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ABSTRACT

This bibliography begins with a critique of the state of research in Black, Mexican American, Native American, and Chinese and Japanese-American gerontology. For Blacks, research is needed to answer the following questions: (1) What are the problems of Black aged being helped by white personnel in institutional settings? (2) What African cultural patterns, attitudes, values and traditions may persist in such areas as Black attitudes toward the aged and aging and the role and place of the aged in the Black community? (3) What has been the impact of Black activist movements on the perceptions and actions of the aged, and on the attitudes of young Blacks toward the aged? Several areas of investigation concerning the Mexican-American aged need research: (1) The role of the Mexican American extended family and their form of folk Catholicism; (2) The goodness of the "barrio" as a social environment for the aged; and (3) Means of establishing Mexican American cooperatives and/or agencies to help the aged. Native Americans would be helped by gerontological research as it has been traditionally done more than by social gerontological research. Research is also needed on rehabilitation methods for the aged alcoholic, and on culture-specific patterns of aging, attitudes towards aging and the aged, and the social positions of the aged. Basic research on both the Chinese and Japanese aged is needed. (Author/JM)

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**MINORITY GROUP AGED IN AMERICA:
A Comprehensive Bibliography of Recent Publications on Blacks,
Mexican-Americans, Native Americans, Chinese, and Japanese**

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MINORITY GROUP AGED IN AMERICA: A COMPREHENSIVE BIBLIOGRAPHY OF
RECENT PUBLICATIONS ON BLACKS, MEXICAN AMERICANS, NATIVE AMERICANS,
CHINESE, AND JAPANESE

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INTRODUCTION

Unfortunately this bibliography is a brief compilation; however it is not for lack of diligence on the writer's part that this particular volume is slim. Rather, its brevity is due to the dearth of research on the gerontology of America's minority groups. It may be argued that this unfortunate state of the art merely reflects the youth of gerontology as a discipline. Because of the relatively recent emergence of gerontology as a discipline in America, as this line of reasoning goes, it is not surprising that there are so few studies on the minority aged. The basic flaw here, of course, is that this would still not account for certain irreducible facts on research pertaining to these groups: as far as empirically based research is concerned, there are only a handful on Mexican Americans (less than eight, to be exact); approximately four on Native Americans; two on Chinese; and none on Japanese. The situation with respect to Blacks is somewhat better; there are at least a dozen such works. Nonetheless, the basic and most searching work has been done by Blacks (see especially the works of Jackson). Considering the size of this particular minority group, they are woefully underrepresented as subjects of investigations in the published literature and in basic research proposals. Revealing too is the fact that, after deploring the lack of research in this area, Jackson, for example, had to dispel certain myths and stereotypes held of Black aged and aging before getting on with the task at hand (Jackson, 1970; also, cf. Brunswick, 1969-1970). Even dissemination of so-called published

research on these five groups is hindered by this fact: not a few studies are in obscure journals or serials; are mimeographed; or remain as unpublished theses or dissertations. In short, gerontological studies of America's minority aged leave much to be desired because these minorities have been largely neglected.¹

In Part I (General: Cross Cultural), three works can be highly recommended: (1) Cowgill and Holmes (eds., 1972); (2) Clark and Anderson (1967); and (3) Youmans (ed., 1967). The first-named study is a compilation of papers by a number of social scientists on aging and aspects of aging in various cultures; most of these are based on field work.² Aside from the descriptive chapters, there are stimulating chapters on aging in a cross-cultural context and on some theories on aging derived from a cross-cultural perspective. The book by Clark and Anderson is a survey and interview study of some aged in San Francisco. Some of the population sample includes minorities. In many respects, the volume edited by Youmans,³ is, so far as this bibliography is concerned, the most useful of the three because it contains articles on rural Blacks, American Indians, and Mexican Americans. In this respect, too, it must be considered a pioneer study in the area to which this bibliography is devoted.

¹The "recent" in the title is actually quite superfluous inasmuch as nothing of significance on these minorities was done before circa 1967.

²There are chapters on the following peoples and cultures. The Sidamo of Southwest Ethiopia; The Igbo of Nigeria; The South African Bantu; Samoa; Thailand; Mexico; The Pima Indians of Arizona; Japan; Russia; Ireland; Austria; Israel (two articles); Norway; and White Middle Class Americans.

³E. Grant Youmans (ed.), 1967. Older Rural Americans: A Sociological Perspective. Lexington: University of Kentucky Press. The relevant chapters of this book are included in this bibliography.

Based on a literature search and survey which resulted in the appended bibliography, one word sums up the state of knowledge of America's minority group aged: deplorable.

What follow below are comments on research needs on these minority groups; they are not listed in order of priority.

Research would be helpful in the following rather broad areas.

- 1) The kinds and adequacy of services, accommodations, facilities, and programs specifically geared to minority groups. Also, facilities, programs, and services offered by the minority groups themselves for their own kind should be looked into on the same basis.
- 2) The relation of the traditional culture patterns and values to the contemporary situation the aged in these groups find themselves in. Thus, the extent to which, e.g., traditional Chinese culture and values operate in attitude formation regarding the aged and aging, status and role of the aged, etc., should be investigated systematically. Specifically, some of the following features demand attention.
 - a. Intergenerational relations
 - b. Religion, values, and aging
 - c. Changes in general values and attitudes
 - d. Intrafamilial relations
 - e. Male/female differences in, e.g., sexuality, decision-making, etc.

- 3) Patterns of adjustment, accommodation, and interaction in the retirement setting (e.g., retirement home, ethnic neighborhood, housing project for the elderly, etc.).
- 4) Comparisons of patterns of attitudes toward the aged and aging, caring for the aged, status and behavior of the aged, etc., among these minority groups.
- 5) The efficacy and types of special architectural features for facilities for housing the aged of these minority groups. Much is made of physical environments (architecture, spatial accommodations, and the like) as instrumental variables in housing and caring for the aged. Yet, will manipulating the physical environments really help these people? (Cf. Carp, 1969).
- 6) Intrafamilial, socioeconomic, and psychological changes connected with the "opening up" recently of private, local, state, and federal services and facilities for the aged of these minority groups. Owing to prejudice and discrimination, only recently have such facilities as retirement homes become available on a ready basis for these minorities. Consequently, the impact of this movement should be looked into.
- 7) Imaginative programs and proposals for helping the aged of these groups.
- 8) A survey of gerontology programs that include courses which deal specifically with America's minorities.

The above list can be greatly expanded, needless to say.

However, it was presented here merely to give the reader an idea as to the extent of the lacunae in this whole area rather than to be comprehensive.

Blacks

Moving now to the specific minority groups, research on the Black aged should be encouraged in these areas.

- 1) Role reversal in, e.g., institutional settings such as retirement homes. The question here is, what problems and solutions are in the new situation of white personnel in institutional settings helping Black patients?
- 2) The persistence of African culture patterns, attitudes, values, and traditions in, e.g., attitudes toward the aged and aging, status of the aged in the Black community, etc. This topic was broached to some extent in the second point listing research needs for all the minorities, but is raised again because of the heretofore denial by White society of African culture influences on Black American society. A few of these issues have been treated, to be sure, by such scholars as Melville Herskovits, and, less satisfactorily, by E. Franklin Frazier, in their analyses of Afro-American culture and the Black family respectively. Nonetheless, this is still an unmapped area as regards gerontology and is part of what Jackson calls the blacklands of gerontology (cf. Jackson, 1970).

- 3) The precise impact of the Civil Rights, Black Identity and Awareness, Black Muslim, etc., movements on perceptions and actions of the aged, vs. the younger generation's attitudes and values regarding an array of components such as White personnel, segregated retirement homes, Social Security benefits, use of agencies and services, etc., has yet to be circumscribed and measured. For example, these movements have raised the status of the elderly in Black society to the extent that it is now more fully appreciated that it is they who have survived the harsh and brutal system of institutional racism. These people are now seen as repositories of Afro-American culture and sources of wisdom on, for example, the slave system.

Mexican Americans

So far as Mexican Americans are concerned, some areas that cry for investigation are the following.

- 1) Much is made of the Mexican American extended family and their form of folk Catholicism, with their implications for behavior and attitude in the area of health. Yet, little is really known about the ramifications of these forces in an artificial retirement setting such as the home for the aged or the housing project for the elderly of this minority group.
- 2) Given the fact of institutional racism, is the barrio (usually a ghetto) really a better social environment for the aged than an artificial one, as claimed by some?

Thus, a comparative study, barrio vs. institutional setting, is sorely needed. The results of such a study might show that indeed the best setting for the aged Mexican American may well be an artificial institutional setting somehow physically integrated into the barrio.

- 3) Means of generating indigenous cooperatives and/or agencies to help the aged. One of the major stumbling blocks in the Mexican American community is language. The usual outside state and federal agencies have a difficult time reaching aged Mexican Americans because of language and cultural barriers. It would make more sense, then, to work with the given structures of the various Mexican American communities (these are often the barrios) to generate the kinds of institutions which would be specifically geared to help the aged. This is predicated on taking cognizance of the needs and wishes of these people as a first step, of course.

Native Americans

Although many of the preceding comments regarding Blacks and Mexican Americans would be just as apposite for Native Americans, this people has a slightly different set of circumstances to face. Indians comprise a number of discrete cultures. Many (approximately 440,000 of a total of 700,000) still live on reservations, and migration to urban areas on a mass scale is a relatively recent phenomenon. Moreover, health is an overriding problem for all Indian tribes. Therefore, research in traditional geriatrics, more so than in social gerontology, would probably have greater immediate pay-offs for this minority.

- 1) Research on the health needs, services, and delivery for especially the aged. There are a plethora of studies on Indian health, but hardly any of these deal with the aged. (One reason is that, in general, the Indian population is largely a young one; it is estimated that more than 50% of this group is under 17).
- 2) Rehabilitation methods to be applied to help the aged alcoholic. (Alcoholism is a major problem).
- 3) Culture-specific patterns of aging, attitude toward the aged and aging, status and behavior of the aged, etc. (Aside from Simmons' pioneer compendium (Simmons, 1945), there are very few culture-specific data for the multitude of tribes in the United States. Findings of a general nature for one tribe are often extrapolated to include all tribes).

Chinese and Japanese

Although there are many similarities between Chinese and Japanese culture values, the problems faced by Chinese in America differ quite radically from those of the Japanese. For one thing, large numbers of Chinese are still confined to ghettos (i.e., Chinatowns); also, unlike Japanese, there are a large number of Chinese immigrating to these places from Hong Kong, Taiwan, and Southeast Asia. Both groups, however, are confronted with White society's picture of the Chinese and Japanese as quietly caring for their aged in the traditional Oriental ways, without recourse to, or aid from outside (i.e., White) institutions and agencies.

Chinatowns are ghettos in the true sense of the word. They are segregated, squalid, overcrowded, and impoverished.⁴ Consequently, the Chinese have to struggle against yet another misconception foisted upon them from the outside: that Chinatowns are gay, exotic, romantic, and colorful places where their inhabitants choose to live because they like it there. In San Francisco's Chinatown, the most "exotic" and renowned, over 20% (approximately 10,000) of the population is over 65; 89 to 90% of these are living in extreme poverty. Self help for the Elderly, an Economic Opportunity Council, has found residents living on \$25 to \$60 a month, severely ill, and unable to get medical aid. Many were ignorant about health facilities or old age pensions. The number needing medical care and unable to afford it, it was discovered, amounted to over 16,000. Until a few months ago, a vacant basement laundry room of a housing project served as the city's T.B. clinic and family planning center (Yuen, 1972).

Basic research on the Chinese aged is required; the requirements of this population element are basic.

Japanese fare somewhat better than the Chinese because of more rapid upward mobility and the concomitant attenuation of enclaves such as Little Tokyo. Withal, the Japanese aged faced the problem of having to overcome the stereotype that the Japanese family and community "take care of their own." Los Angeles' Little Tokyo, in fact, is faced with a number of social and economic problems, one of which is the aged; they need outside assistance.

⁴In 1960, in New York's Chinatown, there were 20,000 Chinese. A decade later, in the same unexpanded area, there were 45,000. In 1974, this figure rose to some 65,000.

Inasmuch as there has been no real research on the Japanese aged, one would be hard put to know where to begin proffering suggestions for research.⁵

For both the Chinese and Japanese communities, thus, the whole area of the aged is "wide open" for research.⁶

In conclusion, the research needs on the five minority groups that comprise the focus of this volume are legion, both for practical (i.e., ameliorative) and theoretical reasons.⁷ Apropos of theory, mention might be made of the oddity that the three basic sociological theories in gerontology have never really been tested against America's minority group aged.

⁵"According to California life tables for 1959-1961, Japanese in that state had life expectations of 74.5 years (males) and 81.2 years (females). This was six to seven years longer than that of California whites, a relatively favored group by national standards. So far as I know, this was the first time that a longevity of more than 80 years was recorded for any population anywhere in the world" (Petersen, 1971: 148). This statement, by a leading demographer, has many implications for research on the Japanese aged.

⁶This writer is presently engaged in a study of the aged in Omaha's Japanese community.

⁷The former has been stressed over the latter in this Introduction.

The theories of disengagement, the aged as a minority group, and the aged as a subculture, all developed by researchers in the United States, and based overwhelmingly on data derived from research on the American White aged, would, from this writer's vantage point, have very little power, contrary to any sound theory, in explaining aging and the aged in the United States, let alone across nationally.⁸

One final note regarding the appended bibliography: for each group, a number of general studies which provide a cultural framework for the groups in question have been included. As a consequence, not all studies listed deal solely and specifically with aging and the aged.

⁸The individual personality theory of Havighurst, Neugarten, and Tobin, preeminently a psychological theory, also needs to be tested against America's minority group aged. Parenthetically, one major difference between minorities and White middle and lower class Americans has to do with attitudes and status. In general, the former have never viewed aging as anathema nor have they segregated the aged in their respective communities; moreover, they have traditionally given deference and positions of honor to the aged in their respective cultures. As a result, their attitudes and behavior toward the aged and aging have been much healthier than White America's.

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N.B. Listed below are a few recent presentations which were given the Gerontological Society's 27th Annual Scientific Meeting, October 28 - November 1, 1974, at Portland, Oregon. They are all listed or abstracted (in the case of a paper) in Gerontologist, 1974, volume 14 (number 5, part 2).

- Barg, Sylvia and Carl Hirsch. "Neighborhood Service Support Networks: An Alternative for the Maintenance of Action Community Residence by Low-income, Minority Group Aged of the Inner-City." Abstract, 78.
- Endres, Frank B. and Abraham Monk. "Black Elderly in Public Housing: A Case Study in Community Planning (in Buffalo)." Abstract, 94.
- Fuji, S. "Sociocultural Barriers to Health Services Utilization: Japanese-American Perceptions." Symposium, 22.
- Hirsch, Carl. "Health and Adjustment of Inner-City Black and White Elderly." Abstract, 74.
- Jackson, James S., John Bacon, and John Peterson. "Correlates of Adjustment in Urban Black Aged." Abstract, 74.

Kiefer, C. W. "History and Culture as Problems of Predicting Human Adaptation: The Issei (First Generation Japanese) Case." Abstract, 66.

Lurie, E. E., C. T. Davies, and R. A. Kalish. "Evaluating A Multi-Ethnic Geriatric Daycare Center in Chinatown." Symposium, 22.

(It is encouraging to note that these unpublished papers and the symposia clearly manifest a growing interest in the whole area of America's minority group aged.)

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