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## ABSTRACT

The compendium of addresses and resource documents taken from reports of three Institutes on Education for Aging held at Florida State University, 1969, 1971, and 1972 is offered as a general guide for those wishing to initiate educational programs for the aging. The document provides practical program suggestions and the views of authorities within the field. Illustrative material is oriented to Florida and the southeast, but is generally applicable in other regions. The physiological, psychological, and sociological aspects of aging are reviewed and second career planning for older adults discussed in the first section, while the second section deals with education, counseling, the learning process and some of the teaching problems encountered. The final section offers suggestions in program planning and includes: procedural steps; needs assessment; establishing priorities and utilizing resources; program planning; and program evaluation. Contributors were: T. Rich, F. B. Thigpen, N. W. Coppinger, L. M. Sielski, I. L. Webber, H. Y. McClusky, M. E. Miller, G. F. Aker, S. Hand, and A. Hendrickson. (MW)

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A MANUAL ON  
PLANNING EDUCATIONAL PROGRAMS FOR OLDER ADULTS

A compendium of addresses and resource documents taken from reports of three Institutes on Education for Aging held at Florida State University, 1969, 1971 and 1972; together with other material

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Florida State University  
Editor

Second Printing, 1974

Department of Adult Education  
Florida State University  
Tallahassee, Florida  
1973

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## FOREWORD

Over the past 5 years the Department of Adult Education has held one state-wide planning conference and 3 institutes dealing with education for older adults. These activities were mainly supported by grants under Title I of the Higher Education Act, with some small support coming from the Florida Commission on Aging (Now the Bureau on Aging). The original planning conference produced the design for the 3 institutes which were to follow.

As a result of the 3 institutes, 147 persons underwent periods of training of from 4 days to two weeks. The enrollees were chiefly administrators of educational programs in schools, community colleges, and universities, and in social agencies such as senior citizens centers, churches, and resident centers, although a few were teachers and counselors of the aging. The findings of the institutes, consisting of reports of addresses by eminent authorities and practical program suggestions coming from small work groups, were published in 3 separate reports and in each case distributed to the participants and to a limited number of other interested persons. Since there seems to be a need in the field for a general guide for those wishing to initiate educational programs for the aging, and since there is much pertinent material in each of the reports, it was thought

worthwhile to put in one volume the best material in all three and make the volume available to the field. The illustrative material is largely orientated to Florida and the Southeast, but most of it is general enough to be applicable in the country as a whole.

The undersigned would be the first to admit that the field deserves a more profound and more complete guide than this volume provides, and perhaps in the near future a more richly endowed agency will produce one. However, this Department, with no budget allocated to the project, is using the material at its disposal in an endeavor to help fill the present gap. With these restrictions and limitations, we offer it to the field with the hope that it will be useful to those who will design educational programs for older adults and to those who will teach and counsel them.

Wayne L. Schroeder  
Acting Chairman  
Department of Adult Education

PART I

UNDERSTANDING THE OLDER ADULT AND HIS NEEDS



## GENERAL STATEMENT

Strictly speaking, this section does not deal with educational planning for older adults. However, I believe that most knowledgeable persons would concede that understanding the special circumstances surrounding the older adult is a virtual necessity for those who would do intelligent planning for him. The special needs of the older person for substitute roles, for coping skills, for adjustment techniques, for means of using at least part of his new leisure for enjoyment and fulfillment, all grow out of his status as an individual who has been removed from his productive role as a worker, and is freed to exercise a number of options, but who finds himself restricted by a greatly reduced income and the necessity of husbanding his energy and his resources.

For this reason it was thought both wise and necessary to include in this volume the material on what happens to us as we get older--in our bodies, our minds, our social relations, and our economic status. By understanding these phenomena we should be able to gauge more accurately the needs that older people have for solving problems, many of them through educational means. (A.H.)



## AGING—AN OVERVIEW

by

Thomas A. Rich, Ph.D., A.M.Hyg.  
Director, Institute on Aging  
University of South Florida

The major problem in aging is not age. The major problems are societal and many changes noted are reversible as society changes. As we grow older, we need to maintain the same freedom of choice in our life style that we have had at any prior age, and this is the thesis of this paper.

This is a critical year for the people in the field of aging, the year of the 1971 White House Conference on Aging. The problems and programs in aging will have a national forum for discussion and, hopefully, influence the legislative and administrative process at national and local levels. Before going further into this topic, I would like to take time to set the stage and make some comments about a few misconceptions or missing conceptions, as the case may be, about aging.

We are here to discuss aging, not just the aged. This means that we must think in terms of programs and problems for all ages and how they relate to the next stage in the development cycle. Man has had about the same life span throughout history, but now his average life expectancy has

has increased. This major increase is due to changes in infant mortality which allows more people to reach adulthood, therefore, to reach older ages. This means that today we are dealing with increasing numbers of people in the middle and older age groups. The figure is usually cited that this population is now about 20 million, but if we drop the age back to 60, we immediately jump it to 27 million. Since retirement ages seem to be coming earlier, the consequences of this are obvious in that we will be dealing with approximately one-fourth of the population of the country.

We we talk about older people, we are talking about a population that has become predominately female since at birth the life expectance of the female is still significantly greater than that of the male. At age 65, the average life expectance is still greater for the female than for the male. In this group over age 65, we find about 5.2 million married couples and half of these couples are living on incomes of under \$3,000. Also, 60 percent of the single persons over 65 are living on income under \$1,500.

Another common misconception is that when we talk about aging and the aged, we are talking about a sick person in an institution. Only about 4 percent of the persons over 65 in this country are permanent residents of institutions and 80 percent live in their own households. While a number of these people have multiple chronic ailments, this does not necessarily impair their functioning. So, health problems are sometimes exaggerated even though health needs

and health care obviously needs continuous upgrading and improvement for all segments of the population.

It's interesting to note that we have two marginal groups in our country at this moment sharing some very similar characteristics, i.e. high leisure—low income, high dependency, low social and economic utility. I am referring to people over 60 and people under 25. It's very possible that there is no generation gap but more marginal group conflict because the groups are too similar. As the next and last point in setting this framework that I would like to emphasize is to be extremely cautious in evaluating materials about the effects of aging. Go back and look at original studies. See which ones were carried out on that 80% living independently in their own world and how many were carried out in a make-believe world in residential treatment homes. This distortion, because samples in research have tended to come from captive populations in residence or nursing homes, has led to concepts of change that are not being supported by today's research.

\* \* \* \* \*

I see a parallel problem in developing a core of people competent to teach the aged. I assume that this is why you are here. You need to know the characteristics of older people, the kinds of programs that are appealing and useful, and, perhaps, beginning to understand the need to deal with some of your own stereotypes about aging. In the beginning of this paper, I dealt with the stereotype of the aged as a

chronically ill, disabled person residing in a residential care facility. I would like to repeat that this is not true of people over 65 and we have neglected the 80 percent who are functionally independent and not much different except in the years lived from any of the rest of us. These older people may not show up at meetings on aging or appear as research subjects because they are quite busy doing the same kind of things that we do every day. Shanas' functional behavior measure in which she developed six questions for cross cultural comparisons gives a good idea of the point I am trying to make. We can determine from such questions how a person functions without regard to what his health profile looks like, or his actual age, or any of the other factors that we usually consider. They simply ask the following questions:

1. Can you go out of doors?
2. Can you walk up and down stairs?
3. Can you get about the house?
4. Can you wash and bathe yourself?
5. Can you dress yourself and put on your shoes?
6. Can you cut your own toenails?

By grading the answers, you can get a good idea of the functional ability of the persons without regard to all the other kinds of issues that we ordinarily consider. I would like to point out that other countries apparently regard foot care as much more important than we do and it is not a negative requiring avoidance. Also, the act of

cutting ones own toenails is a rather complex motor task and the next time you do it give some thought as to the implications for your own level of functioning in terms of vision, motor coordination, balance, and all of the other physical and psychological complexities involved in the process.

Many of our related stereotypes of older people are not that of age at all, but are about poverty, the poor. When we have made some progress in income adjustments so that this dramatic drop does not occur, then I think we will see that many of the associated problems in terms of their patterns of consumer spending, usual leisure activities and whole life cycle will be quite different.

A second major area of importance in working with older people, in addition to the stereotypes that we carry around about this, concerns our own attitudes. Since you already have a paper in your folder concerning this very topic, written from some research by Newgarten, I will not emphasize it but would like to refer to it. To be an effective worker, you need to study these stereotypes in your own attitudes towards your own process of aging. What kinds of self-review processes have you gone through to adjust to the different ages and stages that you pass through? What do you see in the mirror each morning? What have you done to monitor your weight and hair changes and other evidences of growing older? Your own acceptance and awareness in this area will serve to make you a far more

effective instrument in teaching and working with older people than if you consider them some kind of other population and forget that you are also becoming older.

A last point before we review, and that is, if I have made the issue clear that I strongly feel that I must stop putting people over 60 or 65 and over into some group assumed to be homogeneous and realize that any program planning must take into consideration the special sub-group that you are dealing with. We must find out individual and sub-group needs and deal with these directly. Take into consideration what they want to learn just as we do with any other age group population.

In summary, let me review the needs areas from the positive versus the negative views of aging.

Income - There is a sharp drop in income, but it is not an age drop. It is determined by society. Without this sharp drop, there would be a quite different list of problems associated with any age group.

Health - Health problems certainly increase with age, but functional measures show us that the older person is still competent for independent living just as the group represented here.

Mental Health - We know somewhat less about mental health and many old people are not treated, or offered psycho-therapy, because of the fears of the therapist, or because their symptom pattern is dismissed with the statement that it is their age. The same

set of symptoms at a different age might bring immediate mental health treatment. In addition, we still tend to use residential home placement or state hospitals as a way of avoiding the issue of treatment of older people whose hang-ups and problems are just like ours.

Nutrition - Nutrition is certainly income related. Often from lack of money, and in many cases from lack of someone to eat with and the social stimulation so many need, and perhaps related to poor dental care, many factors that are not simply age-related.

Education - There is a growing body of knowledge that indicates that the ability to learn many kinds of materials increases with age. Of course, at some point perhaps at age 85 or 90 somewhere along the way, there may be decreases and there are certainly changes in speed and in some other aspects of learning, but primarily there is the same ability and the same spread of ability within older age groups as with any other group.

Employment - Little needs to be said since almost all research has shown that except for pro-football or basketball, the older worker is a better worker in most areas.

Transportation - A national crisis for all ages. Certainly critical for the aged, but not an aging population in itself.



Spiritual well being - The need for exploration of the role of the church. Again, this is across all ages and not just the aged. There is little indication that older people get more religious, but they do probably represent a generation that was more religious in youth and still is more religious.

Older people are basically just people who have lived longer than most of us. Given freedom of choice, their pattern of living needs are just as varied and rich as that of any other age group.

(Adapted from the keynote address given by Dr. Rich at the Spring, 1971, Institute. Dr. Rich is now Dean of the College of Social and Behavioral Sciences, University of South Florida.)

## THE PHYSIOLOGY OF AGING

by

Fred B. Thigpen, M.D.  
Tallahassee, Florida

What determines functional span and life span? Is it primarily due to some unknown factor such as a chemical or a hormone? Is it due to disease or a series of diseases? Is it primarily hereditary?

This paper will include a discussion of both the physiology and pathology of aging with some thoughts on how the aging process can be postponed and how the individual can remain functional and productive for a longer period of time. Let me describe what I mean by the term aging. Aging is not so much a matter of chronology as it is a matter of functional status. Aging is characterized by the decline or loss of physical and mental capacities on account of a variety of factors such as heredity, experience, external and internal environment. There is some decline in mental agility, in ability to remain oriented, in facility for remembering events in the past or present. These losses reflect some decrease in brain cells, one of the important contributions to aging and to mental and emotional disorders.

What are the factors in the aging process? Heredity is probably the most important factor in determining aging, functional span and life span. Those who believe

environment is the most important factor have difficulty in affirming this. Environment is of considerable importance although it is probably not the dominant factor. Let us consider environment as it affects the aging process since we can to degree alter environment.

The life span of man now measures about seventy years. Few people live more than 100 years. In 1900 the average person lived 47 years. The increase of life span is largely due to the control of disease.

The length of life of animals seem predetermined. The cat lives about 15 years, a dog about 13 years, a horse 25 years, blue jay 4 years, pigeon 35 years, dog-fish 2 years, sturgeon 50 years, turtle 125 years. I give these examples to show the influence of heredity on aging.

The life expectance in various countries varies considerably. In Africa, in most areas, the average life span is about 35 years. In South Africa the white population averages about 68 years while the black population averages about 46 years. This difference could be explained in the type of medical care and nutrition the two groups receive. In the U. S. the average is 70 years. Norway and Sweden seem to have the best average, which is about 72 years. The decrease in infant mortality, improved nutrition, and excellent medical care is credited with the great increase in life span.

After birth we slowly become functional individuals. In a highly civilized and complex society where educational requirements are great, an individual may not become productive until the 20's or 30's. In a primitive society an individual can become productive in his teens. An individual remains productive until some disease causes a functional impairment that prevents work activity. Some function through the 60's and 70's. Some are old and impaired at 40. A teacher or physician is young at 35 but a football player is old at 35.

At the present time I consider aging to be due to a disease or several diseases which gradually or suddenly cause a loss of functional capacity. I will explore some diseases.

The eyes frequently show changes at age 35 to 45. There is a decrease of the elasticity of the lens and ability to accommodate for near vision. Glasses correct this problem very well. It is interesting to note that Benjamin Franklin invented the bifocals. Cataracts are another problem that occurs with aging. These are usually easily removed but the eye with the removed lens has some functional impairment. Glaucoma is another problem that can be controlled if detected in the early state. Older people need more light and sharper contrasts to help their visual problems.

Deafness normally begins at age 55. When this factor is added to the loss caused by our noisy society, we can have a considerable problem. People living under quiet primitive conditions usually have acute hearing up to the 7th and 8th

decade. Our noisy society (traffic noise, music, guns, jet planes, machines, dishwashers, lawn mowers) frequently cause hearing loss. The partially deaf have difficulty hearing a speaker or telephone conversation if there is much background noise. The partially deaf need someone to speak distinctly and directly so they can utilize lipreading in addition. In an auditorium the deaf should sit close to the speaker. Hearing aids are helpful.

An important part of the senior citizen's life and all persons' lives is sexual activity and the reaction to his sexual drive or lack of drive. At age 25 about 0.4% of the male population are impotent. At age 35 one percent are impotent. At 60 20% are impotent, and at age 80 about 80% are impotent. Loss of sexual ability is frequently associated with anxiety and depression.

Some of the causes of impotency are psychogenic factors such as depression, the belief that aging inevitably leads to sexual failure, pituitary failure, hypothyroidism, diabetes melitus, low testosterone production, male climacteric, alcoholism, dependence on drugs, excess work pressure and demands, fear of aggravating an illness such as heart disease, and a rejecting or ill wife. My urological friends tell me that hormonal therapy is helpful at times. Adequate control of diabetes helps, cessation of alcoholism or drug abuse and correction of hypothyroidism is also worthwhile. Diminishing an excessive work load may be helpful. Treating and clearing up a depression can help.

The female also has sexual problems in late life. There are alterations in the menstrual cycle, loss of ability to conceive, changes in the skin and breast contour and changes in the vaginal tissues due to estrogen failure. The vagina that was once so distensible that it could allow a baby's head to emerge may become the size of a small garden hose causing painful sexual activity. The ability to conceive, whether a child is wanted or not, is at least an unconscious motivation of the libido of women. For those women in whom this is the overwhelming incentive to sexuality, the knowledge that pregnancy is no longer possible may negatively influence their desire for sexuality.

Depression is also common in the middle and older age female and causes a loss of sexual drive. What can the physician do? He should point out that the need for sexual gratification is normal and not reserved for the young, and that maturity can enhance the sexual experience. The fear of aging should be dispelled. Medical problems, depressions and ovarian failure should be corrected. Female hormones are of help because they prevent atrophy of the female reproductive tract.

I went to the Social Security agency to find out the leading causes of disability. Another way of saying loss of functional capacity and aging. They came in the following order: (1) heart disease, (2) emphysema, (3) mental illness, (4) hypertension, (5) osteoarthritis,

(6) pulmonary Tbc, (7) rheumatoid arthritis, (8) diabetes, (9 and 10) strokes.

It is interesting that of these, the leading cause was vascular disease as were two of the other top ten. The fundamental problem in all of these is atherosclerosis.

Arteriosclerosis is a lining of the vessels with a yellow material that finally closes an artery or partially obstructs an artery. This disease causes a lack of  $O_2$  and nutrition to the involved tissues such as the brain, heart, kidneys, and legs. This situation is analagous to the irrigation ditch nourishing a field. It is is obstructed at a point, everything beyond dies for lack of nourishment.

Atherosclerosis in this fashion causes strokes, heart attacks, kidney disease, and disease of the vessels in the legs. If an individual has two or more etiologic factors, he is likely to get some manifestation of atherosclerotic disease.

The etiologic factors, or factors causing atherosclerotic disease, are heredity, age, hypertension, blood lipides, diabetes, exercise, smoking, obesity, diet, and some feel that emotional stress may be important. Theoretically many of the factors can be altered by education, drugs, and using preventive medical techniques. There has been tremendous strides in recent years in heart disease with the coronary care units eliminating death in heart attacks due to irregular heart action. Also, the prevention of crippling and



fatal strokes has been improved. Prior to strokes many get warnings such as dimness of vision in an eye and numbness or weakness of the extremities in the opposite side. Frequently this is due to a narrowing of a vessel in the neck. Some feel that 50% of strokes are caused by disease of neck vessels. The pulsation of the vessel is decreased and a blowing sound can be heard by the doctor over the diseased vessel in the neck. This is easily corrected surgically and results in prevention of strokes and a good prognosis. This disease also attacks the vessels in the legs and these vessels can be approached the same way.

The prevention of arteriosclerosis through dietary changes, drugs, cessation of smoking, decreasing stress, exercise, control of diabetes and hypertension, can probably be effected by changing one's life long habits. Atherosclerosis is the greatest cause of aging and functional loss, and this can be prevented.

Parkinson's disease manifested by tremor, rigidity, and lack of movement has been found to be associated with a decreased chemical (dopamine) in parts of the brain. The use of a chemical called L-dopa has greatly improved many cases. This drug is now in general use, eliminating a serious cause of loss of function and aging. It is estimated that there are one million with Parkinsonism in this country. These are largely in the older age groups.

Arthritic diseases are not fully understood but with drugs and new procedures the control of this problem has been improved.

Emphysema can be largely prevented by the cessation or prevention of smoking. Some headway is being made in educating the public.

Psychological changes of aging is one of the most important of all of the factors. There is some decrease in ability to learn with aging, but in many this is not really great. Desire to learn is the greatest aid to learning. No one is ever too old to learn. If minds are kept active through exercise of intellectual and creative imagination, outstanding accomplishments can occur in the 7th and 8th decades. Liking for occupation usually decreases with age, however, a survey of people out of work showed 70% felt that they would be happier if they had a job.

The environment is very important from a psychological standpoint. An important part of our environment is the political system under which we live. As far as I know there has never been any study to determine under what type political system people do better as measured by hard facts such as incidence of suicide, tendency to be pathologically dependent, admissions to state mental hospitals, functional and life span, crime rate, incidence of emotional illness, illegitimate rates, degree of narcotic and drug addiction, alcoholism and general standard of living. Of course, my personal choice is a democratic and free society. The choice of political systems in a free society. The choice of political systems in a free society

depends not on objective thinking, but on emotional factors, individual experience, and dependency needs.

The socialized system with its multiple rules and regulations offers much more for the older citizen; however, it tends to produce pathological dependency states. Many who reach a given age cease to work and function because they can regress and be cared for by their pensions and social security. The government cares for them quite the same as a child is cared for by its parents. I know of no solution to this problem since there are many who have normal dependency states that are not self-induced or pathological and these people need help. To force all into this state may be unwarranted. To cut off Social Security and pensions because of work activity is probably wrong and not reasonable to those with desire and motivation. To work they need praise, self satisfaction, and some monetary return. If one is rewarded as well while not working, a big part of the motivation for work is lost. Those who seek retirement are many times those who never liked their job in the first place. They also may have excessive dependency needs and a desire to regress and be cared for prematurely. These people frequently become depressed, despondent and lose mental acuity. These are unhappy, unproductive people who don't feel wanted and have nothing to live for. This is the same situation that occurs in the middle-aged woman who no longer feels needed because her children have grown up and

become independent. Frequently, a job or some civic duties will cure this situation.

Depression is very common in the elderly. They have lost their children, jobs, youth, ability to reproduce, sexual drives, looks, physical capacities and no longer get pleasure from anticipation of the future. Some of the symptoms of depression are fatigue, lack of ambition, crying, loss of mental acuity, inability to make decision, insomnia, preoccupation with bodily functions, loss of sexual desire, suicide and loss of interest. We now have chemicals that can alter the depressive state; however, this is of little value unless the environment and activities are changed. These changes include work activities, studying and learning, hobbies, participation in community affairs, exercise, both mental and physical, and the realization that the individual is still worthwhile to society.

I have touched the surface of some of the problems of aging. Medically, we are making progress, and I feel sure the life span and functional span will continue to increase. I am not sure that we are approaching the psychological areas correctly. I am against mandatory retirement at a given age when a person is capable and willing to work. I am opposed to pension plans that penalize those who work. I don't like the cultural tendency to reject the aged.

I feel that earned Social Security and earned pensions should be allowed at a given age and not held back

if the individual works, for this is a penalty for being productive. Chronological aging should not determine retirement dates. We should do all we can to prevent pathological dependency states that are so self-destructive.

Medicine should do its job by continuing to inform the public on how to prevent disease. We should be oriented more to prevention. We should not stand back and later attack the catastrophies such as strokes and heart attacks after they have occurred. Many times there is not much to salvage. Medicine should do all it can to become generally available and keep people productive. We need more nursing homes and general living quarters, specially designed for the aged. Perhaps these should be built by the government such as state mental hospitals are at this time.

We now have 20 million people over 65 and much needs to be done for this group.

(An address given by Dr. Thigpen at the Spring, 1971, Institute)

## THE PSYCHOLOGY OF AGING

by

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Old age is not viewed favorably in our society.

Tuckman and Lorge (13) in one of their several studies of attitudes toward old persons concluded that old age is seen as a period characterized by economic insecurity, poor health, loneliness, resistance to change, and failing physical and mental powers. These commonly held, stereotyped notions are a major problem to be understood and dealt with when we begin to concern ourselves with helping older persons to function more adequately as competent and contributing members of society.

The purpose of this paper is to examine how we in the social sciences may have contributed unwittingly to this way of viewing aging and how we are now attempting to show that age per se may explain very little of the behavior of older persons. Some social scientists have gone so far as to suggest that old people are the victims of an agism kind of thinking which is not unlike racism in its characteristics and consequences. Sheppard (12), in writing about the employment of older workers emphasizes that age per se may

be inappropriate, misleading, and an oversimplified concept when used to explain the performance differences among age groups. He goes on to say that differences due to age may be minimal when one accounts for differences in health, education, past experiences, and attitudes of older persons toward themselves.

The implications for such a position are rather profound and warrant elaboration. No one denies that instances of health problems and chronic diseases increase with advancing age. Likewise, we know that today's older person has not had as much formal education as today's youth. It is also fairly common knowledge that many older persons have chronic economic problems especially after retirement on a fixed income. Many of them do not have sufficient income to purchase adequate housing, adequate food, or necessary medical services. Many of them are anxious, depressed, and lacking in self-confidence. But the fact that there is an increasing frequency of these kinds of problems associated with advancing age does not in any way imply that they are the natural consequences of aging. Most of them are situationally determined and are therefore remedial. By definition, aging is concerned with the systematic and regular changes which occur as the person lives through his life span. It is ordinarily viewed as a normal process of change. At the present, it is inevitable. Breakthroughs in the biology of age may make it possible for man to retard



his aging, but for now, we much assume that the clock does not slow down as it ticks away man's allotted time. To attribute the multitude of age related problems to the natural consequences of aging is to ignore the increasing research literature which shows that age differences at the behavioral level are often times minimal when one accounts for differences on other dimensions.

I have already agreed that we do not now know how to delay aging, but we do know how to solve many of these other age related problems. Health can be improved by more available medical and rehabilitation services. Economic status can be raised. Remedial education can be introduced. Negative attitudes toward old age can be altered. Society has only to decide that the problems of old age enjoy sufficient priority to warrant the time, effort, and money which would be required to make these remedial and preventative changes.

In many instances, age is an irrelevant variable when one is planning programs of education, retraining, and even rehabilitation. To use it as a criterion for exclusion from remedial programs is an example of the practice of agism so commonly seen in today's society.

I will return to this point in a moment, but will now digress to offer some reasons why much of the work in the psychology of aging has contributed to this agism attitude. The main reason is that we in the social and behavioral sciences seem to be more interested in averages rather

than individual differences. Consequently, we speak of the aged, or more euphemistically, the aging, as though old people are a homogeneous group. In point of fact, it is almost axiomatic that increasing age is characterized by increasing individual differences.

Research on the psychological aspects of aging is relatively new. Most of the work has been accomplished since the end of World War II. Before then, the empirical basis for what we know about people was based on studies of children and the two-legged white rat; the college sophomore. Researchers began to ask if these findings on young people held true for persons during maturity and old age. Initially, we were primarily concerned with young-old differences. Were there any? The typical study compared a group of young people, usually defined as being under 30 years of age, against a group of old people, usually defined as being over 65 years of age. Sure enough, the older groups were different. They usually appeared as deficient on most psychological variables when their performance was compared against a group of young people. We somehow paid little attention to the overlap; some old persons performed as well as the young and some young persons performed as poorly as the old. But the mean difference was statistically significant. We had scientific evidence that the old were deficient in comparison to the young. These findings found their way into both the scientific and popular literature.

They provided a scientific basis for the stereotyped attitude that old age is characterized by failing mental powers.

This picture is now changing. We are now learning that old people differ from the young in ways in addition to the accumulation of birthdays. Data from longitudinal studies are also beginning to appear in the literature which suggest that age changes are not as marked as age differences. One is studying age difference when he compares two groups of different ages. He is studying age changes when the same person is studied for several years in a longitudinal design. Thus, much of what we have been saying about aging may have to be modified as we better appreciate how age differences and age changes are not necessarily the same.

I wish now to review with you some of the recent research which supports the position that age per se may be making a minimum contribution to our understanding of the performance of older persons.

The physical health of the older person has a profound influence on the behavior of not only the elderly, but the young as well. What is the difference in the psychological behavior of persons of equal health status but who differ with respect to age? A few years ago a study of healthy old men and healthy young men was carried out at the NIMH (3). Health was defined as the absence of disease or illness based on laboratory procedures and competent medical examination. The old men lagged behind the young in their

psychomotor behavior. They were slower, but they earned higher scores on tests of information, comprehension, and verbalization. These investigators found no evidence to support the popularly held opinion that impairments in memory and learning abilities are the normal consequences of aging. When learning impairment does exist, it is likely the result of some prior incapacity or debilitating health change in the individual(1). Other investigators (5) have shown that persons with cardiovascular disease also perform less well on psychomotor and intellectual tasks. Reversals in elevated cholesterol levels in the blood have been associated with older persons' improvements on certain kinds of intellectual tasks (11).

Education is another important variable which affects the intellectual behavior of older persons. An extensive analysis of one of our better tests of intelligence reveals that more individual difference is associated with differences in education than with differences in chronological age (4).

As noted earlier, one of the common age stereotypes says that the older person is set in his ways. One investigator suggests that this may be related to their attitude toward learning. As the years go by, the older person tends to solve problems on the basis of what is already known and is not inclined to change his approach. But this intellectual rigidity is related also to the person's initial level

of intelligence, the extent of his formal education, and the number of years that have passed since school was attended.

These studies are but a few examples here cited to suggest a host of non-age variables that may be responsible for those differences which we have traditionally thought to be the consequences of aging. Let's turn now to the results of work coming from the longitudinal rather than cross sectional studies of aging.

Most research on intellectual changes associated with aging has used a cross sectional design (14). The results generate a curve which shows mental abilities to reach their highest level during the middle of the second decade of life. It begins to fall shortly thereafter and progresses downward into old age. The longitudinal studies which have recently begun to appear in the literature reveal that these age changes are not nearly so pronounced when the same persons are studied over a several year period. For example, one nine-year study of persons past age 60 found that intelligence was quite static across this period (7). Another 31-year follow-up of World War I veterans (9) found that there was some decline but it was not nearly so pronounced as earlier cross sectional studies would have predicted.

Another aspect of the longitudinal studies is most exciting. The results are only tentative but it would appear that changes in intellectual behavior during later

life may be predecessors of active somatic disease and the probable remaining length of life. We have long known that test performance associated with brain pathology was different from that associated with normal aging (10). In several of the longitudinal studies (2, 8, 14) it was found that the test scores of survivors were much superior to the non-survivors. That is to say, those persons who had died or who were too ill for subsequent retesting had lower scores than those who were still alive and healthy. This suggests that perhaps in some instances we could better understand aging if we viewed it as the time remaining before death rather than defining it as the time since birth.

Thus far, I have made several references to intellectual changes in old age. Perhaps we should pause for a moment to examine some of the implications of this word. Most of us in psychology and education feel reasonably comfortable with the concept of intelligence. We know, for example, with other things being equal the brighter the child the further and easier he will advance in school. We use it as a predictor of academic success. Many of us equate or operationally define intelligence in terms of the numerical values of the IQ. It is a unitary concept; we ask how intelligent is a given individual. I do not wish to get into the pros and cons of this question regarding its validity with school age children, but would suggest that intelligence as measured by a single score on an intelligence

test is not especially useful in working with older persons. The IQ does not tell us too much.

What is much more important are the relative strengths and weaknesses as reflected in variations among the several subtests within a given intelligence test. The Wechsler Adult Intelligence Scale has eleven different subtests. Half of them tap verbal skills while the other half place more emphasis on performance or non-verbal skills. Those subtests which emphasize information, verbal comprehension and arithmetic operations tend to increase from 20 through 60 years. Declines, however, are seen in subtests involving spatial perception, arrangements of geometric forms and decoding tests. What this means is that there seem to be changes in the pattern of subtest scores as one advances in age: some tests increase while others decrease. Thus, the IQ might remain the same while there is a significant shifting in the patterning of the subtest scores which contribute to the IQ value.

It has not been my intention to provide you a comprehensive review of all the psychological changes and differences associated with aging. There are already excellent reviews of the material easily available to you. May I suggest for example that you obtain a four volume series entitled Working With Older People (i). It is published by the Public Health Service and is available at a very nominal cost. Volume II of this series offers excellent surveys



of what is known about the biological, psychological, and social aspects of aging. It has not been my intention to try to reduce these materials to a one hour superficial summary. My message has been a simple and singular one. I have suggested that averages and stereotypes are not very valuable in either assessing or explaining the behavior of older persons. Health, motivation, and education are but three examples of variables which must always be considered when one attempts to understand and plan for the elderly.

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## SOCIOLOGICAL ASPECTS OF AGING

by

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Paul Weiss, a Yale professor of philosophy, has written a book called "Sport: A Philosophic Inquiry." Out of this book, I have taken a definition which is significant to athletes and to the aging population. The word defined is rhythm. "Rhythm," for Professor Weiss, "includes the interlacing of movements with rest. . .it keeps abreast of changes in what is being used and what is being faced. In effect, therefore, it is a sign of the degree of harmonization that has been achieved by one-self and expressed in activity."

And what is a more significant living example of this definition than life itself with its creation, growth, united living, procreation, achievement, interspersed joy, and eventual aging.

For the purpose of this paper, I would like to pick up life at the time the young couple has just been married. It's a time of happiness, a time of looking forward, a time of movement toward change and the understanding of what is being faced. It is the excitement of a satisfying job, the purchase of a house and filling it with furniture. And

eventually when a degree of harmonization has been achieved, then there is the creation and the formation of a happy family. And so the rhythm of family living goes on for the next ten or fifteen years: promotions, increased responsibilities at home and at work, growing achievement, periods of rest and growth of the family with its success and small disappointments. This is a happy time for the whole family for there is unity amongst its members. There is a bond that keeps the family strong and happy. The parents, too, have a happy, secure feeling, for after all, they have achieved a certain status in their community. They had produced a happy brood of children and had provided a standard of living for them. The man of the house also has received further satisfaction because of his advancement in business or in his work. And, he feels this pleasant rhythm of life will continue forever.

Then the first blow falls which almost shatters this happy life. And what shatters this happiness? The daughter or son leaving for college, or the eldest son being drafted into the military service, or the teen-age daughter getting married. Once the magic family unity has been broken, it can never be repaired again. The father begins to realize that a great deal of time has passed and that the years had piled up on him. As the next ten years pass, there is a repetition of graduations, marriages, and anniversaries. With years racing toward the 55th birthday and in clear

view of the 65th, the man of the house comes to feel vulnerable. His work production has peaked and the younger members of the company are giving him more competition. The once lovely house looks a little dated and the rooms that had been so crowded are now ever so large and empty.

These are the small, cumulative emotional blows that fall upon the father as he reaches 65 and the most difficult blow of all falls with retirement. It should be noted that our American society does not look very favorably at those who are not engaged in productive work. Those who work, who produce, those who achieve, these are the admired people. So a man who had been the head of a large corporation, who had responsibility for thousands of employees and millions of dollars—after retirement finds himself in an unenviable position as being just retired. One day he had the ability and resources to direct a huge enterprise, the next day he retires, and he's just another person who had passed his retirement date.

Along with the aging process just described, there is another phenomenon at work and that is change. And the change that has occurred in the last twenty years has affected all of us individually. The man who is sixty-five today was probably born in a small town. During his early life, he walked to school, walked to church, and walked to the grocer, the butcher and the cobbler. For entertainment he and his companions had the open fields, the woods and

the streams. As he left school at an early age, he found employment in a local business or factory. He also walked to work which began at 6:00 a.m. and returned home at 6:00 p.m., often carrying discarded packing case lumber for his wife's wood-burning stove. He also worked six days a week. On the seventh day he relaxed with his family or visited with friends. His entertainment revolved around the lodge, the firemen's picnic, the church social and an occasional stage play put on by itinerant actors. The movies were just beginning. He read about Marconi and the radio, and television was an unknown word. If the family wanted to visit relatives in the large city, the mode of transportation was the train. To tell his relatives that the family was coming he telegraphed, the telephone was still only in limited use. The automobile was just beginning to be seen on the dusty roads. Horse-drawn vehicles were more popular.

In the home, the housewife had to contend with a water pump, coal stove, ice box, and hand laundry. There were no convenience foods or boxed cakes. No detergents or synthetic fabrics to make wash day easy. She was a housewife in the true sense of the word tending to her brood, cooking, washing, and cleaning. Her social life revolved around her neighbors, relatives, and church.

What I'm trying to emphasize here is the relatively simple life that prevailed in the years prior to 1925. The tempo and rhythm were slower and easier. Although here I

must say that life in every period had its crises and excitement and that making a living and providing for a family was never easy or simple. Gradually the tempo of life picked up and roared to a prosperity that was never known before in the United States. The great Depression brought to the head of the household great caution which even in the present prosperous years he was unable to shed.

The greatest change in our life came during and directly after World War II. There has been more progress in the last twenty years than in all the prior years of our civilization.

The elderly breadwinner at the time of reaching his golden years of retirement is caught up in this tremendous change. Often he doesn't understand it and seldom can he change to keep up with it. Adjustment to the present tempo of life is difficult for him, and what complicates his later years more is the life process. He and his wife find themselves alone, their children married or living in the big city, their friends dying or moving to the suburbs, while strangers with strange accents move into his old neighborhood. His church, which he knew so well, has also changed or moved to the suburbs, too. The familiar shops and shopkeepers have also gone and in their place the glittering but impersonal supermarket. The streets that once bore leisurely moving traffic of horse-drawn vehicles, bicycles and early vintage autos are now filled with shiny, speedy, high-powered sports cars. It is the era of the

young and sporty generation. The emphasis is on youth. No one ever mentions the elderly or the old and no one ever thinks of dying.

So the elderly person, as he reaches his retirement years, has to contend with the blows put upon him by life in the rearing of his family. Simultaneously, he has to contend with the complicated and quickly increased tempo of daily living. And, as he reaches his "golden years" he finds that no one really wants to be old—the important thing is to be young.

One other important development which troubles our elderly people, that is the changing attitudes of the young people towards authority, marriage, sex, and the use of drugs. They can't quite understand the mini-skirted girls and the bearded, longhaired men demonstrating on college campuses. They can't understand the pot parties, use of drugs, or the happenings in which young people participate. What were the older man's thoughts when he saw on T.V. the Harvard University Commencement Exercise interrupted by a member of SDS who harangued the audience? (What were your thoughts?)

There are some things that modern technology has developed for the benefit of our aging population. Modern technology and production methods have made available better nutrition and excellent medical facilities so that older people are in relatively good health. And a thoughtful government has seen to it that most retired workers have some income, if they had a little more income they could



manage financially very well. And despite the fact that this is a youthful generation, the young people do have a concern for the old.

As the elderly person is faced with a multitude of adjustments to his advancing age, his growing needs are becoming known to every segment of our society and to every echelon of our government. The elderly, their relatives, their friends and concerned citizens are looking to the community—whether a city, village or town—to provide the resources to meet their needs so that they can live their retirement years in happiness.

I often ask my young students what do they want out of life? The answer: security, status, a happy social environment. When I tell them to be more specific they answer: a good paying job, education, marriage, a home, furniture, children, travel, leisure time, new automobile, clothes, good health, spiritual enrichment, companions, and friends. Some mention giving leadership in doing good deeds, some mention concern for the welfare of all people. Some want to be involved in making this a better world to live in.

Then I ask them what do old people want out of life? And as they answer they begin to realize that the older, too, want a good home, furniture, financial security, clothing, good health, an opportunity to worship God, an opportunity to help others in the community, in fact they want everything that the young people want except for one thing and that is

children. And even there they can meet this want by being foster parents. As the young people seek happiness so do the old people but somehow it is more difficult for the senior citizens to find this happiness.

When I take my young students to convalescent homes, old folks homes, and the geriatric wards of the State Hospital, they are often appalled and upset at what they see. Their hearts go out to the old institutionalized person. They come back to the classroom filled with questions. Why do the older people have to spend their remaining years in idle waiting? And this is the question we have to ask ourselves. What can we do to provide for the needs of our older citizens? Their needs are: activities for leisure time, social living, employment, education, good housing, legal information, companionship, good medical care, social work and vocational counseling and often financial aid. Meeting some of these needs for the aged person means the difference between living a happy, useful life and existing in idleness in the State Hospital or nursing home.

In providing for the needs of the elderly we can help them keep abreast of the changes in what is being used and what they have to face so that they can effect a degree of harmonization in themselves and express it in their activity.

So far this presentation has discussed the successful working man who has been able to provide satisfactory financial support to his family. In retirement his social security payments combined with savings and a pension provide him with

financial security. His education and his social and cultural contacts have somewhat prepared him for retirement. But what of the culturally deprived minority? What of the poorly educated? The poorly paid? What about the elderly who have never been able to accumulate savings and even now are living on marginal income? What about those who are ill and cannot afford medical attention? Is it too late to open the books for them and help them acquire a new skill so that they can work and participate in the new prosperity? Is it too late to help this group develop creative art skills? Shouldn't this segment of our society have decent housing, adequate medical care and income that will provide their needs?

The answer is resoundingly YES! and responsible individuals in every community should give support to the social and educational institutions so that this minority can also find contentment and happiness in their retirement years.

I would like to conclude my address by offering some suggestions on keeping young. These suggestions have come out of many discussions with young people on the subject of being classified as old. To stay young you have to have a mind open to change, and to be able to change one's ideas, concepts, and taboos. You have to keep abreast of the current events and be able to relate to them. You have to feel and think young, be pleasant, be enthusiastic and keep in style. You and your agencies can help many senior

citizens stay young and in the process you will stay young too.

(An address given by Dr. Sielski at the June, 1969, Institute. Dr. Sielski is now Coordinator, Social Welfare Interdisciplinary, at University of West Florida, Pensacola.)

## SECOND CAREER PLANNING FOR OLDER ADULTS

by

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### Need for the Second Career

It may be worthwhile to begin by asking: Why a second career? Why should we assume that second careers are desirable? What kinds of benefits should come from second careers?

The most basic reason for the second career is that it should mean remaining in the mainstream of life. Formerly, the elderly had an important and secure place in society; they were grandfathers and grandmothers, they often retained control of family enterprises, they continued to direct and were looked upon as wise and long-experienced persons. In the extended family of, say, three generations and perhaps brothers, sisters, aunts, uncles, cousins, the older people had a place which they and everyone else recognized and valued. The passing of the older and more traditional way of life has largely taken away such roles. In fact, with the transition to modern society, the erosion of family-centered roles has tended to make work roles more and more significant in filling the life space of the older person and giving him a sense of worth. Therefore the loss

of the role of employed worker has much more serious consequences than before. Hence, to finish a work career means to enter a kind of limbo in which meaningful roles are lacking.

Some of these ideas were set forth systematically some years ago by Havighurst (1951: 12-22). According to his analysis work has the following meanings: a basis for self-respect and sense of worth; a source of prestige or recognition by others; a locus of social participation; a source of intrinsic enjoyment or of creative self-expression; a way of being of service to others; a way of making time pass; a way of earning a living; and a heavy and unpleasant burden.

In the field of social gerontology two opposing theories are being argued as to what is the nature of successful aging. One of these, known as the theory of disengagement (Cumming and Henry, 1961), holds that people who adjust satisfactorily to the aging process go through a gradual process of withdrawal from their relationships with others; constriction of their interests and activities, and modification of their personalities in the direction of self-centeredness. The publication of this interpretation a decade ago evoked angry growls of protest from the many gerontologists who believed in the implicit but fairly well-defined theory that successful aging consists of remaining as one grows older as much like his middle-aged

self as possible. The last word on this matter has not been said by any means. But it can be seen that retiring to nothing in the way of meaningful roles would accord very well with the disengagement idea, while keeping involved in life through continuation of an established career or by embarking on a second career would fit the activity theory.

As a matter of fact, there are findings from research conducted by social scientists that tend to support the activity theory, indicating that losing major social roles, including that of worker, has undesirable effects. It has been demonstrated, for example, that the general level of activity is higher for older people who are married, live near relatives and friends, have lived for a long time in the same place, and are employed (Riley and Foner, 1968: 419-420). Moreover, it has been found that satisfaction with life is greater among older people who are still working compared with those already retired; this remains true even for persons whose health and socioeconomic levels are similar (Riley and Foner, 1968: 350-351). Other investigations have made it clear that people who are retired are more likely to feel old than their counterparts who are still employed (Riley and Foner, 1968: 305); and since it is generally true that being old in our society carries a stigma, this research result probably means that the retired are less hopeful, less satisfied, less "adjusted" to life around them than those still working.

Recently Palmore (1969) has reported findings that appear to make it even more important that certain key social roles such as meaningful work be continued. On the basis of an analysis of data about volunteers in the longitudinal, interdisciplinary study of aging under way at Duke University, he concluded that work satisfaction is positively related to longevity; more generally, he found that his "evidence suggests that maintaining health, mental abilities, and satisfying social roles are the most important factors related to longevity (Palmore, 1969: 108).

A second career also is important from the viewpoint of community and society. Older people constitute human resources; they have something to give to their fellow man. If we sideline them, that is, if we keep them from performing jobs of some kind or providing services to others, then we prevent them from contributing. This is to a large extent the situation that exists today for the people who reach the age at which they are forced to retire from their customary work. Now, we can look at this from the point of view of the elderly person who is affected, but for the moment I want to direct attention to the societal point of view.

A society has a definite and limited amount of manpower available to it; at any given point in time, there are exactly so many people able to do work; and these potential workers have knowledge and skills that we can classify in terms of the contributions that can be made toward doing



necessary jobs. People who are in the older years constitute a part of this pool of manpower. Therefore, in the degree to which we as a society do not make use of them as workers—we are squandering a portion of our human resources. The question then becomes, Do we need all of this manpower? As an affluent society, do we have such a great quantity of human resources of such high level that we can afford not to utilize part of it? My answer to these questions is quite categorical: we in the United States need to take advantage of all the manpower we can get. It is hard for me to see how the answer can be otherwise when we look about at the seemingly overpowering social problems that surround us and at times seem almost to be smothering us. To put the matter in other words, the more manpower we can bring to bear, the more we should be able to do to raise levels of living, eliminate inequalities, and enrich the lives of our people.

A third reason for pushing for second careers is that this is a means of keeping all the people in our nation integrated in the society as a whole. Obviously, this is related to what I said earlier about the apparently close relationships between having important social roles and being satisfied in old age, but in this case once again I wish to focus upon the consequences for the society rather than the individual. As sociologists, we see a total society as one great social system made up of intricately interrelated subsystems. The various subsystems are comprised, of course,

of people who have defined social relationships with others in the system. A good example of this is the nuclear family, composed of a married pair and their children; all the members are tied together in relationships that involve both rights and privileges.

Now, the biggest social system we know, the United States as a totality, can work well only if all the smaller social systems of which it is made up do things—technically, perform functions—that contribute something essential to the systems on the next higher level. When this situation does not prevail, we are in trouble—as we are in terms of the racial and ethnic minorities, the poverty-ridden, and—to some extent, at least,—the youth. The same reasoning applies to the elderly. If we exclude them from key social roles, then we are excluding them from participation in the society and we have a socially unhealthy and potentially dangerous situation. In other words, we have in that case failed to integrate successfully in our social system a very substantial segment—about one tenth—of our population.

On the basis of what has been said, it seems clear to me that helping people develop second careers is both worthwhile for the persons and advantageous for the community and society. But it has to be admitted at the outset that it is not easy to do. Therefore, it may be useful to take a few minutes to deal with the question, What are the obstacles to second careers for the older person?

### Obstacles

Poor health and physical and mental disabilities may stand in the way of a second career, of course, but the influence of this factor should not be overestimated. During the period 1965-1967 the National Health Survey revealed that 81 percent of those aged 65 and over had no limitation of mobility; even though 67 percent of this nonlimited group did have one or more chronic conditions (U.S. Department of Health, Education and Welfare, 1970: 7). It is almost certain, in addition, that a large majority of the 19 percent who were disabled were concentrated in the higher ranges of the old-age category. To put it affirmatively, even though deficits of health may be an incapacitating factor, about four out of five persons beyond age 65 are not affected by this. A national survey of beneficiaries of Old Age and Survivors Insurance some years ago showed that the principal reason for retirement given by the former workers was their inability to continue in employment because of illness, accident, the infirmities of age, and other incapacities (Stecker, 1955); these are people who will not be seeking a second career.

Another obstacle is what we may call "ageism" just as we speak of racism and sexism. This marked tendency to dislike, be hostile toward, or seek to avoid aging and the elderly is a fact of our national life. For women seeking employment, this factor begins to operate as early as age

35, for men, not much later. Just why Americans tend to abhor the aging process and the aged themselves is not entirely clear; it has been conjectured that our long national emphasis upon youthfulness as we pushed the frontiers westward could be related to it. Nevertheless, it is true that the difficulties created by the adverse attitudes are real in their consequences.

The way in which work itself is organized creates another impediment to the employment of older people, including the provision of second careers. In the first place, a sort of career pattern is assumed: people enter jobs at relatively young ages, progress through the organization (more or less, depending upon the opportunities for upgrading and advancement), and finally retire at some stipulated age in the neighborhood of 65. Complications arise from pension plans also related to the career pattern. As a result, business, industry, and government usually find it hard to accommodate to hiring older workers; they simply do not fit the pattern.

Two other aspects of work organization in the modern industrial society likewise impede older workers. For one thing, educational and occupational obsolescence occur. Rises in the average level of educational accomplishment give younger applicants a decided advantage, and changes in technical processes not infrequently place the older person at a disadvantage (Wilensky, 1964). For another

thing, the number of "old men's" jobs has been declining in proportion to the number of old men. That is to say that older workers are found in greatest numbers in occupations that are either dying out or losing importance, such as farmers, tailors, and locomotive engineers.

But probably the greatest obstacle of all resides in the older people themselves. This is their marked tendency to accept unconsciously the prevailing opinion regarding their own worth. And since we have already noted that such generalized opinions devalue the elderly, this means that they tend to devalue themselves. Everyone who is at middle age or past that somewhat indefinite point in the life span has felt to some degree the pressure of such unfavorable evaluations of himself, and the influence of this factor undoubtedly is growing because rapid social and technological change brings apparent obsolescence earlier than was true even one generation ago.

#### Capacities of Older Workers

Against the foregoing negative factors, on the other hand, we can place a number of quite positive aspects. Summarizing many scientific studies, Riley and Foner have noted:

Studies under actual working conditions show older workers performing as well as younger workers, if not better, on most, but not all, measures. Thus, those men and women who remain in the labor force during their later years are not making generally inferior contributions, despite their frequently poorer performance under laboratory conditions (Riley and Foner, 1968: 426).

The authors go on to caution that what they say does not necessarily apply to all older people, but only to those remaining in paid employment, which undoubtedly is a group that has been reduced by attrition through the years. Nevertheless, the results of the various studies are heartening. They further observe that older workers, even though they may sometimes produce at lower rates, "Are at least as accurate and steady in their work as younger workers" (Riley and Foner, 1968: 427). There are great individual differences in the work output, with many older workers surpassing the average level of younger workers. Moreover, "there is no indication of any inevitable decline with age in regularity of attendance, despite the comparatively poorer health of older workers" (Riley and Foner, 1968: 429).

People in the older ages have another kind of quality that is not easily measured but, in my judgment, is real and important nevertheless. I am referring to their superior judgment and to the greater maturity that frequently enables them to deal with problematic conditions more sensibly, more calmly, and more adequately than would be true of many younger persons. In part this consists in a greater steadiness that results in turn from lowered emotionality and the lessening of interest in many competing life activities. To the older person, the work he does may well be more central to his total interests than is true of the younger person preoccupied with other aspects of his life such as sex and marriage, children, and sports activities. Hence he can be expected to be more

dependable on the job, less likely to jump from job to job-- in a word, more stable. It is not an accident that the vast majority of our high political leaders and great statesmen throughout the world, are in the later ages, for they combine long experience and extensive knowledge with a mature approach toward their responsibilities.

### Building Second Careers

Thus far I have argued that second careers are highly desirable, from the standpoint of the society as well as of the elderly person, pointed out some of the serious obstacles that stand in the way of developing second careers, and specified some of the strengths of the older person who seeks to enter into a second career. Now I should like to turn to the question, How may adult educators aid those for whom a second career seems to be a logical next step in their careers?

At the outset it is fundamental to see that the second career is not for everyone in later middle age or beyond. A fairly small proportion of such people have mental, emotional and/or physical problems that preclude their working. Others outwardly seem capable of working but are not motivated to do so, probably because a key aspect of the aging process is a gradual decline in energy, and in this too there is substantial individual variation. Another category of persons who will not appear as candidates for second careers is made up of those who desire retirement from their previous activities, have made realistic plans for it, and have sufficient financial

means to enable them to live comfortably without earnings from employment. By and large the older people who fall into the categories just mentioned will simply not present themselves to participate in educational programs oriented to second-career planning.

In this connection age itself neednot be a central factor. As Shock has observed (1962), there are pronounced differences in the rate at which individuals age. Consequently, a 75 year old may be no different from a 55 year old so far as the state of his organ systems is concerned, and he may therefore be just as good a possibility for a second career as the person who is much younger in years lived. All of us can think of numerous illustrations of this principle among well-known persons about whom we have read, and often we can find examples also among the persons whom we know personally.

In counseling and training persons for second careers, nothing is more important, basically, than building positive attitudes. In saying this, I do not mean unfounded or unrealistic attitudes but rather emphasis upon the real capacities and abilities possessed by the older individual and upon the favorable elements to be found in the environment in which the second career is to be forged. To live to middle age and beyond is to have been subjected to failures and reverses as well as to have experienced successes; the current phrase, "you can't win 'em all," is true in this context.



It follows that everyone in the older ages, then, will be aware that not everything that he has tried has succeeded, and that there is, indeed, the possibility of failure. Moreover, aging itself is a process that brings with it what Havighurst and Albrecht (1953: 26-28) called the "insults of aging" (loss of physical attractiveness, lessening of physical health and vigor, loss of status). Obviously, stressing such decrements can have no good effect in preparing people for new or continued careers. That is why it seems essential to me that within honest limits we should place emphasis upon the positive and under play the negative. For a key element in this situation is how the older person regards himself; this in its turn will greatly affect the way others, such as future employers and associates, perceive him.

When planning commences, a useful first step is making an inventory of the abilities, experience, and interests of the person. It is logical enough, of course, that such background information should be taken into account, but it is not so obvious that there may be considerable gain from the preparation of a detailed inventory in a methodical way. In this process some kinds of capacities and experiences may be discovered that can be very relevant to further work. This is particularly so if the inventory is made to include aspects that do not have to do with employment per se.

But developing second careers is a matter of finding places in which to fit people with given qualifications and

interests. That is, one side of the equation is the potential worker and the other, the position that he may occupy. Accordingly, it is essential to give as much thought and effort to where people may be placed as to what they themselves are able to do.

To carry out this aspect of the educational task requires two kinds of knowledge. First, it is important to know about markets for employees. At this point I am thinking of the situation at a regional or national level. The U.S. Department of Labor periodically publishes extensive information about careers, specifying the kind and amount of preparation required and both short- and long-term opportunities. As you know, certain types of personnel tend to be in short supply, others in oversupply. Second, it seems just as important for the educational counselor and teacher to know a good deal about the job-supply situation in his own community and the area readily accessible to residents of the community. The local Florida State Employment Office can be useful as a source of some information, but it should be supplemented by newspaper reading and inquiries of the personnel departments of large industries. Knowing the fundamentals about overall career opportunities and, in particular, those in one's own area will enable one to give sound advice to those who turn to you for assistance.

A further step should be taken by those for whom it is feasible. Personal contacts with selected employers,

large and small, governmental and private, may pave the way for placement of specific individual trainees. Interviews of this kind with employers will call for careful explanation and persuasion, for frequently it is necessary to convince the people who control hiring that the older worker has something to offer, maybe a superior employee in some respects, and at the very least deserves the chance to show what he can do.

Some other techniques for fitting people to jobs likewise merit thoughtful consideration. One of these is used by Mature Temps, Inc. which hires people aged 55 and over and puts them to work in temporary jobs with employers who contract with Mature Temps for the services. The agency thus is the employer of these older workers, paying them their salaries and taking care of social security taxes income tax withholding, and insurance. The advantage to employers who contract with Mature Temps is that they receive personnel to meet their short-time needs and are spared all the usual personnel and paperwork associated with selecting, hiring, and providing bookkeeping services. After highly successful demonstrations in New York City and Philadelphia, the enterprise has established branches in several other cities (Anonymous, 1970).

Another approach was taken by Project Senior Abilities, at Albertson, Long Island, New York. Its purpose is to match the skills possessed by the persons aged 55 and over whom it serves with job needs in its territory. This

involves building a "skills bank" cataloging the abilities and experience of its applicants, and a continuing survey of jobs through government and industrial contacts (Anonymous, 1971). Thus Project Senior Abilities is essentially an employment agency specializing in jobs for older people. Like Mature Temps, it is a nonprofit enterprise.

In my frequent references to "employment" I may have given the impression that I have been thinking of second careers merely in terms of paid work. This is not entirely true. Volunteer work frequently may be an attractive and highly useful alternative to paid work, especially when the older person seeks to be active, involved, and of some utility to society rather than to supplement his retirement income. Now the amount of volunteer work to be found in any given community, will vary according to the size of the community and the degree to which it is socially organized. Therefore, many smaller places may not offer much for the volunteer while many of our larger communities may present a rich variety of work opportunities of this kind. Even in the smaller cities and towns, however, the exercise of ingenuity can lead to the creation of volunteer positions that can contribute to the improvement of the community at the same time that they are making a better life for the elderly volunteers.

The matter of second careers for older persons can be thought of as somewhat similar to putting together a jigsaw puzzle. The jumbled pieces go together, we have

good reason to believe, but fitting them properly is painstaking and requires creative imagination. Most of all, it is the imagination that often is lacking.

Therefore let me conclude these remarks about second careers by stressing the decisive part that can be played by imaginative thinking. All of us tend to get bogged down in the usual patterns of solving problems and to overlook, as a result—or rather, not even consider—unorthodox ways of dealing with problem-solving. The whole process of preparing people for second careers must necessarily be a creative one since the odds are great against this kind of swimming against the stream. But the goal is, as I think I have shown today, a worthy one justifying great efforts, and adult education can do much to bring about a situation in which second careers are a much more common and generally accepted aspect of life in the older years.

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(Adapted from an address given by Dr. Webber in the Spring, 1971, Institute. Dr. Webber is now Chairman, Department of Sociology, at the University of Alabama.)

PART II

COUNSELING AND TEACHING THE OLDER ADULT

## EDUCATION AND AGING

by

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The dominant theme of much of the discussion about Older Persons is essentially pessimistic in character. We do not have to wander very far to discover why this is so. In the first place Older Persons are confronted with threats to their health that frequently occur with advancing years. In the second place the great majority of Older Persons are subject to substantial reductions in income without an equalizing decrease in their continuing need for financial resources. In the third place retirement usually leads to a decline in position with a collateral reduction in status and influence affecting not only the retiree but also many of those to whom he is significantly related. . . . And so forth. . . . In other words great numbers of Older Persons are covertly if not overtly engaged in a running battle for survival with their attention given primarily to devising strategies for recovering from actual losses or strategies designed to circumvent anticipated losses or both. It is not surprising therefore to discover that much of the discussion about Older Persons over the media, in conferences, and in the lay and professional literature is more likely

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to deal with the plight rather than the opportunities of persons in the later years.

But when we turn to education we find a more optimistic domain. In fact education is itself essentially an affirmative enterprise. For instance education for Older Persons is based on the assumption that it will lead to something better in the lives of those participating. It also proceeds on the collateral assumption that Older Persons are capable of a constructive response to educational stimulation. Thus because of its faith in the learning ability of Older Persons and because of its confidence in the improvement that results from learning, education in contrast with other areas in the field of Aging can be invested with a climate of optimism which is highly attractive to those who may be involved in its operation.

From an educational viewpoint the impressive and distinguishing feature of our times is the fact that we are living in a "learning society." Within recent decades and at an ever increasing rate we have been arriving at a stage where learning has become an essential condition for participating and advancing in the world about us and equally mandatory for personal development. This new condition is largely the result of profound and accelerating change. In fact change is now transforming all aspects of living for all people of all ages. This process has become so pervasive that in order to cope with the dislocations and take advantage of the opportunities which change produces,

education must now be thought of as being as continuous as change itself and must also be programmed so that all persons regardless of age may take part in learning throughout the length of his years.

The implications of this new outlook for education as a whole can scarcely be exaggerated. Its implications for the education of Older Persons is especially far reaching and urgent. For in the case of the Older Person change has a double and uniquely aggravating dimension. First there is the change in the environing society. But second there are changes in the life situation of the person as he grows older. Hence for persons in the later years change gives rise to a "double jeopardy." That is the changes in the society surrounding the individual compounds the re-adjustments induced by the age related changes occurring within the individual. Thus if education is to be relevant for the unique situation of the Older Person and moreover if it is to be effective, it must without compromise deal with the multiple impact of change inherent in the life stage which older people occupy. Such an encounter should generate an educational program markedly different from that associated with the "credential system" of formal education.

But however inappropriate the standard instruction of the elementary and secondary schools might be for persons in their later years the fact remains that Older Persons were once young and that the schooling they received

in their childhood and youth constitutes a basic foundation for whatever learning they may pursue as adults. What then do the results of research show about the amount of schooling which the present generation of Older Persons have received in their earlier years?

The evidence indicates that the level of formal schooling attained by Older Persons is far below the national average for all portions of the population. One fifth of persons over 65 are regarded as functionally illiterate; only one third of those over 65 have continued beyond the eighth grade. In any random sample of the population the oldest are the most poorly educated.

The situation becomes even more serious when we examine the probably quality and relevance of the instruction they received. For example since they went to school from 60 to 80 or more years ago, it is plausible to expect that teachers then were less qualified than they are today, that instructional materials and facilities were less adequate than they are today and that the subject matter they studied would today be regarded as clearly out of date.

The implications of this deficit might be eased if Older Persons compensated for their lack of schooling by taking part in activities designed specifically for their instruction. But here again the data give us little cause for celebration. For instance research indicates that persons over 50 are under-represented in adult educational activities and that the degree of under representation

increases with the advance in years. This is especially true for Adult Basic Education where the need of Older Persons is greatest.

But is this low level of schooling and participation paralleled with an equally low level of mental ability? Is it possible that in this deficit of educational achievement we also have a deficit in the ability to achieve? The answer is an emphatic no! Research presents no evidence that after a person enters his years of adulthood, age per se is a barrier to learning. On the contrary in many cases age may be an advantage in learning. Thus we are on solid empirical grounds in saying that we can teach an old dog new tricks; in fact there are probably some tricks an old dog can learn better!

The picture suggested so far by our discussion is a mixed one and not as optimistic as our introductory comments might lead us to expect. On the one hand we find Older Persons gravely deficient in formal schooling and participating little in adult educational activities. On the other hand we find Older Persons fully capable of learning, in a world of dramatic change when learning is so important and when the rewards of learning are potentially great. How can we more nearly match their need to learn with a better performance in learning?

The answer to this question probably lies somewhere in the realm of motivation. It is our hypothesis that in general Older Persons do not perceive education as having

any relevance for their interests and needs. This point was repeatedly confirmed in the community discussion groups held throughout the country in preparation for the White House Conference meeting in Washington, D.C., during the period November 28 to December 2, 1971. Assuming this to be a valid assessment what does it mean for the Education of Older Persons?

In attempting to answer this question we should be reminded that Older Persons apparently regard education as something separate and different from the programs of other service areas with which they are more familiar. There are health services, financial services, legal services, housing services, etc. and more or less as a post script there are educational services. Moreover the educational image of Older Persons is based on the memory of the schooling they received in childhood and youth—an image that bears little resemblance to the urgencies of the situation in which they currently find themselves. It is not surprising that their typical response to any queries about education is often "Why do I need any more education? What can it do for me? It is too late for that," etc.

Such an attitude obviously imposes severe limitations on the potential of Older Persons to cope effectively with their survival needs as well as their ability to increase the significance of their continuing development. Instead of thinking of education as a thing apart or as a decorative option, it should be regarded as a principal

component of all the services designed to meet the necessities of living. More specifically education should play an important role in the production, maintenance and protection of health and income. It should also be a basic element in solving problems of housing, the use of legal services, in the adjustment to change of relationships in the family, community organizations, etc. In short, education should be regarded as a program category to which all other aspects of living in the later years should be related. In this sense it would become an "umbrella" for working in and comprehending the field of aging as a whole.

But the full scope of the field is even more comprehensive than that suggested by our analogy of the "umbrella." In a more fundamental and generic sense education for aging should be relevant for persons of all ages and not merely for those in the later years.

In order to clarify this point let us first look at persons in the mainstream of productive adulthood. In at least two respects they have an important stake in Education for Aging. They need instruction about the problems, and opportunities of living in the period beginning with age 65, first, because they will need to provide the favorable climate of support, acceptance and understanding in which programs for Older Persons may develop, and second, because they will need to begin to think constructively about retirement for themselves, preferably as early as age 45 and at least by age 55. Let us look at the second

of the two preceding points in greater detail.

The basis for making a case for pre-retirement education is a sound one. An early introduction to the decisions that an adult will be compelled to make as he (or she) makes the transition from a working to a non-working style of life will enable the individual to anticipate the hazards and the opportunities of the later years. By so doing he will be able to regulate his performance in advance so that when they appear the hazards will be defused and the opportunities exploited.

In a youth oriented society the problem of persuading a middle aged person to admit that some day he too will be an Older Person and should therefore take some rational measures in anticipation thereof often gives rise to difficulties of motivation which are extremely frustrating. But the need for developing procedures for resolving these difficulties is an additional and compelling argument for the relevance of thinking of Education for Aging as applying not only to those in the years 65 and beyond but also those who are not yet "older" but are irreversibly on their way to becoming so.

There is yet another respect in which Education for Aging is more than Education for Older Persons. This is perhaps the most comprehensive of the categories we have proposed. We refer to education for life long development. Education for Older Persons gives society a reason for looking at the complete life span as a whole. Technically

speaking aging begins with the beginning of life and while this fact may appear to be a far cry from the problems exacerbated by the survival needs of Old Persons it reminds us that any point in one's total life line has a significance which is a product of both its past and future. In other words a person has a relation to the time dimension of his life with which he must come to terms if he is to fulfill the promise of his potential.

At this point the biological view of the life span as a rise for growth, a plateau for maintenance and a decline for regression gives us only part of the picture. It is proposed here that a more complete picture may be derived in some of the developmental theories of personality. To illustrate let us look at Erickson's theory of the maturing individual.

To summarize his position he postulates that there are eight developmental stages from the beginning to the end of life. In infancy we begin with the achievement successively of autonomy and initiative. In middle childhood we acquire the skills of industry and work and in adolescence a sense of identity. Building on these five stages of childhood and youth, the first task of the adult is to develop a sense of intimacy, next he must move into the stage of generativity and finally as a culmination to life long development he must achieve a sense of ego integrity. In other words the Erikson formulation proposes a stage by



stage progression toward fulfillment in maturity.

There are risks in presenting such a comprehensive theory in such an abbreviated form. But we have done so in order to support the view that more than the current biological and psychometric picture of the life span is necessary in order to formulate a fundamental and comprehensive program of education for life long fulfillment. In an optimal and operational sense the last stages of life should be a guide for education in all the sequences and at all the stages leading thereto. To qualify as a complete and fundamental view we must then regard Education for Older Persons as designed not only to help them cope with the requirements for survival but also by using expressive, contributive and influence activities to assist them in achieving their potential. In short we are proposing that it takes a long time to develop a complete self. Education should aid in this process.

As a post script to the above discussion let us return to our initial theme of education as an "accent on the positive." At this point we need to remind ourselves that Education for Older Persons will realistically and for the foreseeable future constitute the principal part of Education for Aging and that for immediate and operational purposes the bulk of Education for Older Persons will be devoted to helping them cope with threats to their survival and autonomy as well as insults to their integrity. But for

more fundamental and ultimate purposes society's stake in the education of Older Persons is that of helping them become a more effective resource for the improvement and enrichment of society itself. In the context of this view Education for Older Persons is an investment by society in resource development. It is based on the assumption that Older Persons have experience and special assets which the society needs for the cultivation of its health and well being. Society still lags gravely in recognizing the validity of this view. Its full acceptance and implementation with understanding is one of the major tasks of education.

Where will we find the agencies to develop the programs envisaged in the preceding discussion?

All agencies with education as a part or full time objective should be regarded as potential contributors to Education for Aging. In the informal domain we would include organizations of older persons, churches, synagogues, labor unions, farm and business organizations, civic associations, libraries, museums, community centers, etc. In the formal domain we would include private and public schools from the kindergarten through post-graduate and professional education. Above all we would welcome the realm of radio and television broadcasting with a sharp lookout for cable television that is just emerging.

In the case of all these agencies Education for Aging should appear as an explicit and separate commitment

in both statements of purpose and as a line item in budgets. It should not be allowed to become buried in the amorphous terrain of general funds or lost in general expressions of pious intent. This point is particularly relevant at the federal level. Nowhere does the federal government take specific and primary responsibility for leadership in the field of Education for Aging. Neither in the Administration on Aging nor in the Office of Education. This deficit is a scandal and should be liquidated in the immediate future.

But to complete this section on a more positive note we should report two developments which show substantial promise of superior achievement in Education for Aging. One of these may be observed in the phenomenal growth of the Community College. The basis for this optimism is contained in the fact that the new breed of community colleges is by franchise and by budget allocations designed to make community services and adult education a principal part of its overall program and to make these activities coordinate in status with that of the more traditional transfer programs of credit instruction. Already there is evidence that community colleges are beginning to take seriously their responsibility for providing educational services for Older Persons. At this stage only a beginning has been made but the potential of the community college to serve the elderly is there and could soon be realized.

Another promising development is the wide spread

extent by the example of the public schools of Flint, Michigan, and in part encouraged by subsidies from the Mott Foundation, the Flint type of community school is being adopted as a part of the regular school system in all parts of the country. The essence of the community school idea is that of service to all people of all ages in terms of their needs and preferences, often as a result of their participation in program development. Apparently the community school is more responsive to the educational needs of Older Persons than the traditional K-12 institution. It is quite possible that the community school either alone or in combination with the community college will become the most feasible, responsive and certainly the most universal vehicle for providing educational services for Older Persons.

In conclusion, education for aging should have a much higher priority ~~in the programs~~ of the educational enterprise than it now has. It should be an instrument for helping deliver the services set up to meet the survival needs of Older Persons. It should also upgrade the talents of Older Persons as a resource in nurturing the well being of society. It should aid in the progressive attainment by individuals of lifelong fulfillment and in so doing constitute a principal part of the education of persons at all ages.

The opportunities for the development of attractive and highly functional programs of Education for Aging is unlimited. The exploitation of these opportunities will require new resources, commitment, and creative leadership.

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## COUNSELING OLDER ADULTS AND USING COMMUNITY RESOURCES

by

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As we consider the provision of counseling services to older people, I need not recite to you the statistics establishing the longer life span and increasing numbers of older adults living in retirement or semi-retirement. Neither will I dwell on the fallacy that "old age" begins at any specified chronological age. I am assuming that we are today concerned with those people who are past middle age and, for whatever reason, are needing to plan for less active lives—yet retaining a significant, meaningful, and satisfying place in society.

In considering techniques for counseling older adults, there is no standard set—one, two, or three—series of "do's and don'ts." You are relating to individuals with distinct and separate personalities. In general, we can say most of these have been people who in earlier years have achieved a degree of success, small or large, who have been able to cope with their problems with some degree of maturity and satisfaction, but because of declining years, find it increasingly difficult to handle the pressures that face them.

We can say that how a person was able to make the "shift" to accommodate changes in earlier life experiences and styles will affect his ability to cope with the pressures and problems facing him in the later years of life. It therefore follows that your service plans with your aging client must take into account a careful analysis of the individual's own personality and the clues you get about his means of coping with his problems from childhood to where he is now, as well as his feelings about how he views his future.

Before going further into the "how" of establishing a meaningful and workable helping relationship with your older adult client, let's start with a look at you, and what assets you need of you are to be accepted in your role of a counselor.

The prime requisite, I believe, is to be a person with sincere liking and concern for people; a person who feels comfortable with older people and feels a commitment toward the provision of service that will help the aging client have a happy, active life with the feeling he has maintained his sense of individual worth and dignity. You must be able to use your own personality in such a way as will allow your clients to see you as a person whom they can trust and on whom they can depend. You must be the kind of person who can accept your client as he is, being non-judgmental in approach, neither threatening or overly authoritative in method. This calls for the counselor to be very

careful in the examination of his own values and prejudices that can interfere with the willingness to fully use himself in the giving of needed help. Does he really believe the older adults in our society can and must be utilized as important members of society, or does he view it just from a purely humanitarian standpoint of making life more comfortable for them, to ease society's conscience? I note that you have already had discussions on the physiological and psychological aspects of aging.

We know that as we grow older our physical and mental processes begin to slow down. Again, this varies widely from individual to individual, depending on his heritage and environmental influences on physical and mental health through previous life stages. Nevertheless, the reality factors, such as degenerative changes of the brain and other organs of the body as the aging process progresses must be taken into account. Thus, there will be some slowing down in thinking and responding. As the individual's resistance to physical ailments becomes less effective, he may become over anxious about his physical health. If circumstances force him into retirement and disengagement from former pursuits before he is prepared for this, he will likely be frustrated and angry, which causes the problems of the aging person to be more complex than the direct effects of senile decay alone. This is further compounded by the disturbing effects of socio-economic and cultural change all of which gives the aging person every reason to feel insecure.



You will need to help him deal with these feelings. A recent article I read had an example of this business of handling our feelings. A woman approaching the "senior citizen" age could not accept a suggestion of participating in a Golden Age Club, but might consider a "Silver Age" Club which she had heard might be organized in the community.

In former times and in some cultures, the aged person retained a much more respected position in his family and community than is true in our culture today. The multi-generation family no longer lives together in close proximity with assigned place and responsibility. I am not advocating that we should return to this, however. I am not sure, but what that in the cases where grandma and grandpa continued to reign as head of the family, the second and third generations were not stymied by restrictions thus placed on their growth and maturation processes.

We also know that many studies have been made that support the theory that successful aging is greatly dependent on the retention of autonomy and independence by the aging person. Thus, it is of extreme importance that programs planned for older people be based on the concepts of ego supports, self-determination, creative contribution, and the need to feel needed, useful, and respected.

I like to use the comparison of opening door versus closing doors when considering what happens to people's feelings of being needed and useful. From infancy to middle age, we are continually going through opening doors---

learning to walk, talk, start school, courtship, marriage, jobs, children--these are experiences that are a series of opening doors for us.

After middle age, we begin to see more doors closing, such as children grown and leaving home; no more need for PTA, Cub Schouts, Little League, etc., and so it progresses as we leave jobs and connections with business associates, many activities that are now proving too strenuous and demanding; loss of mate; finally perhaps leaving our home for more protected living arrangements. I submit to you that groups such as you are here to represent, need to help devise and put into effect programs that will produce doors that will be opening again to our aging population.

Now, how do we determine what kind of personality we are working with, in order to know what procedures to follow? We have already said you must begin to build a trusting relationship from the outset. In general, the first step then is to let your client tell you about himself. Usually this isn't difficult if you have been able to convey to your client that you are sincerely interested, will treat information given with respect for confidential aspects, and your interest is not for the sake of prying into his personal life. Most older people enjoy recounting their life experiences, and indeed they need to share these experiences with others. I would certainly hope we never shut out this source of great wisdom that comes from having lived for 50, 60, 70, 80, 90, or 100 years. Furthermore, his feeling of self-worth is enhanced by your recognition of what

he has achieved in the past and what he can do now in spite of adversity.

Listening is one of the most important skills you use in any counseling situation. What your client tells you, verbal and non-verbal, is your main source of clues as to what kind of person he is, how well he has been able to cope with his problems in the past, what kinds of activities have had the most significance for him in the past, what kind of preparation has been made for useful, satisfying living in retirement years, what economic, social, and emotional resources does he have to depend on, how flexible has he been in prior life that will put him in good stead for the adjustment ahead.

After getting this background information, there must be formed a careful analysis and evaluation of the things you've learned from your client. This needs to be thoughtfully weighed with information gained through collateral contacts—relatives, friends, and others who are significant to your client.

As far as your client is capable, he needs to be actively involved in the decisions affecting him. If you are dealing with a person who has been an independent person accustomed to having considerable control over the direction of his life, then your counseling needs to be directed in ways that will help him arrive at a solution compatible with his need to retain his sense of self-determination.

We also need to keep in mind that older people may

by some crisis. Watch for the place he begins to regain his ability to function. You then begin to shift your role from that of allowing and encouraging him to lean on your strength and guidance, to that of supporting him in a return to a greater share of the decision making as it affects him, and to the full extent of his competence for self-determination.

Now let us consider some of the decisions most aging people must come to grips with:

1. Working. If his greatest interest in adult years has been work oriented, the chances are he places the greatest value on this and may need help in planning for some part-time, and less demanding work. On the other hand, you may find that while work has been his chief concern up to here, in reality, the work was secondary to his chief aim of getting financial security in order to afford a more leisurely life for the pursuit of activities he had to postpone during the years of financial responsibility to the family.

He then may need guidance in selecting realistic activities that will fulfill some of those expectations. Maybe he always had a "yen" for being an artist, but could never have time or money to pursue this, while being a plumber as a means of meeting financial need.

By the careful analysis of what he tells you, and the feeling he manifests when he tells you of his wants and needs as you work together, will serve as your guide, as you counsel with him about what kind of future activity will help him retain his sense of being a worthwhile, contributing

member of society—a position where he can enjoy a rightful measure of respect.

2. Social and Spiritual Needs. Again, the older adult is more likely to follow the pattern of involvement and interest in spiritual and social activities as has been his practice in prior life periods. If he has enjoyed church and social affairs in the past, chances are he can use your help and encouragement.

3. Family Involvement. Ethel Shanas in her study of family relationships of older people published in 1961, found that despite some ideas to the contrary, there continues to be strong affectual and other ties which bind families together, but that to be dependent on adult children for financial support poses a considerable threat to the aging relative. Shanas concluded that what most older people want from their children is love and affection, and to be financially dependent on them would threaten this affectional relationship.<sup>1</sup>

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All the literature supports the contention that older people need to remain in the stream of community life. They need companionship, religious affiliation, and a sense of contribution to the well-being of their society. The family can be encouraged to help the elderly parent arrange to participate in such activities. One point that bears

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<sup>1</sup>Ethel Shanas, "Family Relationships of Older People," Health Information Foundation Research, Series 20, (October, 1961).

discussion here is the understanding that elderly people need companionship with the opposite sex as much now as they did in younger days. Adult children are sometimes less likely to understand and accept this emotional need by their aging parent. If this is an issue in the relationship between elderly parent and children, the counselor can try to help the children understand and appreciate it, rather than having the attitude that having a gentlemen or lady friend is a "silly return to second childhood," and should not be considered as unbecoming or inappropriate just because the person has reached old age.

In summary, elderly people need to have familial ties that give him a sense of having value in a family system. Recent studies support the idea that these inter-generational ties have not lessened in strength, and that adult children, or other younger generation relatives have affection and concern for the well-being of their aged relatives. When social services are being offered, the counselor needs to have as a goal the maintenance and strengthening of these family ties. The approach should be guided by the dynamics of preceding family interrelationships. The counselor must be able to determine what the family communication patterns have been, and what the strengths and problems are within the nuclear and extended family system.

What service goals are set must be compatible with these background factors. The counselor must be non-judgmental and flexible in dealing with the various family members.

He must be able to recognize and help them handle difficulties associated with changes of role in relation to each other--more like new roles than role reversal--when the aged parent has declined in ability to independently manage his own affairs. The problems and needs of the adult child's circumstances must be understood and taken into account. Undue pressure to increase financial and other supports should not be placed on the adult child. If he is able and willing to do so, he can be recognized and appreciated for this, although he might need help in directing his support in ways that do the most good for both, yet not need to feel guilty about its quality and quantity. If the past relationships are so faulty that help cannot come from him without the intensity of adverse feelings on his part, then efforts to increase the interrelationships might best be left out of the planning with services focused on helping the aged client develop meaningful relationships with other significant relatives, friends, and neighbors who can help fill the void.

Another area of needed information is that of community resources. The counselor needs to know what there is in the community that can be utilized for the benefit of his client, such as:

1. Sources of financial help -

Is he eligible for Social Security benefits, Public Welfare, Veterans benefits, any retirement funds possibly available as a result of a deceased spouse's credits,

2. Sources of health care -

Public Clinics, Visiting Nurse Services, Access to private sources of health care, Hospitalization programs, availability and costs of nursing home, foster homes for aged, etc.

3. Agencies and other sources of part-time employment opportunities for those who are able to perform work to supplement limited retirement income.

4. Recreation programs for adults -

Arts and Crafts, Social Clubs, Education programs for further work opportunity and/or other creative pursuits.

5. Spiritual participation -

Access to church of choice, other church sponsored activities for older people.

6. Opportunities for older people being involved in volunteer services within their interest and ability.

To know the community resources and then help your client to accept the sources of needed help is important. In this connection, I should also like to urge you to not only know these sources of help, but also call on the knowledge and experience of the professionals in these community agencies to augment the service responsibilities you carry.

Another area I believe should be touched on here is an examination of your role in relation to developing needed community resources. Should we not consider the need for more activity as advocates for the needs of older people.



How active are we in working to develop the resources we know are sorely needed but not available?

As in all states, Florida has been engaged in conducting forums all over the state in preparation for the White House Conference on Aging. These forums gave senior citizens the opportunity to voice what they see as their greatest needs. In the forums held, 12,000 older people participated. Some areas getting greatest expression of concern were:

1. Need for increased income - Social Security and other retirement plans have not been increased in adequate amounts to keep pace with the increased costs of living.
2. The lack of adequate health care facilities and the high cost of such care.
3. More low cost housing and living arrangements planned for the needs of older people.
4. More low cost hot meals for the elderly; better control over quality and quantity of pre-packaged foods; and the need for a system getting prepared meals more available to people who are home bound or limited to the immediate environment of their place of living.
5. More job opportunities for the elderly, particularly part-time work to supplement retirement income.
6. Improved public transportation facilities at lower cost to transport the older citizens to necessary health care, shopping, recreation and church facilities in the community.

7. Development of more senior citizens and organized clubs.
8. Expansion of legal aid services to the elderly.

My contention is that as practitioners in this field, we need to give some of our talents and energies in the development of needed programs, help to secure the attention of the power structure, and serve as a catalyst.

To summarize, in all relationships with the older client and his family, the effective worker is a person of genuine warmth, concern and personal commitment in helping the aged client have a happy, active life with the feeling he has maintained his sense of individual worth and dignity. The counselor uses his personality and professional skill to give the elderly client the assurance that the relationship is something on which he can depend for the kind of help that is within the function of the agency represented by the counselor. The counselor is careful to communicate to the client and his family the nature of the services he can offer, what his function will be in helping the client avail himself of the services being offered; this interpretation being done in a professional way that is understandable to all concerned.

Beyond the authority of the agency being represented by the counselor, he does not act in an authoritarian manner. This does not mean he does not have to sometimes set the rules and limitations. Where this is necessary, this is done in a kind way that conveys to the elderly client that

he is still liked by the counselor, but his behavior is that which is not liked. The fact that the counselor may represent authority, to the extent of representing the authority of his agency, can be a positive and reassuring element for the elderly client, in that the client can feel assurance that the authority is there to back up the services being offered. Nevertheless, the counselor does not individually assume a role of authority which will be threatening to the elderly client or his family. This calls for the counselor to be very careful in the examination of his own values and prejudices that can interfere with the willingness to fully use himself in giving the needed help.

Finally, the counselor must be able to create and maintain a good balance in the relationship that allows the elderly client to be as active as possible in the solution to his problems, yet be able to feel comfortable in leaning on the strengths of the helping person and other family members. This is the balance between being over-protective and the giving of love, support, and comfort directed toward utilizing and building on the strengths that are still present.

(Adapted from an address given by Mrs. Miller at the Spring, 1971, Institute)

## LEARNING AND THE OLDER ADULT

by

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I would like to try to give you a new way of thinking about the process of aging first of all; and then point out some of the more limiting factors which inhibit learning performance as we grow older; and then, finally, suggest to you a series of ten propositions, that have many implications for your responsibility in arranging, designing, and developing meaningful and reality-centered learning experiences for older adults.

When we think about aging, which is a process in which we are all involved personally, we usually think of it as a process of declining instead of a process of growth and development. I think it would pay us sometimes to turn it around and think of the aging process as one of growth and development rather than one of decline.

Now let me give you some clues as to how you might do this. I'm not trying to play word games so that you will not think of yourself as being as old as you are. If you'll think about it, you are the result of genetic aging that started when life first began, and you are a product

of the evolution of that genetic aging process down through time. You yourself, the protoplasm that represents you-not only your genetic heritage, but your cultural heritage-is a process of continuing aging that began with that first cell, or however you think it began. Viewed in this way, aging is a continuous, evolving, growth-oriented process. The process that we tend to think about most often when we think about aging is the biological-social process that occurs within our own lifetime. It is this kind of aging that I will address myself to today.

There are three major principles or components about aging that I think we should keep in mind which, in a way, go against the commonly held beliefs that most of us have. These have already been alluded to by previous speakers, but I would like to make reference to them again because I think they are important.

First of all, growth and declining are perceived simultaneously within all of us. Some areas of degeneration and decay begin before birth. Other areas of growth and development are still developing and progressing well into the seventh, eighth, or ninth decades of life.

Some examples? All right, when you are born you do not have the potential for as keen a sense of taste as you did during your prenatal period. In other words, the number of tactile receptors in your tongue compared to the number at birth and several weeks before birth-you have lost some, and you lose a few from time to time,

from year to year from that point on. At the other end, we know that the tensile strength of the smooth muscular system improves in most people up to the sixth and seventh decades of their lives. Your bone density does not reach its maximum until age 50 or beyond. The increasing complexity of the neuro-fiber make up of the nervous system, particularly your brain, goes on expanding, barring disease, degeneration, or loss through excessive or abusive living habits; it increases in complexity and potential for performance as long as you live. This has a lot of implications for older adults to learn as effectively as young people.

Another example of a loss that is occurring relatively early in life is your sense of hearing, which for most people reaches maximum acuity at about age 15. From that point on, until about age 60, there is a gradual but measurable decline in hearing abilities as we move along from year to year.

As far as we can tell, there are only three typical losses which have any significant bearing on ability to learn, and most of you know what they are. Perhaps the most important one relates to visual acuity, the decline in our ability to see. As we become older, we tend to lose the capability for pinpoint vision; we tend to lose some of the acuity for color vision, and so on. These losses can be corrected easily through mechanical and medical help.

A second major loss is that of auditory acuity, or our ability to hear. As I mentioned before, this loss begins for most of us around age 15. But even here, when we get to age 60, we find around 50% of the population that still has normal hearing. This is why, when we talk about aging, we cannot talk about the average person, because there is no "average" person. Averages are really statistical devices, and although I know that statistics never lie, statisticians lie all the time. If you are trapped into this belief about the mystical average, you'll be designing programs that really fit no one.

The third major loss that occurs, and this is a relatively minor kind of loss, is our loss in reaction time—how fast it takes us to react or respond to a given stimulus or set of stimuli. Now it's this third loss, the slowing down slightly of about 1% a year after you are about thirty years of age, so that when you are 45 you're back down to where you were when you were about 16. Now I don't mind being thought of as a 16-year-old swinger! These losses are measurable in terms of learning abilities as a function of age are really measuring this slight loss in speed of reaction time. It takes longer to receive the message, and it takes longer to respond to a paper and pencil test. When you add to this the nonsensical kinds of test that we ask older adults to do when we are carrying on our research, and the assumed lack of motivation to do so, and the ability to sometimes hear directions or to see or read

the printed instructions, and the losses due to reaction speed in this kind of testing situation, no wonder the 72-year-old doesn't do quite as well as the 38-year-old, or the 40-year old doesn't do quite as well as the 20-year-old. I think we should look at the other side and say that the 82-year-old does about as well, even under these artificial conditions, as the 20-year-old. When we take the time factor away, the pressure of getting things done in 27 minutes or how ever long the test is, then we find that the older testees do not only as well, but in many instances better than their younger counterparts.

Now the point of all this is that all of the physical losses which may inhibit learning are not truly that important, because they can either be corrected or they can be compensated for with the help of educational planners. So I would like to suggest a series of propositions to you which I think have many implications for your responsibility in designing better, more effective educational programs for adults of all ages.

The first proposition is that learning in middle-age and older age today is exceedingly more important now than it was one, two, or three generations ago. People feel this; they know this; and they do want to learn because of it. It will be even more important to go on learning throughout life in the generations ahead. Part of this is because of the discontinuity that exists between the past and the present, and the future. Learning can no longer



be viewed as a preparation for life, or for some future state of events. Learning is life-it has to be thought of in that sense.

You cannot now learn in younger life all you will need to know in order to live effectively during your middle and your older adulthood. What our children think they know today will probably be of very little importance to them in terms of what they will have to know tomorrow. The same thing applies to the 30-year-old, the 40-year-old, or the 50-year-old-what he thinks he knows now probably has little relevance to the things he will have to know 10, 15, or 20 years hence. So as learning becomes more synonymous with living, we have to start designing programs for all ages with this concept of learning- to learn should be a built-in part of every educational activity that you program for any age group that you happen to be working with, whether it is Head-Start, Pre-School, Adolescent, Young Adult, Middle-Aged, or Older Adults.

It reminds me of the person who came in to see Dr. Schroeder one day who talked about enrolling in the university based program for an undergraduate degree. This was a 30-year-old mother of two children working full time. She said, "It will take me ten years of going to evening college in order to get my college diploma." Dr. Schroeder looked up, and she said, "You know how old I'll be-40 years-old!" Dr. Schroeder replied, "Well

how old will you be in ten years if you don't go to evening school?" She said "Forty years old. How come the same?"

The point is that you are never too old to achieve whatever goals you might want to set as long as there is a probability for success or that they are realistic in terms of your capabilities, and more important, your motivation.

Proposition number two. Happiness at any age is more akin to or synonymous with learning than it is with anything else. Now a lot of children in school will not agree with this statement, particularly the ones that are being pushed out, shoved out, and dropped out. I'll suggest it as a proposition nonetheless.

Happiness itself is more like a process than it is a product. We might think of it as being a by-product which results from the way we travel through life. It relates to the goal setting, problem solving, creative behavior, and all other learning skills that are required for us to identify goals and move toward them. Now ideally, as we more effectively teach and help people to establish realistic goals and then design the kind of learning opportunities required to achieve those goals, the goals vanish just before they are attained and new and more significant goals come into view. It's sort of a Sears Roebuck catalog effect. You know, how some of you have spent many hours, perhaps when you were youngsters, perhaps more recently, looking through the wish book saying, "Oh,

if I could only have this or that or the other thing." You strive and you strive, and you save your pennies; and you finally get it, and you find that it wasn't so much after all. It was moving toward the object, toward the goal that gave you the sense of accomplishment and satisfaction. The goal itself, the achievement of it, really wasn't all that important-it's moving toward it, striving toward it, that seems to be important. So I suggest that older adults need to have opportunities to establish for themselves meaningful, realistic goals that are within the realm of their accomplishments, and that Adult Education has an important role to play in this regard.

My third proposition is that affective learning is as important, if not more important with age, as cognitive and skill learning. Affective learning is as important, and probably more important than cognitive learning and the psycho-motor skills. By affective learning I mean to learn with love and affection and to discover new feelings about yourself and others and to receive deep and satisfying emotional experiences and to learn to cultivate a wide range of interests.

Now here is one of the great risks of adulthood. Because of the political and social system we have evolved for ourselves, we restrict our interests during young adulthood to focus narrowly on occupational careers, our family responsibilities, and things of that sort at the

expense of developing at that time in life a wider range of interests which can sustain us later on and become the more important and significant parts of our lives during older adulthood. Think about it for awhile. If you build your entire life around a few areas, whether the area be that of your work career, your children, or your spouse, or whatever it is, and if you lose one or all of those few supports you feel as if you have lost everything that makes life worthwhile. There are people all around us, from middle-age to old age who feel as if they have lost everything because their entire life was consumed by two or three, or sometimes one, central purpose.

Take for instance the middle-aged mother with the "empty nest", where the last child has gone. She built her whole life around her children and has problems of loneliness, isolation, feelings of futility, and of not feeling needed and worthwhile. Also the business executive who has put his whole life into building the empire, or going to the top, wherever that is, and can afford to withdraw and retire. He goes to St. Petersburg, lives about three months, gets bored with fishing and dies.

So I think you have a responsibility in your adult education program, no matter what the program is, to help participants acquire some new interests, to explore some areas that they didn't pay to explore as part of the given program that they did pay for or are enrolling for in order to help them to discover new, meaningful areas of living.

These may be new areas of scholarship, new areas of social competence, new areas of humanitarianism, new potential work careers, or what have you. I think every single adult education program has a responsibility to not stop with that prescribed program, but to use it as a vehicle for opening up some new doors, some new vision to the audience, wherever they might be.

Proposition number four. Much of what is taught and learned in college today is detrimental to learning in middle-age and older age. It is bad for our health; it facilitates senility; it encourages dogmatism; and it utterly destroys creativity. Now that is a real, serious charge. I can probably lose my tenure for stating that as a member of a faculty of a college of education that is concerned with preparing teachers for the public schools.

If you'll reflect upon what you know of yourself as you grew up, what you know about your children, and what you think you know about the children of other people, look at those creative, anxious, curious, questioning youngsters coming into a pre-school, nursery program, kindergarten or first grade. When you look at them a couple of years later, some of it is gone. Go into the fourth grade and more is gone. By the eighth grade, between the home that doesn't have time to answer their questions or punishes them for asking, and the schools that have the same problems, children-being quite smart and adaptive-have learned not to want to learn too much. It is risky business,

We teach people not to like to learn. I think we do it deliberately, perhaps not with malice, but we do it day after day in our homes and in our schools. You and I and most of those we know are products of those kinds of experiences. So we end up with a third to a half of our population who not only learn that they don't like school, but they have learned to equate schooling with education, and they don't like anything that has to do with education, because there is a continuous series of failures until they finally get smart and drop out. Then we get them back into adult basic education, and we start doing the same thing over to them. We are telling ourselves that we are giving them their last chance and they better make it this time. We usually have people learning fractions on a blackboard in a group, which is about as ridiculous as we did when they were in fifth grade. The reading levels run from grades one to eight, and maybe two kids in the class of fifth graders are at the fifth grade level, but everybody is in the same boat at the same place at the same time. Most of them are either bored to death, and the others that aren't have no idea what is going on. Then we wonder why we still have problems in Adult Education.

Oftentimes we take the position that the school gives plomas, and this is the end of it for you. You had education like you had the measles, and you won't get it again. Or we have given you a Ph.D degree with the implications that that is the end of learning. Worst of

all, this process instills in us the attitude that education is terminal - that there is an endpoint-if we can just get some degrees, we won't have to go to school anymore.

Proposition number five: Under our present practices in Adult Education, the rich are getting richer educationally, and the poor are staying poor. This is in spite of the so-called massive efforts that we now have federally funded for adult literacy education. If you will take a look at what is happening in adult education, most of our resources go to programming education for those who already have the most education.

It is true that we do have more and more leisure time for more and more people. A great deal of this leisure time is being invested in lifelong learning and continuing education for the teacher, the physician, the nurse, the architect, and for you that are here right now. Your paychecks are going on. When we decided that we were going to pay poor people to go to school, people replied that that was socialism, and we couldn't do that. Every major corporate executive in the United States today spends a good portion, roughly a third of his time, in some kind of organized learning, problem-solving activities, which can be defined as adult education. These learning events go on in high-rise university conference centers and the luxurious motels and hotels in the convention cities, and in the seminar rooms of the corporate offices, and so on.

I'm merely suggesting that if we take a look around us, we will find that the more highly educated keep spending more and more of their time becoming more highly educated-keeping themselves updated, growing, and living, hopefully, more meaningfully. On the other hand, we still have not come to grips with providing significant, meaningful, needed educational opportunities for the under educated. One of my major areas of interest is the education of these lesser-advantaged, culturally unique, depressed groups of our society. When I look at the kind of programs that we have evolved-most of them on a crash, emergency basis with a temporary, shaky funding pattern, and no one knows next year if you'll be refunded to keep your staff, and I know all of the problems you have with public school and junior college administrators in this regard-sometimes I get to thinking that they are merely trying to pacify and hold things down. That they are just giving people enough to let them think that we are trying to do something for them; raising their hopes beyond realistic levels of attainment on the one hand, and giving them just enough to keep them from demanding what should be theirs in a free society on the other hand.

Proposition number six. Our schools and our Adult Education programs, and our social system, with their excessive emphasis on achievement and competition, which is usually defined as making money and accumulating goods, creates adults who are unwilling to take risks. They



are afraid of failure, and by middle-age they have learned to resist change because they are afraid of it and resist learning itself.

That, too, is a serious accusation against education and against ourselves. I would like to relate that to my next proposition.

Proposition number seven. Fear of failure and acquired anxiety, or learned anxiety and stress, increasingly become barriers to growth and development in learning as we grow older. There is quite a bit of research accumulating on the effects of stress on learning performance. There is one thing we know—a little bit of competition for people who are not under a great deal of stress, or who are not overly anxious (there are not very many of us left who fit that category anymore), a little bit of built-in competition and stress is kind of good for learning. It kind of helps get you sharpened up and ready to go like the athlete poised for the pistol shot when he is about to run the mile.

On the other hand, we know that for most people, an additional amount of stress, whether it is artificially or unintentionally introduced in the learning situation, severely reduces ability to solve problems, to remember events, to recall information, or to perform other complex tasks. Research has been done on experimental subjects that range from paratroopers, older adults, first-night actors, and a variety of other groups.

For example, in one of the studies the research was trying to determine what is the influence of anxiety and stress on learning poetry. The researcher rode along with the paratroopers in an airplane just before they were to be pushed out on their first practice jump. He would ask these paratroopers, "Would you memorize this poetry?" Well the guy would try to memorize a few lines and then recall it. As you might expect, no one could memorize anything because they knew ten minutes later they were going to be pushed out of that airplane.

The same phenomena is working all the time in all adults whenever they get into a learning situation. Anything that you can do to lower the anxiety level and take the stress out of it would be helpful. You know that even the word test is enough to put a lot of adults who remember what test was in school into a state of panic, and drive them away from your program, or at least cause them not to come back. So anything that you can do to reduce anxiety and tension and stress as a result of your learning program, and use that program to help older adults better cope with the tension producing situations that they already have, will certainly be to your credit and I know to theirs.

Proposition number eight relates to the changing perceptions of time as we become older. I'd like to suggest to you that time itself speeds up subjectively, psychologically, as you become older. One reason for this was alluded to by the speaker the other day when he tried to explain that

there comes a point in most of our lives when we stop measuring time from when we were born and still have forever left. We start measuring time not from when we were born, but based on our prediction of how much time remains.

I merely wanted to point this out to suggest that this is a tremendous opportunity in educational programming to try to discover what new goals would be important, and what kind of assessments people in this age bracket are now taking that we can contribute to. Then as they do become older they will work out for themselves a set of more realistic, meaningful goals where their chances for attainment and success in continued meaningful growth can result.

Unfortunately, for most people it goes the other way. The girl of 35 who still doesn't have any children, if she isn't able to reevaluate herself and establish new kinds of goals, is going to be more unhappy as the days go by. The same holds true for the person whose work role depends upon his physical skills, whether he is a professional athlete or a blue-collar worker. That is, in order to think well of yourself, you have to maintain your level of skill performance. Sooner or later with increasing age you are going to start getting negative feedback about yourself.

If you can't shift over and establish some other goals which require, perhaps, more intellectual competence and less physical competence, you are going to be in trouble. This is because the older you get the more will

be the negative feedback about yourself, until finally you feel as if you are completely incapable. So I think it is the responsibility of adult and continuing education to help people in their middle years to reassess themselves and establish more realistic goals which will sustain them and keep them growing and living more meaningfully.

.. Proposition number nine: Adult learning is not the same as learning among children or youths. There are a lot of differences between adults and children which account for the differences in the way they learn, in the way they want to learn, and what they want to learn; in fact, in what they must learn. For one thing, adults are more bound to their stereotypes than are children—that's a sophisticated way of saying that they are more set in their ways. They are more accustomed to seeing things through the colored glasses that they have developed for themselves through time.

Some of you are Democrats. You are more likely to be favorably disposed to receiving information that is consistent with the party line or the ideals or the philosophy of that particular party; vice versa if you are a Republican. This follows through with almost every attitude, belief, and set of values that an adult has. He's bound to them more. It is more difficult to set them aside for awhile and entertain some conflicting, opposing points of view.

This has a lot of implications for how you organize older adults for learning, particularly in areas where value change or attitudinal change are of concern; as they are more tied to their emotions and values. They are motivated by a greater variety of needs and problems than are younger people, and you better know what those problems are if you are going to have programs that will fit and meet their needs.

Learning for older adults involves more unlearning than learning itself. This relates to the points I have just made. You really have to unlearn the old before you are able to free yourself to accept and learn the new. In fact, most-and this isn't from me, this is from some of the ideas of Plato-the most rewarding and significant learning that can take place cannot take place until a person has lived for 50 years or more. Now think about that. If you are under 50, according to this quite famous philosopher, you are not old enough to learn what it's all about. What he is saying, or suggesting, is that until a person has lived enough life and experienced enough of its meaning-in terms of its peaks and its depths, joys and tragedies-he cannot really appreciate the more significant problems of man. He is not able to understand with any level of significant meaning the depth of human experience. If he hasn't suffered the despair of losing one that he loved, he can't really appreciate some of the tragedies in some of the greatest literature of the world. So if

you are still under 50, have hope, your time for real serious learning is still ahead.

Proposition number ten: The capacity to learn is one of the few capabilities or abilities we have that we can increase or which will increase if we will nourish it and cultivate it with age. This is true only if we cultivate it and reward this ability.

By becoming more and more open and diversified in our interests and more willing to entertain new ways of looking at things about us and ourselves, by being continually involved in learning as a lifelong process, the ability to learn will increase, not decrease with age.

Finally, let me quote a colleague of mine, Dr. Wayne Schroeder, who says, "First, we must believe that we are never too old to learn, for such a belief represents a positive response to the demands of a rapidly changing world. Secondly, we can believe that we are never too old to learn, for an abundance of research findings support this belief. Finally, we must believe that we are never too old to learn if we are going to enter into these older age groups in an effective and constructive, self-satisfying way."

(Adapted from an address given by Dr. George Aker at the Spring, 1971 Institute. Dr. Aker is now Chairman, Division of Educational Systems Management at Florida State University.)

## WHAT IT MEANS TO TEACH OLDER ADULTS

By

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The topic implies that older adults are somehow different, as learners, from young adults or children. Are they different? If so, it would seem to behoove us as teachers who work with them in organized learning situations to know how they are different--and what accounts for the differences.

I submit that the older adult learner is different; that as an older person he has certain distinctive characteristics which influence the way he learns and the way he should be taught.

Between childhood and old age there are changes of various kinds which inevitably and continuously take place. Some of these are physiological in nature--some are psychological. Some of both kinds of these changes influence learning habits, attitudes and abilities. Thus, an adult learner, particularly an older adult learner, exhibits certain characteristics which distinguish him from a child learner. As teachers we should recognize these characteristic differences so that we can take them into consideration in our teaching.

First, let us talk briefly about some of the physical changes that occur in the normal aging process, particularly those which more directly influence our learning characteristics:

### Changes in Vision

As we grow older our vision changes--it loses more and more of its sharpness. Since vision is one of the senses that very directly influence what we learn and the way we learn, let us examine more precisely what actually happens to our vision in the normal aging process: Our vision normally attains its maximum efficiency at about eighteen (18) years of age and declines continuously thereafter. There is a gradual but steady decline from age eighteen to forty-five, and a decrease in the rate of decline beyond fifty-five.

Researchers have discovered some other things about visual changes which are relevant to our purposes. For example, it has been demonstrated that aged eyes suffer a greater proportionate loss of visual acuity in dim light than do younger eyes. Clinical studies have shown that at age thirty-five and above there is a distinct preference (and need) for more light for reading. This tendency is especially marked in persons between thirty-five and fifty, probably because the eyes are changing more rapidly in their refractive condition during that period than at any other period in the entire life span.



Other studies have found that as we grow older there is a gradual narrowing of the visual field (peripheral vision) and a slowing down of the dark adaptation process. It takes older eyes longer to adapt to sudden changes from light to dark surroundings. And they don't see as well those things that are outside the point of the central focus.

It has also been established that as age progresses the rate of color blindness rises. This occurs to a greater degree among men than women. In fact, in one study made on 565 men and 446 women it was found that at age seventy, defective color vision occurs in forty-two percent of men and eighteen percent of women.

#### Changes in Hearing

Another kind of physical change that takes place as age progresses, and which directly affects learning is in our Hearing.

Sir Francis Galton's data show that maximum audio acuity (or hearing efficiency) is attained between ten and fifteen years of age, very gradually but consistently declines thereafter to about sixty-five, and then tends to level off.

U. S. National Health Survey studies on hearing ability show that 85 percent of people five to fourteen years of age have clinically normal hearing, but that only 12 percent of people sixty-five and older have normal hearing. Stated another way, hearing disability sufficient to prevent understanding of ordinary speech originating at a distance two or three feet directly in front, or to prevent

using a telephone, increased from an incidence of 7 percent among five to fourteen year olds to about 64 percent among those sixty-five and older.

Another kind of hearing change in the U. S. National Health survey studies revealed was that in addition to, or apart from, the loss of hearing efficiency as age progresses, there is also a slowing down in the central auditory processes. Our reaction time increases, which means that we slow up in our response to auditory stimuli as we grow older. Many aged people find it difficult to follow rapid speech in spite of little or no hearing loss.

Some of the physiological changes that occur between youth and old age and which may have a less direct effect on human learning may also be worth our remembering. For example, various studies have revealed gradually restricted powers of adjustment to both high and low external temperatures as age progresses. The ability of our body to adapt and compensate for external temperature changes becomes more limited, particularly beyond sixty years of age. Thus, older people become uncomfortable more quickly when exposed to abnormal external temperatures, either high or low. Heat prostration is much more frequent among people over sixty than those under sixty. This is known as a loss in powers of homeostatic adjustment.

As we move from youth to old age, the speed with which our body repairs itself after injury also slows down. Convalescence time increases up to twelve times as long for

a person seventy years of age as for a youth of fifteen. We also have less tolerance for stresses, for over-eating, starvation, dehydration, and salt-depletion as we grow older.

The capacity for physical work declines with age-- as those of us beyond forty well know. On experimental clinical studies it has been found that at age seventy the capacity for physical work is about 50 percent of what it is at age forty. An interesting side-light on this particular characteristic is that one study showed that among people between fifty-seven and sixty-eight years of age, their work-score was 3.5 percent higher in the afternoon than in the morning. Thus, while our overall work-capacity falls off as we grow older, we apparently work better in the afternoon than in the morning, once we pass the mid-fifties.

Studies made at the Harvard Fatigue Laboratory indicate that the quality of work does not decline rapidly after age forty-five. They point out that there is considerable evidence to show the age at which eminent people do their best work does not coincide with physiological prime. For example, they point out that of the 100 most important inventions, 37 were made by men over forty and sixteen were made by men over sixty.

#### Implication of Physiological Changes

What do such physiological changes between childhood and old age imply for those of us who teach and work with adults in organized learning activities? What influence should they have on our teaching procedures and materials?

First to compensate for less acute vision, the following implications seem apparent:

1. Use good illumination. Older adults must have not only better light, they must have MORE light. Do not have audience face the light. Never have a flickering light.
2. Arrange seating so that people are close to the speaker and to the materials used in class demonstrations.
3. Arrange equipment which will enable the audience to see all parts of demonstrations easily and clearly. In addition:
  - a. Have a neutral background.
  - b. Use sharp contrasts of color.
  - c. Use large charts, diagrams, and pictures.
  - d. Use large, legible writing or printing.
  - e. Remove everything from the blackboard except those items which pertain to the subject under discussion.
4. Make sure that all typewritten and duplicated materials for student use are done with pica type and double spacing.

The loss of hearing efficiency also has some important implications for teachers, particularly for those who teach older adults. Some of the more readily apparent ones are the following:

1. Speak more slowly and distinctly as the age of the group advances.
2. Stand still, or relatively so, so that those who depend to some extent, consciously or unconsciously, on lip reading will be aided in understanding what is being said.

3. Unusual words, unfamiliar names, numbers, and the like should be enunciated clearly and then printed on the blackboard.
4. Study the faces of members of the group to see whether they are hearing.
5. Use simple, well-chosen words that are clear and meaningful; avoid the use of words that are lengthy and difficult to understand.
6. Use the blackboard freely; vision will supplement poor hearing.
7. Talk directly to the group; don't turn aside or away from the group while speaking, as this prevents those who depend to some extent on lip reading from understanding what is being said.
8. Be especially observant and eliminate inside or outside noises that tend to interfere with the hearing of the group.
9. Questions directed to the teacher by members of the group should be repeated for the benefit of the entire group before the questions are answered.
10. Ask someone in the back of the room to call attention when any member of the group cannot hear.

We said earlier that adults, particularly middle aged and older adults, have somewhat slower reaction time-- that their general physical tempo was slower and their limits of internal body adjustment to external conditions are narrower. What does this tell us as teachers? It tells us several things, I think.

1. Older adults must be permitted to choose their own work tempo. They should be encouraged and stimulated, but not rushed.
2. It tells us to be particularly attentive to the physical comfort of older adults; to maintain classroom heat and ventilation within proper limits; and to arrange for use of the most suitable furniture available.
3. We should arrange for an accessible meeting place for older adults, one which requires a minimum of stair climbing.
4. Arrange the schedule of meetings insofar as possible to best suit the group.
5. Maintain a pleasant social atmosphere in the classroom.
6. Do not hold meetings overtime.
7. At the appropriate time we should emphasize the importance of their avoiding environmental extremes and conditions of stress.

#### Psychological Changes

In the psychological realm there are three (3) primary areas in which changes with age may influence learning most directly:

1. Ability (intellectual power)
2. Interests
3. Attitudes

In the absence of injury or disease, does the aging process itself change our ability to learn, or the way we learn?

A study of the multiplicity of research in this field shows that psychologists differ considerably as to the effects of age upon the intellectual capacity, or the ability of the individual to learn. Edward L. Thorndike, who dominated this field for many years prior to World War II, concluded that the peak of one's ability to learn is reached at some point between 20 and 25 years of age; that the capacity for learning declines from this point at a rate of a bit less than one percent per year until about age forty-two or a total decline of from 13 to 15 percent. Thorndike's findings were supported by the research of a number of other psychologists, notably the American teams of Jones and Conrad, and Walter and Catherine Miles; also the eminent British team of Foulds and Raven.

The findings of much subsequent research however, notably that of Irving Lorge, differed with Thorndike's by pointing out that if the speed factor is removed from learning tasks, the differences between young and older learners, insofar as their power to learn, become very much smaller. After extensive research and testing of people at various ages, using both timed and untimed intelligence tests, Lorge concluded that there is a decline in rate of learning as age progresses, but that intellectual power in and of itself does not change from about twenty to beyond sixty. He attributes the decline in rate of learning to the losses we sustain in our vision, our hearing and reaction time primarily. The increased fear of failure, and a general

reluctance toward learning on the part of older adults were also mentioned as possible factors.

An interesting article appeared in Time magazine some months ago entitled "Are There Changes in Mental Function Due Solely to Age?" Psychologists Willard A. Keer of the Illinois Institute of Technology and Ward C. Halstead of the University of Chicago were researching this question. They wanted to find out whether a man's mental ability necessarily declines with age. They selected 424 healthy business executives, all of whom had demonstrated their ability to get ahead in highly competitive fields. The average age of the group was 52 years--many were a good deal older. These men had pushed their separate ways up the ladder of success in their chosen, competitive professions. The question was: Were they now slipping or were they still mentally sharp, and capable of organizational leadership?

Each executive was given a variety of tests which seemed, at first glance, to have nothing to do with mental ability. They were asked to show how steady they could hold their hands, how fast they could wiggle their index fingers, how fast a light could flicker before they saw it as a steady beam, etc. Such tests were designed to show how well the nervous system was functioning at the physiological level.

There were other tests that dealt with reactions to abstract patterns; that graded the individuals on their ability to understand and remember what they had heard and read. Results of these various tests gave clues to each man's



ability to absorb new ideas and deal with new words. The tests as a whole were designed to show actual mental impairment, if any, that could be traced or attributed solely to advancing age.

Among the men in their 50's, they found no changes that were inevitable. Some of the men in their 60's and 70's showed some loss of memory, reasoning, and decision-making powers, but many did not. Most of the 424 aging executives, according to this report, showed as much mental agility as a group of medical students averaging 25 years of age. The researchers concluded that any decline of mental powers with age is more likely to result from the brain getting too little rather than too much work--that the capacity is still there, the same as it ever was, if it is kept active and alert. This seems to confirm Lorge's findings that intellectual power remains essentially unchanged.

The second type of change that occurs in the psychological realm as age progresses has to do with interests. What happens to our interests as we move from childhood to old age? Do they narrow in scope or lessen in intensity to a degree which significantly reduces our learning capabilities? Edward K. Strong, Jr. of Stanford University did extensive research on the changes of interests with age--as did Thorndike before him.

Their conclusions may be summarized as follows:

1. There is a slight decrease in the total volume of interests between age twenty-five and fifty-five. The decrease is

restricted largely to the physical activities. About 50% of the total changes that do occur within the thirty-year period do so between age twenty-five and thirty-five. There is little or no change in volume of interests between age fifty-five and sixty-five.

2. Items suggesting physical skill and daring show the greatest change of all.
3. In general, the things we like most at twenty-five years of age are liked better and better with increasing age, and the things we like least at twenty-five are liked less and less.
4. The interests needed to support adult learning show no decrease. In them there is no steady, unavoidable decline or "drying up."
5. Interests can be modified. Likes and dislikes can be learned by older adults as truly as names or dates.
6. Learning without interest of some sort does not occur to any appreciable degree.
7. Whatever difference exists between young adults and old adults as to willingness to learn, interest, and ability to apply their minds are moderate in amount, and will not prevent the older group doing at forty-five or above, on a somewhat reduced scale, almost anything they could have done at twenty-five.
8. On the whole, the older adult is more influenced than the young adult by uselessness and harmfulness of the material to be learned.

9. The old suffer greater reduction in the amount learned under conditions of mild bodily discomfort than do the young.
10. The old suffer more than the young from being frustrated by deprivation of success.

How does advancing age affect our attitudes--our outlook on life? In a study of attitudes and adjustments among recipients of old age assistance in New York State, Christine Morgan reached the following conclusions:

1. Men had better health than women, and a close correlation exists between health and happiness.
2. Forty percent of the happiest people had more than an elementary education, while only 24 percent of the unhappiest ones had more than elementary schooling.
3. Seventy percent of them said they would be much happier if they had a job.
4. Work and social responsibilities were the sources of greatest happiness.
5. Women find it easier to occupy themselves. Thirty percent more women than men reported they had plenty to keep them busy.
6. Finances, concern for spouse, and poor health were, in that order, reported as sources of greatest worry.
7. There are no aged characteristics as such; traits exhibited by the old are as varied as those shown by a group of young people, and are determined by the same factors--cultural, educational, economic, and sex differences

### Miscellaneous Psychological Changes

The following are miscellaneous facts and conclusions regarding the psychological aspects of aging, reported by various researchers:

1. Frequently the fear of aging, rather than the aging process itself, induces mental deterioration. This is the result of social pressures in our society and calls for a better understanding of the place of the aged in the picture of the full life span.
2. Older workers are:
  - a. Steadier in their jobs, require less frequent replacement, and are less expensive in training.
  - b. More careful with equipment, less wasteful of materials, and have fewer industrial accidents in relation to hours worked.
  - c. Less distracted by social interests and tend to develop a strong sense of loyalty and responsibility.
  - d. Sick more often, and require longer to recover from illness or accident, but they show greater caution and have a lower accident rate.

### Implications of Psychological Changes in Aging

Implications for teachers of adults as indicated by these psychological changes with aging seem to fall into three categories: First, the general tone of the research shows that there is a substantial retention of the POWER to learn, but a slowing up in the RATE of learning as we grow older. The implications for teachers in this and related

facts developed in the research would seem to include the following:

1. Expect quality from adult learners, but remember that it will take longer to produce it as age advances.
2. The scope of lessons must be planned with due regard for speed capabilities of members of the group.
3. Present new material in the most logical sequence, step by step, and relate it to what is already known. Short units of work will tend to give older adults a feeling of success and mastery, and this is highly important.
4. Utilize various instructional aids to help establish important concepts and relationships. Write things on the blackboard as they are explained. Double exposure (sight and hearing) will help solidify learning.
5. To help compensate for slower correlation of ideas, select the central idea or principle, then plan class demonstrations, explanations, and discussion so as to develop and reinforce the basic, central idea.
6. Repeat important points frequently.
7. Summarize often.
8. Because of the widespread existence of negative attitudes regarding the ability of older adults to learn, the teacher must make a special effort to reassure adults on this point; he must overcome their feelings of insecurity and fear of competition with younger adults and give them a new sense of security and mastery.

9. In laying out tasks to be performed in the learning process, the teacher must make sure that the older adult sees the relationship of the tasks at hand to his ultimate objective.
10. Since learning flows primarily from the consequences of satisfaction and reward, every opportunity should be utilized with adults particularly older adults to praise good work. By the same token, errors should be minimized and all kinds of punishment (including sarcasm and ridicule) avoided. Accent the positive (success), not the negative (failure).
11. Do not forget the importance of short recesses (or breaks) for adults.
12. Often the urgency and seriousness of his purpose results in a drive for achievement which itself can become a source of discouragement. He may expect more rapid achievement than he is capable of producing. The teacher must be keenly observant for signs and symptoms of this difficulty, because if not detected and proper counsel and encouragement given, the individual will drop out with a feeling of disappointment and frustration.

Secondly, the wide range of individual differences in age, ability, previous education, and interests that we find among older adults would seem to hold the following implications for teachers:

1. Remember that every member of the group is a voluntary participant. As such, each one is there because he wants

something. One of the most difficult and important jobs the teacher faces is that of finding out what each person's particular interest or need is. Unless the adult gets what he is coming for, he will soon stop coming.

2. Every group of adults has a wide assortment of talents, and these constitute rich resources for the group. To identify these resources, there should be an early effort made in every group to get acquainted all around. The teacher has a particularly important responsibility here in studying the background, interests, needs, and capabilities of each member of the group, so as to plan the work for the group and utilize to the optimum degree the talents of each member for the benefit of the group as a whole.
3. Do not give older people "busy-work" to do. Engage them in useful, challenging and meaningful activity, according to their particular interest.
4. Make everyone feel that his opinions, needs and thoughts are important.
5. Encourage everyone to share in group activities. This will give older adults the feeling of belonging often times needed to allay their fears about returning to school.
6. Remember that the adult brings with him much of the vocabulary and stored knowledge which will facilitate and give depth to new learnings.
7. In learning new skills, older adults often have to "unset" old patterns, long established. This may be frustrating

in extreme cases. It is time consuming in all cases. Teachers can soften the effect of this experience for the older learner by explaining that this is a common problem, not at all peculiar to him; merely something that all "grown-ups" have to contend with.

### Brief Summary

In summary, we have said:

- Adult learners, particularly older adults, are different-- that
- In the process of normal aging changes do occur which affect learning--and make the older adult a different kind of student from the child or young adult learner.
- Perhaps the most important conclusion to be drawn from our analysis of these changes is that, "adults, regardless of age, can still learn".

Finally, and I hope you agree with me, if we as teachers can be constantly mindful of the unique characteristics of adult learners--characteristics which result from these developments during the aging process--we are likely to be much more effective as their leaders and teachers.

(Adapted from an address delivered by Dr. Hand at the Summer, 1969, Institute )



## WORKING WITH SENIOR CITIZENS

By

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I have been informed that you would most likely be interested in the problems of recruitment, developing rapport, motivation, and involvement. Well, these are some of the ancient and continuing problems facing all program planners in adult education. It is true that older people represent a somewhat specialized clientele, especially since they are more resistant to change and since many have self image of a non-involved person. Still I think we will need to modify only slightly the principles which we use in working with other age groups.

First as to recruitment. How do we discover where the older persons are and how do we make contact with them? There will be some difference, of course, between working in cities and in rural areas. In rural areas the churches and the farm organizations would seem to be the best sources of information. Most rural ministers, especially if they have been on location for some time, are good sources for sociological information. In urban areas, social service agencies, such as the state employment office, the social security office, and family service agencies are excellent

sources of information. Additional sources are nursing homes, senior citizens centers, retirement residences, and as a final resort, the older people whom you have already identified.

But it is not enough just to know where the older people are.

We have to know how to contact them and how to recruit them into our programs.

Second, building rapport and motivating. Just as with younger adults, the older retired person has to see direct benefits to himself to become motivated to engage in any program. At this point I would like to say that we should be wary of using for our activities terms like "school," "education," "class," or "instruction." To a number of older folks these are negative terms calling forth remembrances of bad experiences or at least the rigities of the classroom with its rows of unmovable seats and an authoritarian teacher sitting up front. More enticing names are "series of meetings," "discussion group," "project," "get-together." Names do make a difference. One adult educator offered a course in "Consumer Education" and only three or four people showed up. Next term he offered the same course as "Getting Your Dollar's Worth," and filled two classrooms. Also experience seems to indicate that combining a social time, with perhaps light refreshments, has a positive effect on getting people out to meetings. As nearly as possible we should get away from a school-room atmosphere. Carpeted floors, comfortable chairs, and colorful drapes are all helpful. The element of safety should not be overlooked.

Ramps, non-skid walks, and grab-bars should be available where necessary. Time of day and means of transportation need to be taken into account. Many older people do not like to go out at night, especially if it means that they have to ride public transportation.

In identifying needs it is important to deal with the needs as the older person sees them, not as we the professionals do. Their priorities and ours may be different.

There have been a number of studies made as to what the needs and interests of older people are, and while there are differences between localities, rural and urban differences, and certainly differences based on socio-economic factors, still, generally speaking, there is a common core of interests that have been identified by the older persons themselves:

- (1) The first of these is religion, broadly conceived,
  - Great Religions of the World, Geography of the Bible Lands, The Bible as Literature, etc.
- (2) The specific problems that come with aging and retirement:
  - a. Managing on a fixed income in a time of inflation, including the possibility of part-time or full-time work.
  - b. Maintaining one's health
  - c. Rehabilitating the old home or making the best of any new mode of living
  - d. Safeguarding against cheats and swindlers
  - e. Learning to cook for 1 or 2 people

- (3) Physical fitness and good grooming - both men and women
- (4) Leisure time activities
  - a. Hobbies, crafts
  - b. Needlework and sewing. (In two nearby Florida cities recently one public school program offered 100 courses and the other 60 in sewing)
  - c. Gardening and flower raising
  - d. Games and sports
  - e. Travel (both real and vicarious)
- (5) Many people are interested in going beyond arts and craft and hobbies and wish to take up art and music and sculpture as forms of personal expression.
- (6) Educational activities such as seminars on politics and foreign affairs, brush-up of speaking and writing skills, creative writing, etc.
- (7) Help with practical problems such as filling out income tax forms, checking leases and insurance policies, making wills, etc.
- (8) From here on the choices dwindle down and interest would depend on the individual, the time, the place, and other circumstances.

In considering how we can plan for and with our older citizens it might be well to take account of the factor of individual differences. At this point I think we ought to beware of the tendency to overgeneralize. It is convenient when speaking of the 20,000,000 retirees to group them all

together and ascribe certain characteristics to them when actually they differ among themselves as much as or more than the young and middle-aged. In age they range from the 60's to 100+. In education they range from the illiterate to the post graduate professional; in talent from the mediocre to the genius; and in stamina from the hale and hearty to the sick and senile. For example on a national basis about one-fifth of our older citizens are functionally illiterate and at the other end of the scale 12% - 15% of them have had college work. Similarly, on a national basis approximately 25% of them are existing on incomes that put them below the poverty line. These data may or may not describe your clients. You would need to determine more precisely what are the characteristics of those whom you wish to serve.

In working with any aggregation of individuals, we need to think of them as that many individuals and we need to discover their characteristics, their needs and desires, and their capabilities.

In this period of enforced leisure the older person develops a life style which is determined by his personality organization, his experiences, and the economic and social circumstances in which he finds himself. Different writers have classified these life-styles in different ways. I would like to refer to the work done by Williams and Wirths\*

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\* Williams, R. H. and Wirths, C. G., Lives Through The Years: Styles of Life and Successful Aging, New York, New York: Atherton Press, 1965, 306 p.

in Kansas City who, in studying 168 cases in depth, found that there was no one life-style that would be suitable for all; rather they found six life-styles in which people were found to be leading successful lives in retirement. They also noted that there was a minority who did not age successfully and these absorbed a disproportionate amount of others' energies while having a negative influence on the mental health of those around them. The authors gave these life-styles the following names: The world of work, familism, living alone, couplehood, easing through life with minimal involvement, and living fully. They concluded that successful transition to old age may be achieved through any of the six life styles.

So far we have talked about the principles of identifying needs as the other persons sees them and of taking account of individual differences. Two further principles we need to take into account are the twin principles of involvement and participation.

In developing sound programs I think it is imperative to work directly with the clients or with their representative leaders. Wherever older people are grouped together - in Church, in clubs, in work situations, in living quarters, there will be indigenous leaders present, or at least potential leaders, and I think you people are very well qualified in picking those out. I remember some years ago reading in Extension literature the characteristics of a natural or indigenous leader: 1) they are people who manage their

own affairs well, 2) they are liked and respected by their peers, 3) they are objective and fair in dealing with people, 4) they know how to energize people, 5) they can communicate well and know how to interpret and summarize group opinions in a few telling words.

As for the step by step process of involving older people, I would like to share with you some experiences I have had in working with parent education groups and let you draw your own analogies. Some of the techniques I shall describe are spelled out in a pamphlet published by the College of Education at Ohio State University called "Handbook for Parent Education Leaders".

In Ohio the local units of the P.T.A. have developed study groups as a subsidiary activity. When I left there Columbus and its environs had over 125 such study groups and there were many hundreds more throughout the state. Lay leaders of these groups came together in annual workshops held on University campuses and raised such questions as:

- 1) How do you go about organizing a study group?
- 2) How do you stimulate and keep up interest?
- 3) How can we reach those who should attend but don't?
- 4) Where do we look for resources?
- 5) How do we determine what meeting format to use?

I can't detail here all of the techniques which we found useful over the years, but I will pass on to you a number of them. It is worth noting that by using these techniques many of the study groups became so successful

that the tail began wagging the dog. In many cases the meetings were so lively and interesting that 75-100 person would attend, whereas only a handful would attend the meetings of the parent organization.

In organizing a group, the best suggestion seemed to be to begin with a small group of interested parents and this group would have the responsibility of planning the topics and the mechanics of the first one or two meetings. For the first meeting a topic of strong appeal would be selected such as Sex Education, Why Johnny Can't Read, Juvenile Delinquency. The members attending the first meeting would be asked to work together to plan the topics, the publicity methods, the mechanics and the working committees for later meetings. For topics a check sheet with blank lines for adding additional items would be passed around. This sheet could also provide space for members to list any special talents, e.g., playing the piano, soloist, drama coach, etc.

It was considered good policy to spread responsibility for the meetings. For example, a different person might perform each of the following tasks:

- a) general chairman, b) discussion leader, c) publicity and promotion, d) hostess, e) secretary, f) baby care
- g) group observer h) evaluator.

In answer to the question as to how to stimulate and maintain interest the following suggestions were found to be very useful:



- 1) start with a live topic and interesting speaker, resource person, or film
- 2) make people feel at home; give them a sense of importance
- 3) allow opportunity for them to discuss the problem presented in an atmosphere free from any fear or pressure
- 4) delegate responsibility for organizing and conducting meetings among as many group members as possible.

With minority groups and those of poor socio-economic status we used a much simpler technique. First of all we worked in smaller groups, and instead of meeting in a school building or other formal setting, the professional person or recruiter would suggest to one of the natural leaders that she invite some of her neighbors in for coffee. During the coffee period conversation would be directed to some of the pervading problems. The indigenous leader would then suggest another "coffee clatch" to be held at her home or at the home of another member of the group with the further suggestion that they ask some knowledgeable person to meet with them and discuss their problems further. Frequently after several such meetings the group could be enlarged and begin to meet in a church basement and later they might be persuaded to meet in a school. With some adaptation I believe many of these techniques are appropriate in working with older people.

Finally none of these approaches or techniques are worth anything unless they produce results. Older adults have certain specific needs. If through our activities they find we are aiding them in filling these needs, we probably will not have too much trouble in working with them. Many older persons need assistance in developing new roles, they need to make satisfactory family and living adjustments, they need more medical care than younger persons, some of them need more income, and many are lonely. If we attempt to work on these problems without involving the older people themselves, we may find ourselves attending our meetings alone. But if we attune ourselves to them, if we respect them, if we involve them in the planning and the carrying out of the programs, we should not have too much difficulty producing adequate results.

One word of caution--don't play the numbers game! Sometimes if all the chairs aren't filled or if we don't get a very good percentage of those invited out to a meeting, we feel guilty--we feel that we have failed. A quality program with a small number of people is better than a poor one with large numbers. If people are being helped, word will get around. When success is involved people invariably want to get on the band-wagon. A satisfied customer is our best advertisement.

(Excerpted from an address given by Dr. Hendrickson at an Extension Home Economics Workshop at University of Florida, February 6-9, 1972. The complete report of the Workshop is published in an Extension Workshop-Report, The Second Forty Years, by the Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida, 1972).

PART III

PLANNING PROGRAMS AND USING RESOURCES

## GENERAL STATEMENT

A skeptic might ask, "What do you mean, 'education for older persons?'" People of retirement age should be allowed to relax, travel, play shuffleboard, or go fishing. Education, or schooling, is for children and youth!

Those who think this way do so for good reasons. Their picture of education is conditioned by their own school experiences, which consisted largely of sitting in formal classrooms with an authority figure up front called "teacher" or "professor." They are right. Only a very few of the 20,000,000 older persons in the United States would enjoy this kind of formal educational experience. Many would profit from education, but it would be education differently defined.

Many older people are in need of counseling, of job training for paid or volunteer work, and some have need for social contacts to ward off loneliness and for broadened mental horizons. A few want to fulfill long-delayed academic goals; others want to know more about our changing world and how to keep abreast with the changes. Many older people want a deeper look into religion than their denominal faiths will provide. Many desire to travel, either in reality or vicariously. Most of all, they want to know how to cope with problems they have always had but which have become more acute with age: maintaining their health, living well on a restricted income, making necessary family adjustments, and finding new roles to substitute for the lost work role

and reduced family role.

Many of these problems can be solved through educational means, but only a few of them through formal instruction of the traditional classroom type. Rather, assistance will come most often through such means as the counseling clinic, on-the-job training, the seminar, the field trip, TV lectures, art or music studios, craft shops, concert or lecture series, drama workshop, and many other such means.

It is hoped that those using this manual will take seriously the many suggestions and examples given for working with older adults in ways that recognize their uniqueness as learners. It is true that some older adults will want to enroll in formal courses to fill some educational gaps left from their earlier schooling or to complete some partially achieved goal such as earning a degree. Most older persons, though, who can benefit from educational activities are those who have problems to solve or who want to enhance their quality of living. For these the effective learning situation will not be the formal classroom but an informal situation such as those mentioned above.

The crucial question is, how flexible and creative are we? Once we know the needs of the aging that can be helped through educational means, can we shake off our old habit patterns, get out of our traditional ways of thinking and doing things, and devise means that are appropriate to our goals? If we can, it may mark a new era in education for the aging. (A.H.)

## PLANNING PROGRAMS AND USING RESOURCES

### Procedural Steps

Those planning programs for older adults will probably need to follow the same procedural steps as those planning for other age groups:

1. Determining needs
2. Ordering priorities among needs
3. Discovering resources
4. Developing the program based on priority ratings and the availabilities of staff, finance, and facilities
5. Promoting the program
6. Operating the program
7. Evaluating the program and replanning

Some of these procedures are discussed in the ensuing pages and many program ideas and instruments suggested.

#### A. Determining Needs

Several well-known ways of determining needs are a) using formal survey instruments, b) using informal survey instruments or well-developed checklists, c) consulting with a variety of community leaders, d) arm-chair hunching, sometimes called intuiting. Examples of three needs-determining devices follow. They are 1) a formal coded survey instrument which has been successfully used in one of Florida's counties, 2) an informal survey instrument developed by a group of practitioners, and 3) a topic checklist.

1. QUESTIONNAIRE: STATUS OF RETIRED AND/OR OLDER RESIDENTS

USE A SOFT LEAD PENCIL FOR ALL ENTRIES ON THIS FORM. ALL CHANGES SHOULD BE COMPLETELY ERASED.

NAME: _____				FILE NUMBER									
LAST	FIRST	MIDDLE INITIAL		0	1	2	3	4	5	6	7	8	9
ADDRESS: _____				0	1	2	3	4	5	6	7	8	9
NUMBER	STREET			0	1	2	3	4	5	6	7	8	9
TELEPHONE		CITY	STATE	0	1	2	3	4	5	6	7	8	9
		ZIP CODE	SEX MALE OR FEMALE	0	1	2	3	4	5	6	7	8	9

**EMPLOYMENT RECORD**

1. MARITAL STATUS: MARRIED WIDOWER WIDOW SINGLE

2. ARE YOU CURRENTLY LESS THAN 62 62-64 65-69 70-74 75-79 80 OR OVER

3. IF RETIRED, THE NUMBER OF YEARS YOU HAVE BEEN RETIRED 0-2 3-5 6-9 10-12 13 OR MORE

4. ARE YOU CURRENTLY: WHOLLY RETIRED PARTLY RETIRED STILL WORKING NEVER WORKED

5. WHAT IS OR WAS YOUR OCCUPATION? SKILLED UNSKILLED PROFESSIONAL OTHER

**RESIDENCE RECORD**

6. WHERE DID YOU LIVE BEFORE COMING TO THIS AREA? NORTHEAST SOUTHEAST MIDWEST WEST SOUTHWEST OTHER PART OF FLORIDA OTHER

7. DO YOU LIVE IN A: HOUSE TRAILER APARTMENT ROOMS OTHER

8. WITH WHOM DO YOU LIVE? RETIREMENT HOME SPOUSE RELATIVES ALONE OTHER

9. IS YOUR RESIDENCE LOCATED: IN TOWN SUBURB ON FARM OTHER

10. IS YOUR RESIDENCE: RENTED OWNED MORTGAGED OTHER

11. HOW MANY ROOMS DOES YOUR RESIDENCE HAVE? 1 2 3 4 5 6 OR MORE

12. WOULD YOU PREFER LIVING ELSEWHERE? YES NO DONT KNOW

13. ARE YOU INTERESTED IN LIVING IN A RETIREMENT HOME? NOW WITHIN NEXT 3 YEARS WITHIN NEXT 10 NEVER UNDECIDED

14. WHAT IS THE PHYSICAL CONDITION OF YOUR HOME? GOOD FAIR POOR

15. FACILITIES YOU HAVE: INSIDE FLUSH TOILET BATH RUNNING WATER KITCHEN SINK GAS ELECTRIC

**TRANSPORTATION RECORD**

16. DO YOU OWN A CAR OR TRUCK? YES NO HOW OLD? 0-1 1-2 2-3 3-4 4-5 6 OR MORE YEARS

17. DO YOU HAVE A VALID FLORIDA DRIVERS' LICENSE? YES NO

18. IF NO VEHICLE IS OWNED, DO YOU HAVE AN INEXPENSIVE MEANS OF TRANSPORTATION? USUALLY SOME TIMES NEVER

**HEALTH RECORD**

19. DO YOU HAVE A FAMILY PHYSICIAN? YES NO

20. HOW MANY YEARS SINCE YOU HAVE BEEN TO A DOCTOR? UNDER 1 1 OR 2 3 OR 4 5 OR 6 7 OR MORE

21. DO YOU HAVE A NEED FOR A FULL TIME NURSE? YES NO IF YES, HOW OFTEN ARE YOU NOW BEING VISITED? WEEKLY MONTHLY NEVER

22. ARE YOU A MEMBER OF MEDICARE? YES NO DO YOU HAVE OTHER HEALTH INSURANCE? YES NO

23. DO YOU NEED MEDICAL CARE CONCERNING: SIGHT THROAT LUNGS HEARING TEL HEART SKIN DIGESTIVE TRACT BLOOD OTHER

24. HAS YOUR DOCTOR DIAGNOSED ANY OF THE FOLLOWING? CANCER HEART DISEASE ULCER DIABETES EMPHYSEMA HIGH BLOOD PRESSURE KIDNEY DISEASE CATARACT OVER WEIGHT ARTHRITIS UNDERWEIGHT

25. ARE YOU HANDICAPPED BY: BLINDNESS DEAFNESS BEING CRIPPLED

26. HAS YOUR DOCTOR RECOMMENDED A SPECIAL DIET FOR YOU? YES NO

27. DO YOU FEEL YOUR OVERALL HEALTH IS: EXCELLENT GOOD FAIR POOR VERY POOR

28. DOES EATING ALONE AFFECT YOUR ENJOYMENT OF FOOD? YES NO

29. DO YOU HAVE PROBLEMS IN ANY OF THESE AREAS? FOOD BUYING PREPARING MEALS USING LEFTOVERS POOR APPETITE PROBLEMS CHEWING SPECIAL DIET

**MATERIAL NEEDS**

30. INDICATE THE THINGS IN THE FOLLOWING LIST THAT YOU FEEL YOU NEED BUT DO NOT HAVE: MEDICAL SERVICES BROUGHT IN MEALS FOOD MEDICINE RUNNING WATER CLOTHING RADIO FURNITURE TRANSPORTATION T.V. OTHER

**QUESTIONNAIRE: STATUS OF RETIRED AND/OR OLDER RESIDENTS**

USE A SOFT LEAD PENCIL FOR ALL ENTRIES ON THIS FORM. ALL SPACES SHOULD BE COMPLETELY FOLDED.

NAME: LAST FIRST MIDDLE INITIAL			FILE NUMBER									
ADDRESS: NUMBER STREET			0	1	2	3	4	5	6	7	8	9
TELEPHONE CITY STATE ZIP CODE			0	1	2	3	4	5	6	7	8	9
SEX MALE OR FEMALE			0	1	2	3	4	5	6	7	8	9

**SOCIAL STATUS**

31. OF HOW MANY ORGANIZED GROUPS IN THIS AREA ARE YOU AN ACTIVE MEMBER? 0 1 2 3 4 5 OR MORE

32. DO YOU HAVE CLOSE FRIENDS WHO ATTEND THESE MEETINGS? YES NO

33. ARE YOU INTERESTED IN: ATHLETIC EVENTS VISITING FRIENDS CONCERTS TRAVEL VISITS BY FRIENDS

34. IN YOUR LEISURE (FREE) TIME WHAT DO YOU LIKE TO DO BEST? READ SPORTS TV HOBBIES

35. WHAT ARE YOUR GREATEST WORRIES OR FEARS? HEALTH FINANCES LONELINESS OTHER

**RELIGION RECORD**

36. DO YOU ATTEND RELIGIOUS SERVICES: REGULARLY SELDOM NEVER

37. IF YOU DO NOT, WOULD YOU LIKE TO ATTEND RELIGIOUS SERVICES REGULARLY? YES NO

38. DOES LACK OF TRANSPORTATION AFFECT YOUR ATTENDANCE AT RELIGIOUS SERVICES? YES NO

39. WOULD YOU LIKE TO BE VISITED BY: A MINISTER A RABBI A PRIEST OTHER NOT AT ALL

**EDUCATION RECORD**

40. HIGHEST GRADE YOU COMPLETED IN SCHOOL: NONE 1-7 8 OR 9 10 OR 11 H.S. COLLEGE

41. WOULD YOU BE INTERESTED IN STUDYING AT: GRADES 1-8 HIGH SCHOOL COLLEGE LEVEL COLLEGE LEVEL NOW CREDIT

42. OF HOW MANY EDUCATIONAL GROUPS ARE YOU A MEMBER? 1 2 3 4 OR MORE

43. WOULD YOU BE WILLING TO SHARE YOUR TALENTS BY TEACHING OR HELPING TEACH ONE OF THE FOLLOWING? SEWING SHOP BOOK REVIEWS SLIDE SHOWS SERVE AS FOSTER GRANDPARENTS WOOD WORK CRAFTS WORK WITH YOUTHS SERVICE PROJECTS

44. MEETINGS ARE MOST EASILY ATTENDED BY ME: MORNINGS AFTERNOONS EVENINGS

45. WHICH OF THE FOLLOWING WORKSHOPS, DISCUSSION GROUPS, SPECIAL INTEREST CLASSES ARE OF INTEREST TO YOU? POLITICS MUSIC RELIGION ART SPEECH NATURE STUDY DRAMATICS READING WRITING SEWING CON. CERTS SPANISH FRENCH PHOTOGRAPHY HOUSING RECREATION FOOD PREPARATION LOW COST MEALS ENTER. TRAINING CONSUMER EDUCATION LEGAL ADVICE USE OF CREDIT MONEY MANAGEMENT BUDGET DECOR FURNITURE REFINISHING CIVIL DEFENSE CLOTHING LAND SCAPING SELF UNDERSTANDING UNDERSTANDING OTHERS HEALTH EMPLOYMENT BRAILLE DRIVER EDUCATION

**FINANCIAL RECORD**

46. SOURCE OF FAMILY INCOME: SOCIAL SECURITY DEPENDENT CHILD AID OLD AGE ASSISTANCE PENSIONS STOCKS AND BONDS INTEREST ANNUITIES OTHER

47. TOTAL INCOME YOU RECEIVE EACH MONTH: BELOW \$50 \$50-\$99 \$100-\$199 \$200-\$499 \$500 OR MORE

48. DO YOU FEEL YOU HAVE AN ADEQUATE INCOME? YES NO

YOUR REMARKS ABOUT THIS QUESTIONNAIRE:

(Furnished by courtesy of Dr. Pauline Galloway, Program Specialist, Florida Cooperative Extension Service, University of Florida, Gainesville, Florida.)





## 2. SURVEY OF COMMUNITY--SENIOR CITIZEN INFORMATION &amp; NEEDS

In the interest of providing Senior Citizens in our area with needed services, your cooperation in completing and returning the following information is requested. The information will be used to develop services and programs which will help you (1) plan for retirement, (2) adjust to your retirement, and (3) learn how retirement can be made more enjoyable.

Your name \_\_\_\_\_ First Name  
of Spouse \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Your profession/vocation \_\_\_\_\_ Spouse's \_\_\_\_\_

Check age level for yourself \_\_\_\_\_ Spouse \_\_\_\_\_

Under 50

Under 50

50-59

50-59

60-65

60-65

over 65

over 65

Age of Parents \_\_\_\_\_ Father  
(if living)

Father

Mother

Mother

Check all items which apply to

Yourself \_\_\_\_\_ Spouse \_\_\_\_\_

\_\_\_\_\_ Retirement well planned in advance

\_\_\_\_\_ No thought or planning for retirement  
has been considered

\_\_\_\_\_ Now seriously planning for retirement

\_\_\_\_\_ Would be interested in receiving  
information which would help in this  
kind of planning

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interested in receiving information to help close relative plan for retirement

Already retired

Retirement age--still working full time

Retirement age--working part-time

Planning to retire within five years

Retirement income from Social Security

Retirement income from pension plan

Retirement income is not adequate

Total income is less than \$1500 per year

Total income is less than \$3000 per year

Not now employed but interested in securing a part-time or full-time job as:

Please check below any areas in which you would like to receive full-time or part-time employment:

\_\_\_\_\_ teacher aide

\_\_\_\_\_ library aide

\_\_\_\_\_ school crossing guard

\_\_\_\_\_ cashier

\_\_\_\_\_ night watchman

\_\_\_\_\_ vocational counselor

\_\_\_\_\_ educational counselor

\_\_\_\_\_ Foster Grandparents

\_\_\_\_\_ accountant

\_\_\_\_\_ Friendly Visitor

\_\_\_\_\_ "Green Thumb" worker

\_\_\_\_\_ small business counselor

\_\_\_\_\_ operator of craft or trade  
(Which one. \_\_\_\_\_)

\_\_\_\_\_ nursing or health aide

(Other) \_\_\_\_\_

(Other) \_\_\_\_\_

(Other) \_\_\_\_\_

Please give the following information about your own and your spouse's physical condition

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Unable to move around                               |
| _____ | _____ | Able to walk up and down stairs                     |
| _____ | _____ | Able to go all around the house                     |
| _____ | _____ | Able to bathe self                                  |
| _____ | _____ | Able to clip own toenails                           |
| _____ | _____ | Able to drive automobile                            |
| _____ | _____ | Able to do several hours of physical work every day |

Please check below the services which you would like to see institutions or organizations provide or assist in providing for Senior Citizens:

- |       |                                   |       |  |
|-------|-----------------------------------|-------|--|
| _____ | Employment                        | _____ | Speakers                               |
| _____ | Transportation                    | _____ | Legal information                      |
| _____ | Financial aid Information         | _____ | Housing "                              |
| _____ | Medical, nursing, and health care | _____ | Disaster "                             |
| _____ | Educational program...            | _____ | Recreation and leisure time activities |
| _____ | Other _____                       |       |  |

Your present hobbies and pastimes:

Yours

Spouse's

_____	_____
_____	_____
_____	_____
_____	_____

Which of these specific activities would you like to attend if they were made available to you:

Yourself	Spouse	
_____	_____	Nutritional needs of the retiree
_____	_____	Mental and Spiritual well being
_____	_____	How to plan your new leisure
_____	_____	Sight and hearing problems
_____	_____	Circulatory and respiratory problems
_____	_____	Planning for retirement
_____	_____	Understanding income tax in retirement
_____	_____	Understanding Social Security benefits
_____	_____	Other _____
_____	_____	Would you like to participate in above activities only as part of audience?
_____	_____	Would you like to be involved as a consultant, lecturer, or other leader?

List areas of your knowledge or skills which you would like to share with others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Furnished by Maurice Cochran, Director of Continuing Education at Ft. Meyers, Florida, Community College. This form was developed by a sub-group at the Spring, 1971, Institute.)

### 3. CHECKLIST OF SUGGESTED EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR OLDER ADULTS

#### ART

Collages  
Drawing  
Painting  
Water Color  
Sculpture

What Else?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ARTS, CRAFTS, HOBBIES

Coin Collecting  
Stamp Collecting  
Contract Bridge  
Fix-it-Shop  
Leather Working  
Silver Working  
Needleworking  
Wood Working  
Christmas Workshop  
Ceramics  
Micrame  
Photography

What Else?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### HOME ARTS

Canning Techniques  
Cooking for One or Two  
Refurnishing the Home  
Flower Arranging  
Wardrobe Planning  
Fashion and Fabric Shows

What Else?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CULTURAL ENRICHMENT

World Affairs  
Great Religions of the World  
Spirit of Greek Literature  
Shakespeare's Plays  
Creative Drama  
Effective Speech  
Lecture Series  
Creative Writing  
Foreign Languages  
Which one? \_\_\_\_\_

Introduction to Philosophy  
Advanced Philosophy  
Introduction to Psychology  
Advanced Psychology  
Local History  
Travelogues  
Trips to Historical Places

What Else?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FINANCIAL SECURITY

Financial Planning (Retirement)  
Money Management  
Avoiding Quacks and Frauds

What Else?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### GARDENING

Vegetable Growing  
Mini-Gardening  
Rose Culture  
Lawn Care  
Use of Pesticides, Fertilizers

What Else?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MUSIC

- Choral Singing
- Music Theory
- Music Appreciation
- Concert Series
- Learning to Play Musical Instruments
- Which one? \_\_\_\_\_

What Else?

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HEALTH & MEDICAL PROGRAMS

- Medicare and Medicaid
- Welfare Programs
- Your Heart and You
- Visiting Nurse Services
- Private Sources of Health Care
- Social Security Information

What Else?

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SEWING

- Crocheting
- Emroidery
- Crewel Work
- Knitting
- Tatting
- Needlepoint
- Rug Hooking

What Else?

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PHYSICAL CONDITIONING & SPORTS

- Physical Fitness
- Weight Watchers Class
- Table Tennis
- Swimming
- Shuffle Board
- Croquet
- Golf
- Fishing
- Bowling
- Square Dancing
- Modern Dancing
- Archery

What Else?

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PRACTICAL PROBLEMS

- Training in Group Leadership
- Law for the Layman
- Small Business Operation
- Employment Consultation Service
- Job Interview Techniques
- Car Repair
- House Maintenance
- Consumer Problems
- Lip Reading
- Defensive Driving
- Safety in the Home

What Else?

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TRAINING FOR COMMUNITY SERVICE

- Teacher Aide
- Library Aide
- Hospital Gray Lady
- Crossing Guard for Schools
- Foster Grandparents
- Retired Senior Volunteer Program

What Else?

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(Adapted from a similar checklist developed at the Spring, 1972, Institute)

## B. Establishing Priorities and Utilizing Resources

Once the data has been obtained as to the needs and desires of the old clients some determination must be made as to which needs are most important to be served at this particular time. Then scheduling will have to be held in abeyance until a canvass has been made as to the availability of facilities, financial resources, equipment, and personnel.

It is not the purpose of this section to go into detail about the wealth of resources available in most communities. Program directors should be aware, however, that most sizeable communities contain a vast array of formal and informal agencies, including those of government; and a wide range of personnel which can be levied on to assist in planning, carrying out, and evaluating programs.

To sharpen this awareness the next five items are offered concerning sources of financial support and local facilities and resources.

1 - Some Sources of Funding for Senior Citizens' Educational Programs

- a. State legislative provision--in the case of public schools, community colleges, and other agencies of higher education.
- b. County boards of education often supplement legislative allotments for activities approved by the local school superintendent.
- c. Federal grants for pilot programs and other specific purposes.

(See: Catalog of Federal Assistance Programs published by the Office of Economic Opportunity, Executive Office of the President, Washington, D.C. 20506; obtainable at most libraries).

- d. Private foundations--your university or county library will have a directory of these. In the past the Carnegie, Kellogg, and Ford Foundations have shown much interest in the field of adult education.
- e. Private donors. Well-to-do citizens, business organizations, financial institutions, local chapters of fraternal organizations, e.g., Eagles, Elks, Lions, Kiwanis, Exchange Club.
- f. White elephant sale, antique auction, fish fry, bake sale, etc., to meet a one-time emergency or as an annual event.
- g. Charging modest tuition or materials fees where necessary.
- h. Services contributed by volunteers.



## 2 - Local Meeting Facilities Sometimes Overlooked

- a. Church buildings
- b. Lodge and labor halls
- c. Community rooms in banks and savings and loan associations
- d. Most retirement residences have auditoriums and various activity and meeting rooms
- e. Job training and retraining can frequently be held in plants, stores, and offices
- f. Community projects (e.g., Heart Association) usually have staff offices that are suitable for training volunteers.
- g. Vacant store fronts
- h. A private citizen will sometimes open up a basement shop in his home for an arts or craft activity
- i. Sewing machine companies will sometimes furnish sewing rooms for the privilege of exhibiting their wares.
- j. Hotel and motel rooms (These are usually rather expensive)
- k. Utility companies will often provide space (and sometimes teachers) for courses in cooking and baking.
- l. Some libraries have meeting rooms, including small auditoriums, suitable for film showings and book discussions.

## 3 - Some Program Ideas and Innovations\*

Some community colleges are working with industry in setting up pre-retirement programs. Experience indicates that these are more successful when the indirect approach is used. For example, the program might be called "Enhancing Life in the Middle Years". Thus adults who tend to avoid thinking about retirement will not be repulsed. Sub-titles might be "Building Financial Security in the Middle Years;" "Avoiding Health Hazards of the Middle Years," etc. In delving into these topics the clients would sooner or later find themselves planning beyond the middle years, but they would slip into this phase gradually, not through stark confrontation. Program directors are warned not to forget to include the spouses. Husbands and wives have to work out their plans together!

\* \* \*

An example of innovation in one of Florida's well-known urban centers is the adaptation by the local community college staff to the high-rise condominium style of living. The extension supervisor developed a program for older condominium dwellers and named it "On Top of the World". Here, in addition to cooking, ceramics, ballroom dancing, bird-watching, and advanced Spanish, there are more serious and esoteric activities such as Yoga and Creative Writing.

\* \* \*

A recently established midwestern junior college responded to a senior citizen's question, "What are you doing for us?" by initiating a program listing along with other tuition-free courses, Physical Fitness, Lip-reading, and Senior Power. Expecting 100 enrollees, 400 turned out. The following year over 800 oldsters enrolled. A survey had shown a wide variety of interests: Sex over Sixty-five, the Psychology of Dying, Filmtime: The Oldies but Goodies".

\* \* \*

The Bronx Junior College in New York City, noted for its outreach programs, responded to a desire of senior citizens in a residence center for college courses and not wanting to commute to the college, by sending professors to teach courses in Basic Principles of Psychology and Health Problems of the Aging. This activity was funded under Title III of the Older Americans' Act.

\* \* \*

Some job-seeking retirees who have been working at the same job for 15 or 20 years find that they need reorientation to today's job market. To meet this need one county school system in Florida has put on a "Job-You-Want Workshop" covering such topics as How to Write a Resume, How to Prepare for a Job Interview, How to Present References," etc.

The same school system cooperates with the Highway Patrol in scheduling Defensive Driving courses taught by a Highway Patrolman. Older citizens comprised most of the first 150 enrollees.

Some public schools are working with those who are recently retired. One Florida School system recently started a series entitled "All About Aging," with sub-titles such as "You and Your Heart," and "Avoiding Frauds and Swindles". Over 100 enrolled the first time around.

\* \* \*

Twenty-eight County Jail inmates received G.E.D. certificates last year (1972) as a result of a Florida community college conducting a high school completion program. Some of the graduates were in their middle years.

\* \* \*

In one Florida County, the Institute of Life Time Learning, sponsored by the NRTA and the AARP has cooperated with the adult education office of the county school system in conducting a series of seminars on such topics as Vigor in Maturity, Money Management, Florida Gardening, Religious Movements in America, and Marriage in the Later Years.

\* \* \*

One forward looking public school director operates as part of his adult education program a Counseling, Referral, and Placement Service, which in one term tested, trained, and placed 41 older persons in full and part-time jobs.

\* \* \*

Some universities, among them Boston University and University of Kentucky, offer college courses free to those over 60. Other colleges and universities have reduced rates and simplified enrollment procedures for senior citizens.

\* \* \*

A mid-western university is conducting a Teacher Education Project the primary goal of which is to get positive concepts about aging persons into the elementary school and secondary school curriculums, since it is in the early years that the negative concepts about aging are formed.

\* \* \*

Two state-supported universities in Florida have established open degree programs for adults where age is no barrier. Several people in their fifties are enrolled in these programs.

\* \* \*

A doctoral student in one of Florida's state-supported universities was hired in the summer of 1972 as Director of the newly established Division of Continuing Education in Canadian University. His first program development was in the field of education for retirees. The three initial courses, French Language, Twentieth Century English Literature, and Social and Political Change in the Twentieth Century, attracted 90 enthusiastic elderly enrollees.

\* \* \*

One large state university in Florida recently established an evening program enrolling old and young and where registration procedures are simple for those not wishing credit. Over 200 credit and non-credit courses are being offered. Other non-credit courses are being developed.

\* \* \*

One community college in an urban area is collaborating with the city mayor's office in establishing various services for older persons. The mayor has hired a public relations staff member and assigned him to work closely with the community college. This institution is working out plans for internships for graduate students so that they may get practical experience in designing and operating educational programs for older people.

\* \* \*

In one semi-rural area a community college has collaborated with local banks in bringing out an attractive brochure addressed to older citizens which lists recreational and educational services available in the area. Transportation problems are solved by the use of extension courses and activities.

\* \* \*

A Senior Citizens' Service Center works together with a community college nearby in operating a retirement program called "Orientation to Retirement". This same center conducts outpost activities once a week in each of five surrounding communities. This Center has also recently issued a Senior Services Guide, to be obtained free of charge, which lists a wide variety of services available to the elderly.

\* \* \*

\*Anyone wishing to read more extensively about program innovations in education for the elderly are referred to the following journal articles:

Gene Harding, "Writing Workshops for Older Adults," Adult Leadership, April, 1971, p. 329-30.

Ruth M. Uphans, "Educating Retirees," Adult Leadership, May, 1971, p. 17-20.

"Learning for the Aged," Time, July 17, 1972, p. 48.

Dora Byron, "Happiness is a Bill of Sale . . ." Adult Leadership, November, 1969.

Milton Pierce, "How to Organize a Cultural Program in an Adult Center," Adult Leadership, October, 1966, p. 120-121.

#### 4. Use of the Library as a Community Resource

The older adult is one of the many publics that the library regularly serves. This service to older people includes those who work with the aging and the families who live with them.

Since the library must serve the community as a whole, this includes all ages from the preschool child to the oldest citizen. The function of the public library is:

1. To facilitate informal self-education of all people in the community.
2. To enrich and further develop the subjects on which individuals are undertaking formal education;
3. To meet the informational needs of all;
4. To support the educational, civic, and cultural activities of groups and organizations;
5. To encourage wholesome recreation and constructive use of leisure time.

Quite a big order, isn't it? And actually various libraries have various emphases. Some have a staff that do one thing well and some work toward another objective. In fact, libraries change their objectives as they go along. Nevertheless, the social, economic, and biological problems resulting from the process of aging place a responsibility on every school, public and academic library and every



special library having a general education function as well as those libraries with special concerns for the problems and needs of the aging and the aged. According to the American Library Association statement prepared by the Committee on Library Service to An Aging Population and adopted by the Adult Service Division of the American Library Association in 1964, these libraries served their communities by:

1. Contributing to a positive, wholesome attitude toward aging and the aged;
2. Providing information and education on the subject of aging and its problems for the professional and the layman who work with this group, for those who are aging, and for those who are retired;
3. Demonstrating by example in the library profession and in the use of volunteers the potential contribution to society of the retired or those eligible to retire;
4. Facilitating the use of library service by the aged;
5. Providing library service appropriate to the special needs of this group;
6. Working with other institutions and groups concerned with these problems and needs;
7. Continually exploring ways of making these services more effective.

There are many books to help families and public and private agencies with their outlook on the aging and their work with older people. Joseph M. Stern's You and Your Aging

Parents (Harper and Row 1965) is keyed to family understanding and is valuable to most persons with a casual interest in the subject. Book lists on the subject include fiction as well as readable non-fiction. The psychological, nutritional and recreational needs of older citizens are found in a multitude of titles.

Most libraries can provide accurate information, periodicals, government documents and other reference materials to help the professional who work with the aging. In Florida as in some other states, an inter-library loan net-work supplies material located in other public and in university libraries elsewhere in the state or the nation. The State Library receives the request and uses the TWX to locate the material which is sent directly to the requesting library. This service is invaluable to the small and medium sized library.

Services to the aging go far beyond the printed page. Many libraries provide phonograph records, framed pictures, and films. Some libraries lend 16mm projectors as well. Groups of citizen, even neighbors gathered in a living room or any neighborhood meeting place, enjoy travel, art, and the world of science through these films. Discuss your need for these items with your local librarian. Often the total resources of the public library are not fully utilized.

Talking books have been available for the blind and the partially sighted for many years. Now they are also

available for the physically handicapped who cannot handle a traditional book. Many public libraries maintain a revolving small collection of talking book records for use by this group. Machines may be borrowed from the public library for a short time to illustrate the ease in using them. Then the Talking Book Library at Daytona Beach will send one to the blind or handicapped patron for long term use. This service is completely free. No postage is charged on talking books.

For those with slight vision difficulties, the library can provide large print books. Some libraries also have lighted magnifying readers for these patrons.

Since aging citizens find transportation a problem, bookmobile service has been popular in many areas. In an area of crowded apartments in Miami Beach, use of the bookmobile increased tremendously after posters were displayed in these apartment house lobbies.

Tampa Public Library pioneered in the use of a special bookmobile to service nursing homes, hospitals, retirement hotels and trailer parks where older citizens are found in great numbers. Films and other library services are brought to a large retirement hotel in Daytona Beach on a regular schedule.

Miami Public Library provides book talks, consular nights, consumer programs, etc. on a continuing basis and many patrons at these events are older citizens. For years Sarasota has had volunteers who deliver library service

to the home bound. Jacksonville has noon-day film programs which are attended by business people as well as retirees.

In Winter Park, the Friends of the Library provide the various adult education programs, including public affairs talks, book reviews, and different discussion type programs. Almost all the people providing the leadership for these are retirees, many of whom are highly skilled and exceptionally well educated. Here in Florida there are many of these fine people highly capable of providing with very little supervision the kind of excellent programs that all our citizens, not just the aging, need.

Many public libraries also have, at their reference desk, a list of the organizations in the community, when they meet, and sometimes even the programs they will be giving. This is especially valuable for discussion groups, film series, lecture program, etc. The oldest library sponsored club, the Live-Long-and Like-It Club of Cleveland, provides a continuing informal adult education program for people over 60. Dr. Fern Long worked with it for years and it filled a real need for that community.

In Florida the aging permeates the community, perhaps more than in states with a lower percentage of elderly. Their interests are as diverse as their education and backgrounds. Their hobbies take all manner of forms. Many of the newer residents, as well as those who lived here all their lives, are lonely, they have low incomes, and many

are ailing. It is up to the library to extend a warm welcome to them, to work with all agencies in telling the library story. The library must make sure that the aged independent citizen, the nursing home resident, and the ghetto dweller know and use the library treasures.

Some libraries have made excellent use of volunteer help for specific tasks. Through its Friends of the Library, Gainesville volunteers re-registered library borrowers, mended books, and helped with book sales. Volunteers must have specific duties and an employed worker who is their contact person.

Just a word about facing those last days. The aged or their families should read some of the recent books about choice of nursing homes. Three recent ones are: Sharon R. Curtin's Nobody ever died of old age (Little, Brown 1973) Dorothy Rabinowitz' Homelife, the story of old age (Macmillan, 1971) and Claire Townsend's Old age, the last segregation (Grossman, 1971):

(Revised by Verna Nestendirk, Librarian, Leon County Public Library, from her original presentation at the June, 1969, Institute)

## 5. The Church as A Community Resource

The "Background and Issues - Spiritual Well Being" paper,<sup>1</sup> produced for the 1971 White House Conference on Aging listed six spiritual needs among the aging: 1) Sociocultural sources of spiritual needs, 2) Relief from anxieties and fears, 3) Preparation for death, 4) Personality integration, 5) Personal dignity, 6) A philosophy of life.

To the author of this paper it would appear that if the church and synagogue are to help the aged to discover adequate roles and activities in their retirement years those in the church must take into account the above six needs.

In Culver's book, New Church Programs with the Aged, she writes that the aged need to:

...see themselves as children of God, and by God's will the age they are. They will learn to see themselves and their generation in Christian perspective, and also in the perspective of history which includes our present-day atomic-powered upheavals and adjustments. They will honestly evaluate themselves, their assets, and their inadequacies for coping with some of today's problems. They will assess their social obligations, try to stamp out prejudice in their own lives, and decide whether their pet dogmas are theological treasure or excess baggage on the road to salvation. ~~They will not~~ seek special privileges on account of their age, but will hope, instead, out of long experience, to be able to render special service to God and their fellow men. Whoever can help his fellow oldsters along this road, will be a great boon to our senior adults, the church, and the community.<sup>2</sup>

If churches and synagogues will take into account the six spiritual needs statement and the quote from Culver, and work to set up a program older adults, they can evolve for themselves a meaningful role in answering this crucial social need.

Many individual churches have developed programs that seek to meet the needs of older adults. Some illustrations of such programs are given below.

The First Baptist Church of Van Nuys, California, is a church with an extensive program. A monthly meeting is held along with a monthly trip to local places of interest. Two three-day bus trips are taken each year. On Thursdays the Jolly Sixties assist in the church visitation program. On Fridays a Bible study and service project is held. A 90-voice choir is very active in the church and in the community. A harmonica choir is made up of 25 people. The church sponsors a "How're You Doing?" telephone ministry. A three-day camp is held each year for senior citizens.<sup>3</sup>

St. Luke's Methodist Church, Oklahoma City, operates a school of continuing education which enrolls some 700 older adults for a fee of \$2.00 per semester and offers a curriculum of 27 courses.<sup>4</sup>

The First Baptist Church, Portland, Oregon, has a Christian Senior Fellowship with memberships from eleven denominations. Their aim is to help members lead a happy and useful life. Programs are varied and include such areas as health lectures and workshops, current subjects,

informative films, etc. Literature on health, religion, and other subjects is provided. The needy are helped to obtain housing and provided other services. Weekly programs encourage walking, jogging, ping-pong, pool, shuffleboard, and horse shoes. Frequent pot-luck suppers are held, and volunteer work is done with several other organizations.<sup>5</sup>

Riverside Church in New York City operates the Tower League, which is a day care program. A lounge is open from 10:00 a.m. to 4:30 p.m. for about 250 members of this group. The program has five phases: 1) education, including courses in foreign languages, lip reading, and art appreciation, 2) exercise classes, 3) a lecture discussion series, 4) a pre-retirement program, 5) a program of services to special groups.<sup>6</sup>

Chapel Christian Church, Winder, Georgia, is an example of a smaller church which has an extensive ministry to nursing home residents. Youth in the church have been utilized to visit and minister to the residents. All of the youth went through a training program before the activity was begun.<sup>7</sup>

As religious groups attempt to meet the needs of the older adults they may find that they need to completely rethink the traditional programs within the building which to many constitutes the church. The program activities and individual events may take place in homes, senior centers, and other buildings, and even outdoors far removed from a "religious" building.



When churches and synagogues lose themselves in an attempt to meet the deepest needs of people, they will be true to their role as an expression of the love of God on earth.

#### References

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3. "Local Church Ministries with Senior Adults," (Unpublished paper, American Baptist Board of Education and Publication, Valley Forge, Penna., no date).
4. Stough, Ada Barnett, Brighter Vistas: The Story of Four Church Programs for Older Adults, Washington, D. C.: Department of HEW, Administration on Aging, 1965. Quoted in Thomas Bradley Robb, The Bonus Years, Valley Forge, Penna.: the Judson Press, 1968, p. 111-112.
5. See No. 3 above.
6. See No. 4 above.
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(This paper was prepared by John W. Alford, A Graduate Student in the Department of Adult Education, Florida State University).

### C. Planning the Program

#### Education For Aging--Program Guidelines

Editor's note: Florida is one of the very few states whose state department of education has a specially designated Consultant on Aging on its staff. Florida's Consultant, Mrs. Jeanne Brock, is on the staff of Mr. James Fling, Administrator of Adult and Veterans' Education in the Florida Department of Education. The following paragraphs are quoted from an article written by Mrs. Brock, "Education for Aging" for the Winter, 1972, issue of The Florida Adult Educator, published by the Department. The outline which follows was furnished by her and constitutes one more approach to planning educational programs for older people.

This material is oriented to the Florida Public Schools, but, hopefully, will provide program clues and suggestions with a much wider application, both geographically and organizationwise.

The State of Florida can offer a great many courses in Education for Aging under the Minimum Foundation Program. Under this title, some courses are offered which are designed to provide middle aged and older adults with information that will help them cope with problems of aging. Short courses in pre-retirement, psychological aspects of aging, the role of the aging in the modern world, and courses dealing with health, housing, financial planning, and the worthy use of leisure time may be offered. Implications of current social, scientific, economic, and political developments on the older citizens can be studied.

Education in the arts can be extremely helpful to older people since it fulfills not only the creative needs of the person, but offers an opportunity to earn extra money to add to what is quite often a meager income. Unfortunately, handcrafts are not presently allowable under MFP, but the demand is so great that a number of counties offer these by charging fees. This practice, of course, denies the lower-income student the right to participate.

#### The Guidelines..

##### I. Purpose:

To promote and expand an educational program for and about aging.

##### II. Objectives:

- A. To establish programs for older adults which will help them adjust to the psychological and physiological aspects of aging.
- B. To offer the older person a means of making maximum use of his time and capabilities.
- C. To reclaim or muster the vast resources of our older population for community usefulness.
- D. To promote awareness within the general public of the needs and abilities of our elderly citizens.
- E. To offer preretirement courses to business, industry, civic and church groups.

##### III. Plan of Action:

- A. Survey of target population
  1. Census statistics
  2. Geographic areas (concentration of retirees)
  3. Current programs
    - a. Educational (church, county agents, etc.)
    - b. Health
    - c. Welfare

4. Characteristics of population
  - a. Education
  - b. Economic levels
  - c. Ethnic and religious

B. Advisory committee (s)

1. County-wide
  - a. Chamber of Commerce
  - b. Librarian
  - c. Ministerial association
  - d. Service groups
  - e. Professionals (doctors, lawyers, etc.)
  - f. Health and mental health
  - g. Welfare (Family Services)
  - h. County agents
  - i. Senior Citizens
2. Area or Senior Centers
  - a. Director of the center (manager of condominium or housing development)
  - b. Several key people of the area (active Senior Citizens)
3. Responsibilities
  - a. Advisory (spell this out so that no one gets into the "policy" role)
  - b. Recruiting
  - c. PR
  - d. Housing
  - e. Financing (donations of equipment)

C. Program Planning

1. County or area meetings
  - a. Utilize the advisory committee(s)
  - b. Get mass media support
  - c. Hold a rally, fish fry, etc.
  - d. Explain what educational programs are offered
  - e. Have audience (participants) check interest blanks
    - (1) Name, address, phone number
    - (2) Mark first three choices
    - (3) Give other suggestions
    - (4) State hobbies or expertise they have and are willing to share
    - (5) Time most suitable
2. Clubs, church groups, etc.
  - a. Offer a "program on programs"
  - b. Have different speakers, resource persons or teachers on various topics:
    - (1) Health
    - (2) Nutrition
    - (3) Finances

- (4) Literature
  - (5) History
  - (6) Religion
  - c. Make a list of those interested in a "course" on each topic
  - d. Encourage them to get others to sign up to make a class
3. Classes
- a. Length (Generally 6-8 weeks)
  - b. Time (1 1/2 hours during the day)
  - c. Size (if large, break into discussion groups)
  - d. Encourage socializing (coffee and cookies or monthly covered dish)
4. Radio and TV
- a. Spot announcements
    - (1) Public service
    - (2) Promotion
  - b. Programs for homebound and isolated
    - (1) Consumer education
    - (2) Health and nutrition
    - (3) Safety
    - (4) Issues of aging (questions by phone)
    - (5) Great books, Music appreciation, etc.
5. Tours and field trips
- D. Personnel
- 1. Director (active, good on community relations, enthusiastic about working with the elderly)
  - 2. Instructors (certified in any field)
    - a. Expert on rapport
    - b. Available during the day
    - c. Creative
    - d. Long on patience
  - 3. Volunteers
    - a. Resource people
    - b. Clerical help
    - c. Recruiters
- E. Promotion
- 1. Advisory committee members
  - 2. Volunteers (civic organizations, churches, senior citizens)
  - 3. Mass media
    - a. News releases
    - b. Brochures
    - c. Posters
- F. Evaluation
- 1. Initial surveys
  - 2. Advisory committees(s)

3. Individual class visitations
4. End of course evaluation forms
5. End of year review of program

IV. Administrative questions for proper program development:

A. For whom? (The elderly? the public? preretirees?)

B. With whom?

1. The participants must be involved for it to meet their needs and expectations.
2. Sponsors (church groups, Senior Citizens clubs, housing developments, nursing homes, industry, etc.).

C. What?

Educational programming covers a lot.

1. "Education for Aging" under MFP says:

"901 A Education for Aging

Courses are offered under this title which are designed to provide middle-aged and older adults with information that will help them cope with the problems of aging. Short courses in pre-retirement planning, the psychological aspects of aging, the role of the aged in the modern world, and courses dealing with health, housing, financial planning, and worthy use of leisure time may be offered. Implications of current social, scientific, economic and political developments on the older citizen are studied."

The new Accreditor Code Number is 8555 and the abbreviation is ED AGI.

2. Besides this broad category these are just a few other suggestions:
  - a. Creative writing
  - b. Law for the layman
  - c. Consumer education
  - d. How to manage your money
  - e. The Bible as literature
  - f. Defensive driving
  - g. What you should know to be a volunteer

D. How?

1. Minimum Foundation Program (education, citizenship and personal enrichment)

2. Fees (recreation and crafts)  
Some counties and junior colleges waive fees for persons 55+
3. Scholarship may be donated by sponsors (civic groups, churches, etc.)

E. When?

1. At the participants' requests
2. 15 or more enrollees sign up
3. There is a community need or issues that can be resolved

F. Where?

1. In schools, churches, civic centers, nursing homes, plant sites, etc.)
2. In the most convenient place for the participants (transportation is a major problem for the elderly)

G. Who? (conducts the program)

1. The existing educational agency. (public school adult program or junior college or community school)
2. Other agencies may be involved as sponsors
3. The "right" instructor for the right group
4. Volunteer aides, tutors and resource people should be "employed" to give real extension to the program and enable one instructor to competently handle large groups.

H. In what sequence?

1. Allow time for getting acquainted in groups, classes, or programs
2. Registration (keep this as simple as possible, name, address, phone number, age bracket and perhaps last formal education year)
3. Set goals and objectives
4. Design the learning experiences (sequencing is important here, too)
5. Conducting learning activities
6. Evaluation (part of whole process and not just an "end" product accountability)

## D. Evaluating the Program

### General Statement

We are constantly evaluating. We evaluate every experience either implicitly or explicitly. If a program is worth doing, it is worth examining to see if, or how well, it is doing what it is supposed to do.

If we are evaluating a program so that improvements can be made, it is not enough to do an informal or intuitive estimate, as when we say, "The program is going great guns!" or "The program is fair, but it needs a lot of improvement." We need to be much more precise as to which aspects of the program are doing well and which aren't, and in each case, to what degree it is doing well or poorly.

Evaluation always assumes goals or objectives. When one is operating an informal program it is more difficult to be explicit about objectives than with a formal program. Nevertheless, it needs to be done--and done as nearly as possible in terms of measureable outcomes.

### Stating the Objectives

Not all objectives are of the type that can be accurately measured. Some have to do with feelings, attitudes, personal satisfactions, and the like. However, many objectives can be stated so as to be measured with a fair degree of



accuracy. Even in the case of the intangibles we should try to get the best possible assessment of our success.

Below are some possible objectives for a program of education for older adults, some easily measureable, some not.

1. To enroll 300 adults--the limit of our capacity.
2. To offer a series of educational activities-- seminars, lectures, classes, clinics, etc., that will provide the clients with the information and the incentive which will aid them in dealing with the problems of aging: a) living on a restricted income, b) maintaining physical and mental health, c) finding substitute roles for lost work and reduced family roles.
3. To counsel all of our enrollees with regard to the above kinds of problems and to refer them to other agencies where necessary.
4. To provide a rich array of intellectual and cultural activities so as to keep the older persons mentally stimulated and make them contributors to their communities and to the nation.
5. To offer to as many of the enrollees as express a need, such services as job counseling, job training or referral, and job placement.
6. To do all of the above in a way that will involve community resources, personal and otherwise, in planning, operating, and assessing the program; and hopefully to engender and increase community good will.

### The Evaluating Personnel

A generally accepted principle is that the various kinds of persons involved in the program--students, teachers, counselors, administrators--should have some share in evaluating it. Some program directors use an outside panel of evaluators. This gives a high degree of objectivity but runs the danger of the evaluation being based on incomplete information. For this reason an evaluation by outsiders should preferably be used along with other data gathered by those within the institution.

Perhaps the best division of labor would be for outsiders to conduct an overall evaluation of the program, stressing such factors as a) percentage of potential clientele being served, b) community feelings about the program, c) adequacy of physical facilities, equipment, teaching materials, etc. Internal matters such as student satisfaction and teacher effectiveness might well be left to those better acquainted with the program, as local conditions and institutional restrictions sometimes condition program performance in ways which an outsider would find hard to understand. Granted that using students and staff members would introduce some biases, but if we expect teachers and students to abide by the findings, we may want to sacrifice some objectivity for a high degree of commitment.

### Strategies and Techniques

These factors have to do with such matters as frequency of evaluation, aspects to be evaluated, who is to

perform this function, and the means to be used. A small program involving only two or three staff members and a limited clientele may never need a formal evaluation, as the staff will be getting constant feedback and can incorporate changes as needed. But a large program enrolling several hundreds of persons will need a more elaborate and precise means of knowing how well it is achieving what it set out to do. Large programs may not need, and probably cannot afford, a total evaluation oftener than once every few years. But teacher performance, student satisfaction, and adequacy of physical facilities should be looked at at least annually. Individual classes and other learning activities should be under some kind of assessment as each one is completed.

There is a wide variety of techniques available for evaluation and assessment depending on the purpose and how extensive an evaluation is planned. Some of the kinds of data which have been found to be useful are indicated below:

1. Adequacy of program coverage. How many offerings matured, i.e., had enrollments large enough to sustain them? If all matured, perhaps the program was not experimental enough. If too many failed to mature, maybe the needs and desires of the potential clients were not properly assessed; or perhaps promotion and recruitment were inadequate.
2. Persistence of attendance. How regular were the enrollees in attendance and how many stayed to the

end of the activity?

3. Continuance in the program. How many of the enrollees expressed a desire to re-enroll; i.e., to take up a similar activity or to enroll in an advanced stage of the same one?
4. Student satisfaction. End of year assessment by students can be done by means of a detailed form in which various aspects of the program can be scored on a point scale, each section having a space for comments. Single meetings or single courses can be evaluated by means of an end-of-meeting slip expressing degrees of approval or disapproval of the event as a whole or of selected aspects of it.
5. Evidence of client growth. Some of these data are easy to gather, some not. The extent to which clients lose weight in a weight-watchers' class, and the number of job placements growing out of a job-training activity are illustrations of easily obtainable data. Evidences of broadened intellectual horizons, improvement in mental health, the therapeutic value of learning a craft, though often somewhat evident, are hard to measure with any degree of precision. Hopefully, innovative and committed adult educators will accept this as a challenge.

6. Satisfaction with administrative arrangements, such as times and places of meetings, fees, transportation and parking arrangements, physical facilities and equipment can be measured on a point scale for each item with open spaces for alternative suggestions.

#### Using the Evaluation Reports

Too often the data are collected and read and then put on the shelf while the administrator proceeds to do "swivel Chair" planning for the next session. The only justifiable reasons for doing all of the work involved in a good evaluation are to use it for determining how well the program has achieved its goals and to use it as a basis for improving the program in the future.

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