know them all, but I mean I don't run in and out of other people's apartments. I don't believe in it. I think that stems from your upbringing.

Mrs. Sims has lived alone as a widow for over nine years, in her present apartment for over five years. Although she has a sister and a brother who are always available in case of an emergency, she talks with friends or relatives on the phone only "a few times a week" and talks to others face to face "a few times a week." She does not have a friend or a relative who calls her just about every day. She spends most of her day alone and does not see enough of her relatives, although she does see enough of at least one close friend. Mrs. Sims is thus somewhat more isolated from her friends and relatives than the average old person in our study. She clearly feels herself to be alone and lonely.

Mrs. Darwin is frail by our criteria, not at all satisfied with her life and very lonely.

Do you see many people during the week?

I don't see nobody. Within a couple of years, I had several girl friends, but every one of them died. Now, I don't have anybody to visit me. Here in this building there are people I don't know. It's just a place to live.

How come you haven't gotten to know people in this building?

Well, I did until after I had some friends in here die. Nobody visits anyone else now. After you get a certain age, you don't visit.

Why?

Because you aren't interesting to anybody. They not interesting to you. We used to have parties downstairs. Now nobody gives parties anymore. The lady who used to run this place, she used to give parties, but she gave it up. Now some selfish woman runs this place and she doesn't give any parties.

Why is she selfish?

She's a faultfinder, a backbiter. She keeps after you. She has never set up no party for the people. But we do have church on Sunday.

Do you go?

I used to. I used to play the piano. I used to play the piano at the Center for entertainment.

But you don't do that anymore?

No, I can't I had trouble with my head flipping. I'd get up in the mornings and not know what day it was. I forget what has happened within the past 5-15 years, but I remember everything of when I was little.

She has tried meals on wheels, the medical clinic, the senior center, the public housing authority, the welfare home for the aged, but none of the services she can make use of satisfy her. Her dissatisfaction with life comes not only from her own poor health but also from her growing isolation from a viable social network. Public policy cannot insure that people such as Mrs. Darwin will be capable of or interested in making friends, but it can do more to create the conditions under which such friendships may develop.

SOME CHARACTERISTICS OF THE VERY SATISFIED

In contrast with Mrs. Darwin, who is very dissatisfied with her old age and wants to die, at least five of our subsample of old people were also frail but were very satisfied with their life. In the subsample, the income of those classified as frail was not significantly different from the income of those who were classified as nonfrail. In the case of the five very satisfied frail elderly, one refused to reveal income, three reported income between \$2,000 and \$2,999 in 1978 and one reported an income between \$3,000 and \$3,999. At least three were poor and one marginally so.

Those five old people in our subsample who were frail and poor averaged age 73. The fact that they were very satisfied with their lives provides some clues about what is necessary for an individual to find satisfaction with life in old age.

A Sense of Adequate Control Over One's Life.

A number of studies have stressed the importance of an elder's having a sense of adequate control over life.¹⁸ This sense of having adequate control over one's life was reflected in the response to several questions in the questionnaire. For example, when respondents were asked "To what extent do you do what you want to do when you want to do it", 44 percent responded, "Always," 31 percent, "Most of the Time," 22 percent, "Some of the time," and 3 percent, "Never." The frail elderly were more likely to reply "Some of the time." They were the only ones to say that they never did what they wanted to do when they wanted to do it. Health problems were listed as the one thing that most often prevents people from doing what they want to do.

In the specific situation of deciding whether or not to live in their current residence, 82 percent of the sample elders said that they decided to live where they are now living, but only 39 percent felt that they had any alternatives. In the subsample 83 percent said that they decided to live where they are now living. Six out of seven who responded that children or a public agency decided for them were frail. Of the subsample, 37 percent felt that they had some alternative. The most common one was to live with their children.

The feeling of being in adequate control of one's life was well presented in the interviews, especially by those who could say that they were very well satisfied with their lives. Mrs. Nabor replies, "I live on what I have. If I don't have it, I don't buy it. I've lived here all my life. I try and take care of myself." Her aphorisms reflect her life's philosophy. "There's always some way if you try. . . Tend to your own business. . . Don't ask anyone to do what you can do for yourself. Use what's in your pocketbook (and no more)." Mr. Simpson, whose position on independent living has already been noted, replied that he was, nevertheless ". . . living my own life. I'm not living somebody else's." He takes care of himself by living such a life that people will help when he needs help. "I want to live the last days of my life as the best. I want to live so that everybody will like me." When people like you, Mr.

Simpson believes, they will help you when you need it. Mr Norman expresses his sense of being in adequate control over his life when he states, "There are some people who hate the idea of growing old, sitting around and dying. But I don't. Now I'm enjoying life in a very quiet way."

A final sense in which the very satisfied gave evidence of a feeling of adequate control over their lives has already been eluded to, but should be stressed for emphasis. Whatever happens, those who are very satisfied with their lives firmly believe that they are personally responsible for the quality of their lives. Whether it be a matter of right attitude, enough faith, or simply an acceptance of one's problems as the occasion for proving oneself, very satisfied elders felt that they were living their own lives. Those who were not so satisfied were much more likely to blame their misfortunes on others.

Keeping in Touch.

Those who are very satisfied with their lives are more likely to have viable social networks and perceive themselves to be in touch with what is going on around them.¹⁹ Sometimes, as in the case of Mrs. Mariah, the sense of being in touch is heightened by means of a scanner that tunes in on community events as they are happening to the police, ambulance drivers, and others in the public service. More often, however, the very satisfied are those who have developed a sense of reciprocity with their children, who feel that they give as well as receive services and affection.

I have earlier discussed the problems of retaining a viable social network into old age. Those who remain satisfied with their lives are those who remain interesting to themselves and others because they listen to the news, read the paper, talk to neighbors and relatives about what is happening in the world, and help others when they can do so. Often this help is little more than verbal encouragement while visiting. Sometimes it involves doing things for others, such as helping them see things around them, working in the project store, or serving on the community's governing body.

Entertainment has its own rewards, but one of the things that seems to distinguish the very satisfied from the less satisfied or unsatisfied is a conviction that one doesn't have enough time to be sitting around playing cards all day or gossiping at the Senior Center. Some of the very satisfied found that the programs for older people were over managed--as though the older people couldn't be relied upon to organize the activities themselves. Busy work for the sake of busy work or arts and crafts just to keep the hands occupied did not seem to interest those who felt good about themselves and their lives in their old age. This is not to suggest that such activities do not have a place in the life of most elderly. It is simply that they should never be thought of as adequate social interaction. In the view of those who are very satisfied, such activities occupy less time than in the case of those less satisfied.

While the conversation of the very satisfied could range over many things, it did not seem to be quite as focused upon children and grandchildren as the conversation of the less satisfied. Political issues of the day were more likely to be introduced and debated. Suggestions as to how to improve the condition of older people were more likely to come from the very satisfied than from the less satisfied. Mrs. Impy, for example, felt that the local stores should have "candy stripers" to help old people reach items on the top shelves or locate things that they could not find. She suggested that some place to sit down was more important to old people than a public toilet, yet was less likely to be provided these days. Mrs. Green wanted to know what right the News Journal, which is published in Wilmington, had to criticize the Newark Police Chief for the way in which he trained his women police. Whatever the shortcomings of the Newark Police Chief might be, Mrs. Green felt that they should be kept within Newark rather than influenced by city slickers in Wilmington.

Very satisfied older people were more inclined to talk about philosophical questions such as the nature of love and the meaning of life. This was not so much a reflection of differences in education but rather indicated a continued interest in basic human concerns.

A Sense of Humor.

Finally, very satisfied old people are able to laugh at themselves and their situation. Examples of this humor have already been provided. Humor reflects a non-attached relationship to self and world that permits playful consideration of one's strengths and weaknesses. Precisely how one goes about cultivating a sense of humor is difficult to specify. The therapeutic value of laughing, nevertheless, is being established physiologically as well as psychologically. In all probability, humor is an important by-product of a cultivated non-attachment rather than something cultivated in its own right. Norman Cousins, however, reports on his successful effort to laugh at his illness through the direct appreciation of slapstick comedy. One thing is evident; humor among the old cannot be limited to party jokes and light conversation if it is to encompass the important issues. Those most satisfied with their lives in old age report a dissatisfaction with the efforts of their peers to maintain a front of conviviality and "good humor" which excludes consideration of things that really matter. Humor which draws upon the strength of survivorship doesn't simply make light of disability and deprivation, it overcomes them.

NON-ATTACHMENT

Three major models of normal aging have appeared in the literature according to Berghorn, et. al.²⁰ The disengagement paradigm sees normal aging as a discontinuous process in which the elderly are portrayed as a distinct and special status group characterized by physical decline and a general loss of earlier societal roles. This paradigm fits well with social stereotypes of the elderly and the establishment of most retirement programs.²¹ Many elderly themselves accept this view.²² Indeed, it has dominated the research of the past but not without rivals.²³

A second paradigm emphasizes the importance of activities in old age. Under this view the elderly will continue to participate in social activities and sustain their familiar patterns of behavior so long as health and financial conditions permit. The assumption is that it is right and proper for old people to be judged by the standards of middle age and that they should strive to realize them in old age. If some middle-age roles must be dropped--as with retirement--then it is important for the older person to pick up other useful roles in old age. Hence the frequent advice given to older people to find hobbies or, more importantly, volunteer work.

Unlike disengagement and activity theory, continuity theory is not developmental. It posits no normal state of old age, nor normative state of aging. It assumes that a person wishes to live in old age in a fashion similar to the pattern of middle age, but asserts that an individual can be flexible in meeting the diverse circumstances encountered throughout life and may adapt in any direction. Because the life styles of the elderly are varied in such a view, it is difficult to formulate general policy. There is no single best lifestyle. At present there is little research utilizing this perspective.

This study suggests that a fourth paradigm more adequately describes healthy aging. This paradigm can be labeled "non-attachment" after its ancient roots in various religious traditions.²⁴ The non-attachment paradigm differs from the disengagement in that satisfied older people remain active and in touch with people and possessions, but are not ego-involved in them. Such non-attached elders are more flexible, resourceful and willing to acknowledge their interdependence with others. The non-attachment view differs from the activity paradigm in that what is important is not the activities--or lack of them--but the attitude of the elderly toward their life circumstances. In this view, healthy, satisfying aging for many elders may involve a dramatic change in lifestyle and, in this sense, will be quite discontinuous with their middle-aged activities.²⁵ Finally, there is an explicit normative element in the non-attachment view of aging. It assumes that some modes of aging are more healthy and satisfying than others and that it is possible for most elderly to change to more satisfying modes through perfecting the attitude of non-attachment. Indeed, many do. In this study, they are among the most satisfied.

Very satisfied older people in our sample are not disengaged from life. They are, however, not ego-involved in it. I became aware of this first through Mrs. Anderson. She remarked in a passing conversation that she was very relieved to have gotten rid of most of her furniture when she moved into her subsidized apartment. Mrs. Anderson sold all of her furniture that she could and gave most of the rest of it away. Then she bought new furniture more appropriate to her new apartment. She declared that she was glad to get rid of all of the sentiment, the attachment, the memories that clung to her old furniture. She was, she said, liberated by the sloughing off of her old things.

Some old people cannot part with their property. Mrs. Darcey, for example, crammed seven rooms of furniture into her two-room efficiency. It would not seem wise to attempt to force Mrs. Darcey to give up her furniture so that she could demonstrate to everyone that she could live without it. It so happens that Mrs. Darcey was very unhappy living with all of her furniture crowded about her, but her dissatisfaction with her life was not simply a function of her attachment to her furniture. The important point in Mrs. Anderson's case, as I see it, is her realization that she need not be personally invested in her possessions. This is a most appropriate attitude toward things in old age. Death, after all, is the final letting go. Mrs. Anderson recognized with great relief that she was not her possessions, nor her relationships, nor her social roles or statuses. She appreciated in the act of giving up her furniture, that she was intrinsically valuable apart from her possessions, and, therefore, did not need to be validated by them.

Non-attachment, far from being a form of disengagement from life, is a way of loving it. Alex Comfort writes:

One thing that (the various uses of the word love in our language) have in common is engagement, and it is this capacity which most preserves us . . . The real psychologic unity of "loving" is the retention of an outgoing sense of our own identity, able to lay hold on experience and on the experience of another person. It probably takes the assaults of time to make us truly value this capacity. Old people are therefore either loving people or tragic people who have outlived the quality of engagement. This is why compulsory exclusion and the impoverishment of daily experience which we often impose on the old are so profoundly damaging to them.²⁶

In a culture which is inclined to understand love as another form of possession or ownership of another person or thing, it is paradoxical to discover that love can establish the true autonomy of both partners. In giving ourselves to each other, we discover who we are in our own right.

To reach this understanding in regard to things, which in our culture have little status outside of possession, is more difficult. To accept the intrinsic value of a piece of furniture, a book, or an object in the natural world may seem to some to give them more status than they deserve, but it is also to sever the ties of dependency and enable the person who so accepts them, to give them up if need be. It is, perhaps, most difficult of all to accept the intrinsic value of ourselves. It is, in fact, counter-cultural to do so in a society that sustains its economic growth by unhinging our impulsive need to buy things that will make us socially more acceptable while, at the same time, telling us that we should do so because "we owe it to ourselves." Nevertheless, those elders who were very satisfied with their old age gave evidence of being able to accept their own intrinsic worth in spite of whatever misfortune they may have experienced. The attitude was clearest in the case of the half dozen very satisfied elders who were poor and frail, because it was more evident that they had little conventional support for their sense of

well-being, but it was also true of those who were more fortunate.

It must be recognized that most Americans are not able to realize economic success in old age if this is taken to mean the maintenance of a high standard of living through private effort alone. Retirement brings with it a much reduced income in most cases and impoverishment in some. Indeed, over half of all persons over 65 would be impoverished if it were not for various government transfer payments made in their behalf. While social security is a form of social insurance, a significant minority of elderly get by only with the help of various welfare provisions. Forced retirement adds to the feeling of worthlessness many experience in old age. The fact that, nevertheless, most elders are satisfied with their old age and a significant minority are very satisfied must mean that they have redefined success. If this redefinition of success is a reluctant acceptance of less because there is no other option, a sense of tragedy in old age is likely to accompany such satisfaction. If, however, such redefinition is a result of the cultivation of an attitude of non-attachment, then it is much more likely that elders will report that they are very satisfied with their lives and give evidence of this satisfaction in their caring for others, even while they are cared for. This capacity to affirm one's life in spite of the fact that social affirmation is less available is a critical capacity for anyone to develop in an achieving society. It is especially important for older people to be able to do so. It is not a resting on one's laurels, looking back nostalgically on past accomplishments that sustains old people for the most part. It is a capacity to affirm life here and now. This was well put by Mr. Salmon, "I want to live the last days of my life as the best. I want to live so that everyone will like me." Mr. Norman's quiet sense of enjoying life with less is not, for him, a matter of deprivation. It is an occasion to discover another aspect of living.

The attitude of non-attachment can be seen as the necessary, but not sufficient, condition for the achievement of the other characteristics of a very satisfactory old age. The sense of adequate control derives from the conviction that as an intrinsically valuable person in a world for which one assumes appropriate responsibility--even if this can only be, in the last analysis, in accepting the inevitable--one is not undone by events. For those older elders, traditional religion has supported such a conviction as expressed in the hymn, "This is My Father's World." It is more readily achieved through an attitude of non-attachment. Non-attached persons are more likely to keep in touch with others in their old age because bereavement over the loss of a loved one is more readily coped with and the willingness to start again not as dependent upon another's ready acceptance. The humor that can be maintained through pain and suffering as well as through the more normal disappointments and betrayals of old age is a direct expression of this attitude. The ability to tell one's story with a sense of humor is an indication of personal autonomy and non-attachment.

POLICY IMPLICATIONS

This study should not be interpreted as support for a reduction in benefits and services to the elderly under the notion that making do with less is a sure-fire way to achieve a non-attached view of living. Although pain and suffering can be conducive to growth, most people do not grow under such circumstances, they become embittered. Adequate income, good health, and comfortable living arrangements are necessary, but not sufficient, for the realization of most anyone's conception of the good life. In a just society we should assume the responsibility for seeing to it that the elderly are cared for in these basic ways. At present we are only minimally meeting this requirement. It will be more difficult to do even this in the future as the size of the elderly population increases and the size of the labor force diminishes.

Given the basic necessities, this study suggests, old age is bearable for most residents of subsidized housing. For some, the very satisfied, life continues to be an exciting and rewarding experience in spite of severe deprivation. I think it is possible to help others learn from the very satisfied.

The major policy implications of this study are programmatic. What is called for is a context within which the elderly can overcome the superficiality of everyday life--especially the necessity to present a good front to others in one's building--and learn from one another how they really go about coping with the issues that concern them. What the elderly need is an occasion to level with each other about life. As Abraham Maslow once observed:

---what comes to me is the superficiality of our whole culture--the young people, the affluent, and spoiled people. That includes most of us at most ages. Even the more intellectual of us, the more earnest, even the nicest people tend too much to be superficial.

The traditional religions have pretty much died, and they were the ones that used to take care of the serious problems of life. A new religion that can attract intelligent people has not yet been made. There is no official way in our culture of really being serious. The priests of the present society are really the psychoanalysts who deal with pain, anguish, dread of death, how to make a serious life for oneself, how to handle one's own evil.

We psychoanalysts are now becoming dimly aware for the first time of what human beings can be like and we realize that friendship and intimacy are practically absent in our society. It is often said that Americans are very friendly, but people don't ordinarily dare to look seriously at their relationships, because if they did, there would be the profoundly hurtful feeling of being utterly alone in the world as you realize that you don't have a real friend . . . I think Freud was correct

in his basic postulate. First face the truth, and that'll bring pain.²⁷

In discussing this matter with several groups of elders, it was quickly pointed out that they did not want any shrinks, or touchy-feely sessions. They did not want anyone talking down to them from the height of any particular expertise. They did acknowledge, however, that there was need for an occasion to level.

When I first read the interviews, I was convinced that every effort should be made to improve the social network of the elderly in these institutions so that they could better help themselves. I was soon told, however, that no one wants to listen to someone else's problems at lunch or dinner, or in the recreation room. It is important to have places where serious talk is not encouraged. It is also important to have occasions when it is. In our society such conversations may occasionally take place between parents and children, but for more and more elderly--particularly those living in group housing for the elderly--such conversations take place between friends. Small group meetings in which someone trained at facilitating discussion could be the proper occasion for elders to help each other cope with the basic issues of living and dying.

Again, at one time these issues could sometimes be brought up during church groups or Bible classes. For some elderly these are still appropriate occasions. For most, however, the study of the Bible seems unlikely to be intensive enough when conducted in conventional ways, to enable the elderly to discover in their own lives the strength and insight to affirm life to the last. Authoritative religion is on the decline among the educated.²⁸

Another implication of this study is much broader. It pertains to the attitude of service providers who expect little from those to whom they are providing services and often become impatient when elders who seem well enough off complain about their lot. At best adequate income and services are necessary for finding satisfaction in life. They are not sufficient. The genuine expectation to receive some benefit from those being served is as valuable an attribute of the service as the service itself. The capacity to be open to what others have to offer us, especially those officially defined as dependents, requires considerable sensitivity. But training in such skills as a required part of the education of service providers would greatly benefit the elderly who are being served--and may even help them achieve a greater degree of autonomy. Service providers should be trained to expect their clients to recover on some occasions so that their services would no longer be needed.

CONCLUSIONS

Public policy directed toward old people in America must seek first and foremost to provide for these persons an adequate income, adequate health care, and safe, reasonably comfortable housing. Without these necessities it is difficult (but not impossible) for anyone to feel safe and secure in old age, much less very satisfied with their lives.

Nevertheless, as important as these provisions are, they are necessary but not sufficient for life satisfaction in old age.

This paper has indicated that the problems of the aged in our societies are not simply their problems, but ours. Our way of life has traditionally affirmed values of rugged individualism that have predicated the sense of self-worth and social status on productivity and achievement. In old age, these values work against you, not only because older Americans are cut off from the means of producing those things that formerly gave them status in their job, but also because it is more difficult for them to appreciate the valuable services that they do in fact provide for themselves and for others. In order to be very satisfied in old age, it is necessary to redefine success and assume a more playful attitude toward life.

Very satisfied old people have done this to a much greater extent than those less satisfied with their lives. Interdependence becomes an acceptable and cherished way of life. Older people who are very satisfied not only depend upon their children, friends, and neighbors, but also are depended upon in many ways. Aging is not a matter of giving up or detaching oneself from life, but a way of redefining one's involvement in life. Non-attachment is the cultivated capacity to affirm the intrinsic value of oneself with all of one's strengths and weaknesses in spite of social deprivation or personal debilitation.

For very satisfied older Americans, religion has played a most important role in assisting this redefinition of status and value. However, religion also plays an important role in the lives of those who are less satisfied or not at all satisfied with their lives. It enables them to feel that things would have been worse had they not prayed and offers hope in the face of oftentimes seemingly hopeless situations. The older Americans in our sample consider religion and, to a lesser extent, church going, an important part of their lives.

Whatever the "objective" situation of their lives might appear to be to an observer, those older people who were very satisfied with their lives reported a much greater sense of having adequate control over their lives than those who were less satisfied. They were also more capable of laughing at themselves and their situation than the less satisfied.

Public policy cannot insure that the social network of older citizens will be viable, that it will provide them with the necessary informal supports without which life seems sterile and uncaring, that they will continue to be able to find friends throughout all of their lives. It cannot guarantee that older citizens will be able to affirm their self-worth in a social climate which bases self-worth on productivity and achievement. It can, however, establish programs to assist older people to continue to expand their personal and social skills. Self-help groups, life-long learning, part-time or full-time employment opportunities are all part of a much needed effort that is only beginning to be funded. This study underlines the importance of such educational and interactional efforts in improving the quality of life of older Americans.

FOOTNOTES

¹The character of these programs will be specified more fully later on. It is important to note here, however, that the elderly do not want therapy groups--these issues are issues of everyday life, not pathologies--nor do they want "touchy feely" or sensitivity groups--though the techniques used in these groups may be appropriate on occasion.

²Before the questionnaire was developed, the research staff called upon Dr. Glenn Heathers, Professor Emeritus in Psychology from Antioch College, for help in conceptualizing some of the issues of independence and life satisfaction. He also commented upon an earlier draft of this paper. Six elders were recruited to work as volunteers to help in the interviewing but only one completed twelve questionnaires and these were not used in the final sample of 502 because of a concern about interviewer bias. An initial draft of this paper was distributed to six managers of the housing projects for their reaction and assistance in recruiting groups of elderly to react to a presentation of this paper and explore the implications of its findings. About 20 elderly people in two separate meetings responded. A group of about 35 elders who meet regularly at a local Senior Center was presented with the findings and their observations recorded. Finally, the findings of this research were presented to the Delaware Gerontological Society and the AOA Regional Conference on Aging in Hershey, Pennsylvania. In both of these meetings the elderly--along with more youthful members--made useful comments.

³For a detailed examination of life satisfaction studies, see Forrest J. Berghorn, Donna E. Schafer, Geoffrey H. Steere and Robert F. Wiseman, The Urban Elderly: A Study of Life Satisfaction (Montclair, NJ: Allanheld, Osmun & Co. Publishers, Inc., 1978), pp. 21-38.

⁴Ethyl Shanas, et. al., Old People in Three Industrial Societies (New York: Atherton Press, 1968; Berghorn, et. al.; Eva Kahana and Rodney M. Coe, "Alternatives in Long Term Care" in S. Sherwood (ed.) Long-Term Care: A Handbook for Researchers, Planners and Providers (NY: Spectrum Publications, 1975), pp. 511-572.

⁵Ralph Gabriel, American Values: Continuity and Change (Westport, CT: Greenwood Press, 1975), p. 188-190. See also Edward Hall, The Silent Language (NY: Doubleday, 1973), p. 89 and Clyde Kluckhohn, Mirror for Man (NY: McGraw Hill, 1964), pp. 175-200, Francis L. K. Hsu, "American Core Values and National Character" in F. L. K. Hsu (ed.), Psychological Anthropology: Approaches to Culture and Personality (Homewood, IL: Dorsey Press, 1961), pp. 218-219. Hsu describes "self-reliance" in the U. S. as being a "militant ideal which parents inculcate in their children and by which they judge the worth of any and all mankind."

⁶An example of social Darwinist thought is provided by the once popular book by Andrew Carnegie, The Gospel of Wealth (NY: The Century Company, 1901). See also Max Weber, The Protestant Ethic and the Spirit of Capitalism (NY: Charles Scribner's Sons, 1958).

⁷Public Law 93--29, Title I, Section 101.

⁸Public Law 93--29, Title III, Section 301, #2.

⁹C. Wright Mills, White Collar: The American Middle Class (NY: Oxford University Press, 1956), pp. 239-355, Philip Slater, The Pursuit of Loneliness (Boston: Beacon Press, 1968), Eric Fromm, The Sane Society (NY: Holt, Rinehart & Winston, Inc., 1955), Amatai Etzioni, The Active Society (NY: The Free Press, 1968), pp. 617-655.

¹⁰Lee Rainwater, "Work, Well-Being and Family Life," paper prepared for Secretary's Committee on Work in America, HEW, June 1972.

¹¹Timothy Barnekov, "The Social Service Needs of Residents of Group Subsidized Housing Elderly."

¹²Early attempts to elicit a concise story by means of a carefully worded question produced such varied responses that it was decided that we should elicit the story through rounding out responses to other questions and following up on interesting leads.

¹³Berghorn, et. al. op. cit., pp. 72-73, in their Kansas City study found that family interaction became less satisfying for their sample in old age. Church work, hobbies, and neighbors were more important activities. Margaret Clark and Barbara G. Andrews, Culture and Aging (Springfield, IL: Charles C. Thomas, 1967), pp. 275-76, report that good relations with children in old age are a function of the degree of autonomy and independence of the elderly. Indeed, the elderly fear depending on their children as Atchley points out: Robert C. Atchley, The Social Forces in Later Life (Belmont, CA: Wadsworth Publishing Co., 1972), p. 107.

¹⁴U. S. Bureau of the Census, Statistical Abstract of the United States: 1979. (100th edition). Washington, DC, 1979, p. 464.

¹⁵Mollie Orshansky quoted in Robert H. Binstock, "A Policy Agenda on Aging for the 1980s" National Journal, November 13, 1979, p. 1712.

¹⁶The 1977 poverty level for a man 65 or older was \$2936, for a woman \$2,898. The mean family income in the United States in 1977 was \$18,264, Statistical Abstracts, p. 455 and 461.

¹⁷G. L. Maddox and E. B. Douglas, "Self-Assessment of Health: A Longitudinal Study of Elderly Subjects," Journal of Health and Social Behavior 14 (1973), pp. 87-93. The following are among the many studies that found self-assessment of health to be an important variable: J. N. Edwards and D. L. Klemmach, "Correlates of Life Satisfaction: A Re-examination," Journal of Gerontology, 1973, Vol. 28, pp. 497-502, E. Spreitzer and E.E. Snyder, "Correlates of Life Satisfaction Among the Aged," Journal of Gerontology, 29 (July 1974), pp. 454-458.

¹⁸Berghorn, et. al., op. cit.

¹⁹George L. Maddox, "Families as Context and Resource in Chance

Illness" in S. Sherwood (ed.), op. cit. demonstrates that family support is a crucial element in determining whether or not older people will be institutionalized. Elaine Brody, "Environmental Factors in Dependency," in A. N. Exton Smith et. al. (eds.), Care of the Elderly: Meeting the Challenge of Dependency (NY: Grune-Stratton, 1977), pp. 81-95, contends that individuals lacking strong family support are more likely to be prematurely admitted to nursing homes.

²⁰Berghorn, et. al., op. cit. proposed a fourth which they label "holistic." See also Robert C. Atchley, op. cit., pp. 31-34.

²¹Jaber F. Gobrium, The Myth of the Golden Years (Springfield, IL: Charles C. Thomas, 1973); Louis Harris and Associates, The Myth and Reality of Aging in America (Washington, DC: National Council on the Aging, Inc., 1975).

²²Bernice Bild and Robert J. Havinghurst, "Senior Citizens in Great Cities: The Case of Chicago," The Gerontologist 16 (February 1976).

²³Francis Carp, "Urban Life Style and Life Cycle Factors," in M. P. Lawton et. al., (eds.) Community Planning for an Aging Society (Stroudsburg, PA: Dowder, Hutchinson and Ross, Inc., 1976), pp. 19-40.

²⁴David Steindhal-Rast, "The Monk in Us" in Katz et. al., Earth's Answer (NY: Harper and Row, 1977).

²⁵This would seem to be especially true for the elderly over 75 since they grew up heavily influenced by the American dream of rugged self-sufficiency or independence. Younger elders seem to not be as committed to this view of independence.

²⁶Alex Comfort, A Good Age (NY: Fireside Press, 1976), p. 128.

²⁷Mildred Haderman, "A Dialogue with Abraham Maslow," Journal of Humanistic Psychology 19 (winter 1979): p. 27.

²⁸Haderman, op. cit. The 1977 poverty level for a man 65 or older was \$2936 (for a woman, \$2898). The average family income in the United States in 1977 was \$16,009, that of unrelated males \$7,831 and unrelated females \$4,820.22