

"Difference of Adjustment: Segregated Old Age Communities vs. Unsegregated Communities"

by

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Today the cozy picture of the "old folks at home" needs some revamping and refurbishing. Indeed, we might very well put a new emphasis on the old song and ask, "where are the old folks at home?" This discussion, if unable to answer that important question fully, has at least been prepared with that end in view. In effect, we are asking, "Are the old folks more likely to feel at home in segregated communities or in non-segregated communities?" Here, as is so often the case in simple dichotomies, the question itself needs considerable explaining before possible answers to it can be posed. In this case we must clarify the meaning of "segregated" and "unsegregated." In the preparation of this paper, I found myself at times unsure whether the topic under discussion was "segregated vs. unsegregated communities," "congregate vs. non-congregate communities," or "institutional vs. non-institutional living arrangements."

I think that the confusion is justified in that the term "segregate" perhaps implies some of the connotations ordinarily associated with the other two terms - "congregate" and "institutional." The terms, however, are not synonymous. When we speak of the adjustment problems of the segregate vs. the unsegregated community for oldsters, we are emphasizing those problems which stem from the varying degrees of isolation of the oldster from the other age group in the community. Adjustment problems thus construed would stem from the resultant feeling of aloneness and isolation.

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On the other hand, if we were to use the dichotomy, "congregate vs. non-congregate living arrangements" we would emphasize not so much those problems which stem from the isolation of the older group, but those which stem from the fact that under congregate living arrangements old people must live with each other. In this instance the problems of interpersonal relations met in the ordinary routine of living form the hard core of adjustment difficulties.

If we were to take our third dichotomy and speak to the adjustment problems associated with institutional vs. non-institutional living, we would perhaps not emphasize either the separateness of the older age group nor necessarily the problems of living together, although these would be involved. Rather, we would emphasize the adjustment problems imposed by the regimen under which the individual must live. The common rules, the common food, the common quarters and the common authority.

Since these three dimensions are likely to vary together, I shall not try specifically to separate them. Furthermore, it is my opinion that adjustment difficulties are considerably less a product of the peculiar aspects of living arrangements in reference to any of these dimensions than they are products of individual personality. The adjustment problems stem less, perhaps from the fact that the individual lives in a community segregated on the basis of age rather than from the fact that the individual himself is segregated. It is likely that the view of adjustment problems in the segregated community for the aged is distorted because of the tendency of such institutions to attract segregated individuals. There is perhaps a greater tendency for bachelors, spinsters, widows, widowers and childless married couples to gravitate towards such living arrangements than for old people with strong family ties. In a sense, segregation has been their problem regardless of the home they chose for the latter years.

I have often seen, in communities of older people - even in those which were considerably isolated - some individuals who exerted great effort to maintain

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their contact with the so-called outside world. And, I might add, were successful in doing so. Certainly a woman in an institution for the aged who becomes the village librarian and who is active in the Woman's Club and in church work, would laugh at the thought that she has special problems because the people with whom she eats and with whom she lives average in age well beyond three score and ten. I suggest that the form of the congregate living arrangement is of relatively small importance provided that the home itself satisfies basic needs and provides at least minimum demands for wholesome living.

Be that as it may, an examination of the segregate - unsegregate continuum is essential in order to reveal the type of living arrangement available to the older person. Best possibilities for adjustment exist when the personal characteristics and demands of the individual are matched with the characteristics and demands of the living arrangement. The following description of this continuum has been set up with this in mind:

1. Independent and Semi-independent Living Arrangements. In this category I would place all of those living arrangements which the individual freely seeks for himself or are forced upon him by circumstance. Here I would place the indigenous or perhaps the untransplanted old folks who continue to follow the pattern of living established earlier in life. Here are those who live alone and maintain their own homes or who are living with relatives - with sons and daughters. Here too, I would place those who live alone or with non-relatives, or in boarding houses, clubs, hotels or other similiar arrangements. This group faces the problems of age as it meets them, one by one, either with success or without success, depending largely on its own endeavors when the issue is joined. This is the unsegregated end of the continuum. Presumably it is the non-congregate, non-

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institutional end. If congregate aspects appear, they do not predominate.

2. Communities of Retirants. Here we take a short, bold step in the direction of congregate living. By "communities of retirants" I mean those cities, towns and villages usually endowed with an attractive climate and have for this or for some other reason attracted a large group of elderly people. St. Petersburg, Florida is such a community. It has its congregate aspects in that large numbers of our older citizens are there. Many group activities are provided for them. Here, while people may share activities with others their own age, each individual or family is entirely responsible for its own well-being and for its own security. Each individual rents or buys his own house or apartment. He buys his own food and prepares it, or at least chooses his own meal in a restaurant. He seeks his own medical care and retains his accustomed freedom and responsibility. Such arrangements are congregate, segregate or institutional only in the mildest sense.

3. Supervised and Planned Communities. The lines of these categories are not hard and fast. By "supervised and planned communities" I refer to those living arrangements in which the older person is provided with a house or apartment in a community of older people. The community setup is not ordinarily run for profit. Consequently, the cost per living unit and upkeep is often subsidized from outside money. While there are not too many communities of this type, some relatively large and successful ones exist. Penney Farms in Florida, for retired ministers and Christian laymen, is such a place. Pilgram Place in Claremont, California is another with a strong religious emphasis. Thompkins Square House in New York City represents the big-city apartment variation of this type of community. If New York's public housing plan for aged is realized, the way will

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be open for relatively large scale introduction of this type of living arrangement in that state. Florida's Neighborhood Village Plan, which, if carried out under private enterprise, represents the supervised and planned community for aged with the state offering the plans and organization but with private enterprise offering the capital and supervision. These planned communities for the aged, while very similiar to the two preceding categories, offer more security than the more independent living arrangements, but still require the individual to be physically and financially able to maintain his own household. Little or no restriction is placed upon the movement or travel of the resident. Usually some special medical arrangements are made, but the responsibility for the cost and care of major illnesses remains with the resident. Since the living arrangements are congregate, a special selection of the residents is called for. Bitter experience has shown, for example, that not all varieties of Christian people can live amicably together. Members of some denominations tend to be too vigorous in their imposition of a righteous way of life upon the community, and consequently, are incompatible with the remainder of the group. In the selection of residents such people are avoided.

It can be seen that even in this very moderate congregate living arrangement, increased security and comfort is purchased by the surrendering of a small but definitely discernable amount of freedom. As we progress further into this segregate-unsegregate continuum, we see this pattern followed. By and large, increased security and increased catering to special needs of the individual are purchased at the expense of individual freedom. In measuring the adjustment potential of the individual to these various living arrangements, it thus becomes necessary to balance the gains against the losses. Only in this way can wise decisions be

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made.

4. Full Care Homes and Communities. In this group we find the county homes, the homes for the aged operated by churches, by fraternal organizations and by special boards. Homes for aged veterans would also be included here. In these homes, the individual can truly rest on his oars. His days of responsibility for himself are over. In large degree he has surrendered that responsibility to the home. His meals, his clothing, his housing, his medical care, and often his spending money are provided for him. Many of these homes and institutions are beautifully planned and organized. The physical equipment may be all that can reasonably be desired. In the better institutions of this type the activities program may be stimulating and of great therapeutic value.

On the other hand, facilities may be abysmally poor. There may be no program and they may become simply houses of the living dead. I still recall seeing not many years ago an abysmal county poor farm in Tennessee. Three bunk beds in as many corners of the room for six old men. The sprier ones had to take the top bunks, of course. At least ten people sitting in the room as I entered. An aged bedridden man in the corner - green scum in the glass straw in his water glass testified to the care he received. A man sitting on the edge of another bed staring vacuously. A feebleminded young woman with two children, one a babe in arms, completes my memory of this miserable picture. Between this odious county institution and some of the truly magnificent homes for the aged that exist in this country, exists a gap of tremendous breadth. It is difficult to conceive that any could be content or adjusted in these institutional slums, just as it is sometimes difficult to conceive of anybody being unhappy in the better

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institutions. But happiness and unhappiness dwells alike in both extremes.

5. Nursing Homes. I draw a distinction between the nursing home and the full care homes in the above category, not because the difference is easy to delineate, but because a difference in emphasis does seem to exist between the two types of homes. While the better type home for the aged is prepared to take care of the ill as well as the healthy, the emphasis is upon the well aged. The nursing home centers its attention upon those who are enfeebled, who require more care and who are either acutely or chronically ill. Usually privately operated, the nursing home is small. The quality of care offered varies fully as much as in the case of the county homes. Monthly rates may vary from nothing, in the case of a few church-run or charitable institutions, to considerably in excess of \$300 a month. The care may be purely custodial or a well-organized program of nursing may be carried out under competent guidance. Standards for such homes are easy to set but hard to maintain, particularly in that group of homes which serves the recipients of public assistance.

The problems in the operation of these homes are many. Dr. George E. Myers, of the Mooschaven Research Laboratory Staff, received some very interesting comments from the operators of nursing homes, which revealed in part their attitudes and the problems faced by them. One states:

"Every real estate man who has a large house for rent, advertises it for a convalescent home. And some poor soul who calls herself a nurse - no background or even good judgement, just anyone who can get someone to put up the \$150.00 to \$200.00 per month - rents it and another so-called "HOME" opens. And that nurse, - who probably has washed dishes in our place - starts playing on their old people (whose minds are like children's anyway)

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and off goes a nice patient where they stay in beds, have bed-sores and terrible odors. But their people can save their old people's money, so decent places are going to have to close, for in our hospital building our income is \$315 per week and we are paying out \$214 per week for help. We own our buildings and are stuck. Send a buyer or some help of some kind quickly. I love old people and am anxious to see them have the right kind of home but something has to be done. One woman who has a hotel here decided "Convalescent Home" was a money maker, so she continues to buy large houses - has five now that I know of - puts old people in them at any price, pays her help (so she says) \$15 per week. You can imagine the kind you can get for that money.

Please see if something can be done. I am ready to go out of business but I am sincerely interested in old people."

The nursing home, an emergent phenomenon in our generation, represents one type of solution to the living problem for a particular group of the aged - usually the single person, often a parent, placed and kept in the home by children, and finally, regardless of social relationships or position, usually ill or somehow enfeebled. In a nursing home, we approach the extreme of the segregate end of the segregate-unsegregate dimension. Here, in addition to the segregate features common to the home for the aged, we have the additional factor of ill health and enfeeblement accentuating the seperateness of the aged person.

6. Other Arrangements. For the sake of completeness, certain other living arrangements for the aged can at least be mentioned. Of the institutional kinds,

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the most important is the state hospital, with its relatively large population of senile dementias and psychoses with arteriosclerosis. In the state hospitals, too, will be found a substantial number of individuals with lesser degrees of mental difficulties and some, indeed, who can only with difficulty be classified outside the bounds of normalcy. Lack of other provisions or of people who care make these unfortunates lifelong residents of the mental institution.

Other types of living arrangement or service to the aged which should be mentioned are the extension service and the foster home care given to some aged individuals. Some homes for the aged have tackled the problem of long waiting lists by establishing extension services. The aged person continues to live in private quarters away from the home but is welcomed to the activities of the institution and is given such medical care and other services that are available to the regular residents of the home. Later, when vacancies occur, these individuals find transition to the life of the home a far simpler matter than they might otherwise have found it to be. Foster home care, on the other hand, refers to the placing of the older person with a family as a paying guest or foster grandparent. Homes accepting such guests must meet certain standards and provide wholesome surroundings.

This, then, to my way of thinking, is the segregate-unsegregate, congregate-non-congregate, institutional - non-institutional continuum. On the one extreme you have the old person maintaining his own household in his community as he did during his younger years. In this category, of course, fall the great majority of our citizens over the age of 65. As we progress along this dimension, we come first to the private communities which are so popular with retirants. From here we progress through the planned and supervised communities for the relatively independent aged. This type of community in some of its features, merges into the

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full care homes for the aged. These in turn, embody many of the features of the nursing home, which I have placed near the extreme congregate, segregate, institutional end of the continuum.

I already intimated that adjustment to the living arrangements in this continuum is largely a matter of the individual's adjustment potential. Aside from the ability of the individual living arrangement selected to provide for the creature comforts of the individual, analysis of this continuum should be made in terms of the gains and losses to the individual. As we progress up the continuum from the independent living arrangement, the individual most certainly gains in security and in freedom from responsibility. In extreme cases, the individual may even evade the responsibility for taking care of his own personal needs. This gain, however, is traded for a decrease in freedom and privacy. In most highly congregate living arrangements, there is great loss of freedom - either resulting from the infirmities of age and poor health or from the lack of money. These factors conspire to reduce the opportunity of the individual to travel, to visit, to move about as freely as he once did. They conspire to reduce the opportunity for the selection of friends. One's friends are selected from one's associates and these are selected by others. Food may be excellent, but here again, freedom in its selection and preparation is circumscribed. These losses, in terms of the security gain, may be trivial and the individual may find no difficulty whatsoever in adapting to them. In making his choice of living arrangements, however, the older person should be fully aware of these possible disadvantages.

In highly congregate living arrangements, there is inevitable decrease in privacy. One simply cannot maintain privacy, strict privacy, and have others

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provide for very personal needs. Dining in a group represents a lessening of privacy. The use of a common bathroom, the sharing of lobbies and recreation rooms and other facilities is a lessening of privacy. Then, too, rooms are more often shared with another than not. The individual may be able to endure the lessened privacy of congregate living arrangements, indeed he may welcome it. But again, it is a factor which must be considered in predicting the adjustment of the individual to congregate living arrangements.

The adjustment potential of old age is dependent upon a lifetime of experiences and attitudes. For some, adjustment to good congregate living arrangements may be infinitely preferable to a losing struggle with independence. Often I have heard the remark, "If I had known it was like this I wouldn't have waited so long to come." The adjustment of the individual to the living arrangement is enhanced if the selection has been made with consideration of all the factors involved. In assessing his own position, the individual approaching retirement might well ask three questions:

1. How much money do I have and how large is my income?
2. How is my health, and how is it likely to be in the foreseeable future?
3. What are my personal needs and desires? What do I now want out of life?

These questions cover the economic position, the health and the personality needs of the individual. If he is woefully deficient in any one of these three areas, his choice is extremely limited. Perhaps he has no choice at all. If he has no money, or if his health is poor, or if he is extremely maladjusted, neurotic, or, indeed, psychotic, his choice will be forced upon him. The rich man is no better off than the man of moderate means whose health is equally poor.

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Proper guidance, either in terms of intelligence, self-analysis, or with the aid of a skilled counselor, should make for wiser decisions on the part of our older people in the selection of living arrangements. Those who approach retirement with adequate financial resources and in good health, will reap as great or greater benefit from such analysis as those less fortunate. Discontent among our community of retirants and oldsters indicates that pre-retirement analysis of one's own position and future plans is essential for good living in the later years. Man need not enter retirement afraid, surprised, chagrined, and stumble through his remaining years wondering what it was that happened to him and why. There are new adventures at every age and a lifetime to be lived after 65.