

SOCIAL GERONTOLOGY

by Esther K. Stangle, M.A., Los Angeles, California

"An increasing number of people need and seek counseling for their adjustment to family life. Many find it difficult to live harmoniously and to get along with each other. This is reflected by the rapidly increasing divorce rate, by the rise in juvenile delinquency, and by the growing frustration of parents in rearing children.

"However, while people require more help and assistance, they get less than ever before. In the past, the main source of guidance has been the church. Priests, ministers, and rabbis functioned as counselors and guides in all problems of life. The family doctor was in a position to be consulted in crisis and conflict situations. Today, fewer people depend on their church, and even many faithful churchgoers do not bring their personal problems to their spiritual leader. The family doctor has been replaced in many instances by the specialist; most doctors know little about family relationships and the intimate life of their patients. Furthermore, the complexity of modern life makes it more difficult for them to give advice merely on the basis of common sense and good judgment. Probably the greatest amount of family counseling is furnished by well-meaning friends with good intentions who frequently contribute more friction and confusion than help."¹

Although the above was written by Dr. Rudolf Dreikurs almost twenty years ago, what he wrote, as with all classics, still applies, particularly perhaps to the older adult whose role of the past no longer exists and whose "well-meaning friends with good intentions ... frequently contribute more friction and confusion than help."²

Today's older adult has to be a pioneer in a new way of life for older people, if the older person is to find fulfillment in the modern world. For several important reasons, he cannot live his life today as his parents spent their later years: 1) The older person today is, on the whole, more knowledgeable and better educated, largely because of television, radio, senior adult centers, senior adult education classes, and other facilities made possible by modern means of communication and transportation. Also, there is more knowledge available. 2) Today the senior adult lives longer, is generally in better health and has more vitality. 3) He expects more out of life, because of pensions and social security, than his parents, who (unless they were very wealthy) had to work for money as long as they were physically able. 4) The modern environment with its high-priced land, food, and living standards is quite different from that which existed during the later years of the parents of the present-day older person.

But who is the "older adult," and what is really meant by the word "retiree"?

Since this article concerns itself with 1) the retiree, 2) the older adult, and 3) social gerontology, and since there is a problem regarding clear modern definitions of these words, it appears necessary that the author define what is meant in this paper by these words.

By *retiree* is meant "a person who no longer works full-time for a wage in his usual occupation, and/or a person who no longer has the usual family responsibilities which younger or middle-aged adults ordinarily have in our country."³

Since the Social Security Act of 1933 established 65 years of age as the basis for retirement criteria, *older adult* will mean "any individual 65 years of age or older, since the intent of the law related chronological age, older age, and retirement."⁴

Social gerontology, in this article, means *the study of the social life of the older person*. In practice, the social gerontologist has an educational orientation, although the techniques used may draw much from a therapy model.⁵

How can the social gerontologist help his client? One of the first questions usually asked is: Can an old dog learn new tricks? The answer is: The social

gerontologist does not teach dogs, nor is his client learning tricks! The client is learning 1) to understand himself as a human being capable of learning and developing (confirmed by studies and demonstrations) as long as he is alive;⁶ 2) to attempt to understand the dynamics of the changing modern world; and 3) to try to develop for himself a new senior adult role which will be satisfying to himself and which, at the same time, will fit into the milieu of modern life. What is a meaningful activity to one retiree may not be to another. Older people, like younger people, are individuals with different needs.

What do we mean by the word "old" when applied to a person? Generally, we refer to a chronological age or to physiological symptoms formally associated with aging.

But we may well question whether the instrument designed to measure time, that is, the calendar, the tool which helps us calculate chronological age, and chronological age itself do not omit too many variables to allow our basing of any decision about a human being merely upon his chronological age. Professional people who work with retirees see⁷ "that many behavioral and physiological manifestations formerly associated with aging more properly are related to medical illness, personality variables and the impact of the socio-cultural milieu."⁸ Thus, even the ways in which chronological age have been used are now under question. One example of this is in the practice of medicine. Formerly, physicians had the attitude that one could do little for the older person. Today, fortunately, with modern knowledge and techniques the informed physician and surgeon treat the older patient's medical problems and not his chronological age.

Many of our former concepts, definitions, and attitudes are no longer applicable or appropriate today. In this era of cybernation, to be work-focused, as was formerly necessary when most production was manual, is unrealistic. With the increased rate of modern production will have to come more modern concepts regarding the distribution of purchasing ability if the goods and services being produced are to be consumed. Otherwise, why produce? Could it be that the leisure of the retiree today and his pioneering in the use of his free time, free energy, and desire to remain in the mainstream of life represent the first glimpse into a new way of life for *all* human beings in *all* age categories in this era of mechanically self-perpetuating machinery summed up in the term cybernation?

Just as modern economics has to deal with new concepts, so ought semanticists modernize other equally vital definitions, since words are the tools for thinking and the communication of knowledge. A widely used dictionary defines gerontology as "the science that treats of the decline of life."⁹ Yet, in recent years there have been countless instances in which older people, often in the eighth and ninth decades of their lives, have developed formerly unused potentials. The phrase "decline of life" itself needs clearer definition, and certainly it can, unfortunately, be present at any chronological age.

Our society is youth-focused (filiarchal) and work-focused. The characteristics of the young person—being slim and quick, superficial and glib, ambitious and hard-working (for the future—in a death-denying society), and highly competitive—are over-emphasized and over-valued in every mass medium of communication, just as in a matriarchy, patriarchy, or gerontocracy the so-called superior group creates propaganda against the opposite group in order to keep it down (feeling inferior, inadequate) in order to exploit it. Prejudice is thus a method and technique to control and subjugate those against whom the propaganda is directed. Sometimes a younger person is prejudiced against an older adult—with-

out being aware of his own stereotyped thinking.

Two friends, Mr. R and Mr. N, compared notes regarding their mothers. Mr. R's mother, Mrs. S (really his mother-in-law, but his own mother had died when he was a child), lived with him and his wife. He enjoyed being told by everyone, his wife and her mother included, what a wonderful man he was, both as a husband and a son. The fact that both Mr. and Mrs. R "smother-loved" Mrs. S never occurred to either one, but Mrs. S had told me confidentially that she felt like a prisoner in a jail. She cried as she told me she had no home. When I suggested that she could free herself, she was too discouraged and too fearful to learn how this could be accomplished.

Mr. N came to me as a client. He said he felt ashamed of himself and his mother, who was going to be 90 years of age in a few months. He felt ashamed of himself when he compared himself with Mr. R and what Mr. R was doing for "his" mother. And he felt ashamed of his mother, who insisted on living alone, participating in a neighborhood radio show, and what was even worse, attending a Spanish class in the adult high school nearby. He had begged his mother to come to live with him and his wife and to begin to "act her age." Her reply had been, "I don't have time."

After Mr. N's concepts regarding chronological age had been brought up to date and he had done some reading and studying about social gerontology, he became proud of his mother's achievements and contributions to the community. Now he is coming to me for counseling regarding the development of some of his own neglected potentialities.

There are some people who use filiarcal prejudice against themselves. For example, a retired man told his friends that he was bored and was going to talk to me about what he could do about it. Several of these friends informed me that the man was ninety-six years of age—What could he expect? When this man did finally come to see me, he informed me that he was really 106 years of age but that he did not want anyone to know. People would look at him as if he were a "queer." He was tired of living and he didn't know what to do about it. After all, what could he expect at his age?

In our sessions together, he came to understand that longevity does not "just happen," but that to achieve it takes intelligent personal management. His physician assured me that he was in fairly good condition and was able to attend class three times a week.

After talking many things through, my client decided he did not want to attend school, that there was no need for that because he intended to teach himself how to type. He rented a typewriter, bought the typing textbook, and did teach himself the touch method of typing in a few months. Now, after a year, he not only types all of his own correspondence but that of friends and acquaintances whose eyesight is not as clear as his!

Had this man's activities been directed by his former filiarcal attitude toward chronological age, he would not be the vital, intelligent and helpful person he is today at 107 years of age.

In her study titled *Social Competence of Centenarians*, Dr. Belle Beard writes:

"The hypotheses provisionally indicated ... are 1) that the macrobiotic survives largely because of his superior social adjustment to life; 2) that the centenarian is characterized by absence of neurotic traits and—positively—by the persistence of normal behavior patterns and wholesome activities; 3) that the centenarian holds his place on the continuum for average ratings, but usually excels in one or two traits which bring him recognition and prestige.

The centenarian is a normal person who stays himself."¹⁰

Again, we must be wary of how the phrase "normal behavior" is interpreted, and the same applies to "wholesome activities." Nevertheless, studies of centenarians have been helpful in indicating what does exist, and they challenge our ability to give up out-moded concepts for more realistic ones.

"We all believe in democracy but have not yet learned to put it into practice," wrote Dr. Dreikurs in "Counseling For Family Adjustment" in the *Individual Psychology Bulletin*.¹¹ "We all want to live in peace and harmony, but we have not learned to regard our fellowman as an equal."¹² This observation is particularly true of how many people feel about the older adult and about how the older adult feels about himself.

Yet "feeling to be less than others in a group prevents cooperation and constructive action and limits the development of social interest, of the feeling of belonging. Inferiority feelings stimulate fear and resentment, as the feeling of belonging and self-confidence leads to courage and acceptance."¹³ "The only basis for human cooperation [is] the feeling of belonging."¹⁴

With our rapidly increasing quantity of knowledge, specializations are essential. Individual Psychology, which considers the uniqueness of each individual, explains the importance of being one's own unique self and expressing this in cooperation with other human beings. This applies, of course, to every age group. "A faulty equilibrium between the members of the family is the real basis of family maladjustment and conflict."¹⁵

The social gerontologist, through counseling, attempts to help the retiree, the older adult, and the younger members of our society to understand that perhaps for the first time in his life the older adult is free from outside pressures and control and that this type of freedom from paid work and/or family responsibilities and duties can, when properly utilized, allow him to discover inner potentials which he can develop not only for his own fulfillment but for a way of living which also richly rewards his family and society.¹⁶

One of the most important experiences the older adult can share with others is a satisfying life in his later years.¹⁷ In our youth-focused culture, young people are sometimes afraid even to think of themselves as an older person. But today old age is not a disease. By continuing with his self-development and being the type of person others enjoy being with, the modern older person can help to dispel some of the fears of becoming old themselves which younger people in a filiararchy generally feel.

"The existing human relationships are still patterned after the principle of superiority-inferiority, which has been the basis of all human relationships in the past. Our present problems and conflicts are part of the struggle to overcome the previous pattern and to establish a new one. We cannot turn back the wheel of time; the evolution of mankind moves towards actual equality, which alone is the basis for harmonious and stable relationship, in line with what Alfred Adler called "the ironclad logic of living together."¹⁸

REFERENCES

1. Dreikurs, Rudolf, (M.D.), "Counseling for Family Adjustment," *Individual Psychology Bulletin*, Vol. VII, Third Quarter, 1949, Individual Psychology Association of Chicago, Inc., p. 119.
2. Ibid.
3. Stangle, Esther (M.A.), *The Role of the University of California at Los Angeles in the Field of Gerontology*, 1964, pp. 1-2 (M.A. Thesis, UCLA, June, 1964).
4. Ibid., p. 1.
5. Goodenough, David S. (Ph.D.), "Self-Study Groups: Hope for the Troubled Normal," *Community Mental Health Journal*, Vol. 1, No. 2, Summer, 1965.
6. Beard, Belle Boone (Ph.D.), "Social and Psychological Correlates of Residual Memory in Centenarians," *The Gerontologist*, Vol. 7, No. 2, Part I, June, 1967, pp. 120-124.

7. The Committee on Aging, Group for the Advancement of Psychiatry, *Psychiatry and the Aged*, An Introductory Approach, Report No. 59, p. 561.
8. Butler, R.N., National Institute of Mental Health, Bethesda, Md., "The Facade of Chronological Age: An Interpretative Summer," *American Journal of Psychiatry*, 1963, Vol. 119, No. 8, pp. 721-728.
9. Barnhart, C.L., Editor, *The American College Dictionary*, New York, Random House, 1964, p. 508.
10. Beard, Belle Boone (Ph.D.), *Social Competence of Centenarians*, Social Science Research Institute, University of Georgia, Athens, Georgia, 1967, p. 26.
11. Dreikurs, "Counseling for Family Adjustment," p. 125.
12. Dreikurs, *ibid*, p. 122.
13. *Ibid*, p. 129.
14. *Ibid*, p. 123.
15. *Ibid*, p. 120.
16. Stangle, Esther (M.A.), "A Comparative Analysis of Results from Four Senior Adult Education Classes," Abstract from *Journal of Gerontology*, Vol. 17, No. 4, October, 1962, p. 481.
17. Stangle, Esther (M.A.), *Geriatric Psychiatry and Social Gerontology*, paper presented at the 8th Western Divisional Meeting, American Psychiatric Association, Los Angeles, October 18-22, 1967, p. 11.
18. Dreikurs, "Counseling for Family Adjustment," p. 122.

SCAPEGOATING AN AGING PARENT — AN ESCAPE FROM MARITAL CONFLICT

By Esther P. Spitzer, New York City

A scapegoat is as ancient as the Biblical white goat on which the priests heaped the sins of the people, then drove into the wilderness to die. Today we define a scapegoat as any person or group that becomes the object of displaced anger and is blamed for frustrations having other origins. An outcome of tensions, this anger is often caused by conflicts in cultural values.

Many writers have discussed the scapegoating of a disturbed child who is usually of lower intelligence and limited abilities, and against whom the family stand united in a pseudo-solidarity. Few writers, however, have written about the scapegoating of an aging parent as an escape from marital conflict. While the device temporarily relieves tension, it is not only harmful to its victim but also to its perpetrators, because it keeps the real conflict from awareness and attention, thus preventing the solution of problems.

This paper describes the scapegoating of a 76-year-old man by his wife, two married sons, and their spouses. It also shows how family relations can improve once scapegoating is reduced by recognition of its hidden, evasive purpose.

Initial help was sought by the hospital where Mrs. Gross, aged 66, about to be discharged after recovery from a stroke and broken hip, refused to return home to her husband and demanded placement in an old age home. Her doctors attributed her slow, only partial recovery of speech, locomotion, and balance to the woman's dislike of her husband. In view of the latter's eagerness to nurse his wife, her request appeared imprudent and financially burdensome to the sons.

Some background material is necessary. To escape an unhappy middle class home, Mrs. Gross at 19 married a prosperous shoe manufacturer ten years older than herself. Though less educated and of a lower socio-economic family, he seemed kind, industrious, and a good family provider. After the loss of his business, during the depression in the '30s, he became a shoe salesman, and together