

Recreational Service for the Aging

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Manent Ingenia Senibus

Cicero

PREFACE

This text necessarily deals with identifying older adults within the population of the United States. However, it cannot be considered a definitive analysis of gerontology because it is chiefly concerned with the potential use of leisure by the elderly and only briefly describes the characteristics of aging. More specifically, it elaborates the opportunities and possibilities that older adults have to obtain satisfaction and pleasure through personal and governmental provision of recreational experiences.

Any text that purports to offer knowledge about the elderly must supply certain fundamental information so that the reader is enabled more fully to appreciate the circumstances, capabilities, and limitations that older adults have and confront as they spend their time. There will, of course, be some rendition of popular misconceptions about the elderly as well as statistical presentations to clearly define the environment, both social and physical, in which older people find themselves.

Essentially this text is addressed to those practitioners who provide recreational services for the aging in treatment centers or in the community setting. It will be useful for recreationists employed in public departments because it offers the background necessary to understand the process of aging as well as program suggestions and techniques. It will be especially helpful to those who are employed in extended-care facilities, i.e., nursing homes, convalescent homes and the like. Particularly is this true of those who have not had the benefit of a professional education. The text clearly explains the methods and materials necessary for the planning, organization, and operation of recreational services for those adults who are served by long-term care centers. It provides an elaborate display of material that will be pertinent in the development of a comprehensive and diverse series of activities that have been found to benefit older

adults. Finally, the book will prove useful as a reference and resource to personnel employed in community-based centers that serve only older adults.

Among the values to be obtained from the text are the details of the organization, administration, and conduct of recreational services as well as additional information not usually recognized by recreationists and others. Special emphasis has been offered in the areas of nutrition, weight reduction, physical fitness, outreach, transportation, barrier-free places, and other ancillary features that are important to the successful operation of any recreational service department. Technique, cost factors, facilities needed, supplies, and material as well as leadership involved in the promotion of a well-rounded and balanced recreational program are also included.

It is our sincere hope that the theoretical and practical information presented in this text will help ease the task of the recreationist as he or she plans the recreational program for the aged.

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Chapter 1 THE AGED

Everybody ages, but relatively few people live to become old. The process of aging begins with conception and continues until death. Unless some catastrophic condition, either disease or accident, causes early death, most people tend to follow an aging cycle that terminates at about the seventh decade. Of course, there are exceptions; some people live into their 90s, a select number become centenarians, and certain individuals, whether as a result of genetic foundation, nutrition, environment, physical capacity, lack of stress, or a combination of these factors, reach great ages. Most of the reports concerning people living to 150 years of age can be discounted, but there are records of a few remarkable people in terms of longevity.

But this book is not so much about death as it is a celebration of life. It deals with the life span of older adults and concentrates on how an aging individual can achieve successful old age. It is about the variety of physical, cultural, intellectual, and social activities that any individual may engage in at any age but that become even more necessary in the later stages of the aging process. The book attempts to provide useful ideas and directions for those who want a more satisfying, enriched, and enjoyable existence. It offers some of the manifold possibilities available to all through recreational service.

WHO ARE THE AGED?

In spite of the fact that it has become almost a cliché to say a person can be old at 40 years and young at 80, there is a modicum of truth in that statement. Individuals age at varying rates; their internal organs may age at different speeds, depending upon both genetic and environmental factors.

In the most comprehensive and highly respected text dealing with social gerontology, Tibbitts offered the idea that aging is a graduated process with few dramatic changes. It varies between individuals, to a greater or lesser extent. Thus to understand the aging process the following may be assistive:

It has been customary to assume that old age sets in somewhere during the seventh decade of life, and, until recently, much of the research and the majority of action programs have focused on the period beginning at or near age 65. It is now recognized, however, that the real turning point comes much earlier. On the basis of present knowledge, it seems possible to identify three stages of advanced adulthood: middle age, later maturity, and old age.¹

For at least a century, ever since a proclamation by Otto von Bismarck in 1876, old age was thought to begin at age 65. This myth has been perpetuated up to the present. Western society, unlike the enlightened cultures that have revered old age, has turned its 65-year-olds out to pasture. That was the magic age beyond which no individual was thought to be able to work or productively contribute to society in any way. Many corporations still maintain that policy. We can only marvel at the waste of people still able to have offered their minds, talents, and skills if they had only been allowed to keep on. In Bismarck's day it is very likely that people were indeed "used up" by age 65, if not before. After all, the working day was longer, and harder, and health care and nutritional science were not as well grounded or provided. In fact, the conditions of work and stress among those who performed heavy industrial work, agriculture, and craft work, even as late as the middle 1930s, often had the effect of shortening their total life spans. What was an enlightened gesture of political and economic statesmanship in 1876, however, is viewed as age discrimination today. When age is not a predominant factor insofar as ability to perform is concerned, retirement should be determined on an individual basis, and the person's desire to continue or not should be the decisive element.

DEMOGRAPHIC ANALYSIS

More than 22 million people 65 years of age or older now reside in the United States. Of this number, those between 70 and 84 years represent approximately 11 million people; those between 85 and 99 account for another million; and slightly more than 12,500 have reached the 100-year mark. This century continues to witness a push toward longevity. Whereas the average life expectancy was 47

1. C. Tibbitts (ed.), *Handbook of Social Gerontology* (Chicago: University of Chicago Press, 1960), p. 9.

years at the turn of the century with less than 5% of the population reaching 65 years or older, improved medical and health services have boosted today's average life expectancy to 71.2 years. Older adults compose not less than 10% of the total population in the United States, and the percentage will grow as medical science and health-care improvements continue to provide the means for the suppression of premature death due to disease or adventitious incident.

In comparison, in 1978 in Japan, the normal life expectancy was 72.69 years for males and 77.9 years for females. Apparently diet and cultural expressions are such that they negate much of those pressures that might have a deleterious effect on life span. These life expectancy rates reported by the Health and Welfare Ministry of Japan are quite astonishing when it is remembered that in 1948 the average life expectancy for all Japanese was 50 years.

Other national groups also claim long living membership. Sweden and Norway consistently report average life expectancy for men to be 72.12; while Norway represents its women as having a life expectancy of 77.83 years. Again, these remarkably long-lived people must have a cultural environment that offers a combination of physical and social experience of such a benign nature that it is wholly beneficial to the population. It might be interesting to compare the diet, environmental pollution, physical activity and social group or interpersonal relationships of the Scandinavian and Japanese with American populations to determine whether there are any common denominators among the longer-lived groups that could account for the advanced life expectancy rates.

SEX DIFFERENCES. The life expectancies of men and women are significantly different. Females have a longer life expectancy than males born on the same day. If males have a normal life expectancy of 67 years, females will outlive them by at least 7 years. The differential becomes even greater in old age. After 65, men may expect to survive another 13 years on the average; females, 17 years.

Although more males are born than females, females outlive males consistently everywhere they are not subjected to extreme physical labor and where medical service delivery has reduced maternal mortality. In the elderly population in this country women outnumber men by more than 3 million. After age 65 there are 125 females per 100 males, and after 85 there are more than 160 per 100. Of those who are 65 years of age or older, more than 12 million are females as compared to 9 million males.

RACIAL DIFFERENCES. After Caucasians the largest single racial group in the United States is Negro. Blacks represent not less than 10% of the total population. The number of black elderly has report-

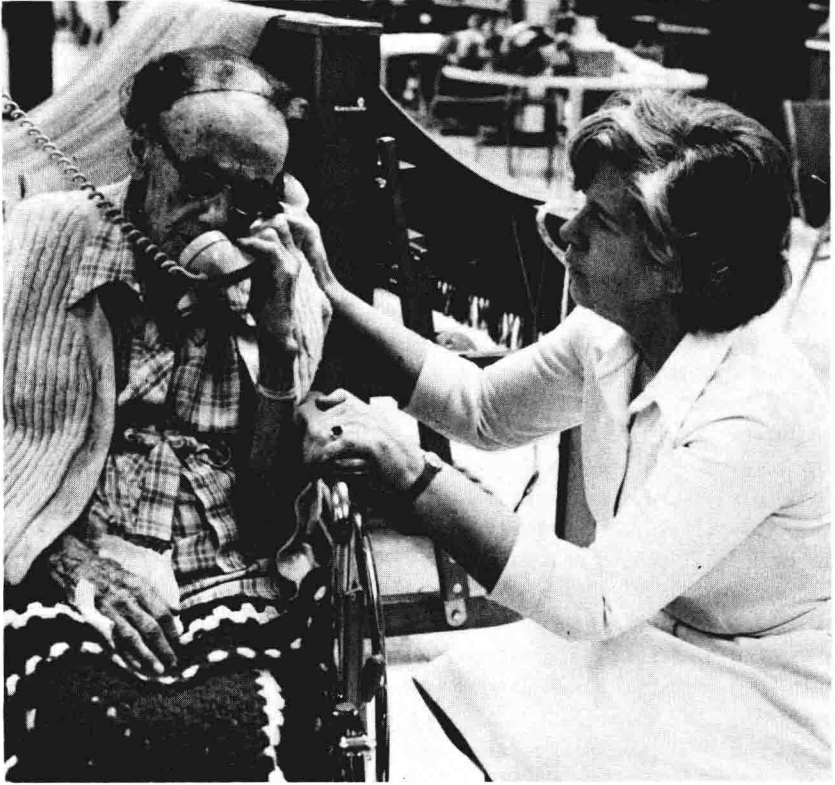


Figure 1-1. After a century, still alert.

edly increased to 8% of the entire black population. For any number of environmental and cultural reasons, the life expectancy for black people is less than for white people. There seems little doubt that greater stress coming from economic insecurity, racism, poorly delivered health and medical services, malnutrition, and other social, physical, or environmental degradations have contributed to the lowered life expectancy of blacks, particularly males.

As with white females, the life expectancy of black females is increased. Females can expect to survive to at least 67.5 years on the average, although this is 7 years less than for their white counterparts. However, after age 75, in comparison with whites, the survival rate among blacks begins to improve, with blacks tending to outlive whites. Why this should be is still unexplained, but there is a suggestion that only the strongest will survive. Weak blacks tend to die early, leaving the strongest to live on. Weak whites, on the other hand, do not die so early, probably because of better health care, but the death rate among them is increased later on.

Among blacks, as with whites, elderly females continue to outlive males. Females make up almost 60% of the entire black aged population, and the ratio is increasing.

The next largest racial group for which there are population statistics is the Mongoloid, among which are the Chinese, Filipino, Japanese, Korean, Vietnamese, American Indian, Eskimo, and Samoan. Taken in combination, this racial group constitutes approximately 3 million persons, of which 30,000 Chinese are over 65, 50,000 Japanese, and about 25,000 Filipino. By far the group least represented in any older adult population consists of Indians, whose average life expectancy is 47 years.

In the United States 95% of Orientals reside in metropolitan areas, mostly in California and Hawaii, which directly reflects immigration patterns. Immigration legislation has had a horrendous effect upon the lives of elderly Orientals, specifically insofar as family life and male-female ratios are concerned. Although population figures for this group are available, they may not be precise because large numbers entered the country illegally and therefore are not reported. The immigration laws in effect prior to World War II disrupted family life because women and children were prohibited from accompanying men to the United States. Thus there are few households in which the older male lives with a spouse. Moreover, older males outnumber females. Compounding the problem conditions is the fact that many Chinese elderly are poor and speak little English, which further alienates them from a strange culture.

Approximately 8% of the total Japanese-American population is over 65 years of age. Because immigration policies regarding the Japanese were not as restrictive, it was possible for entire families to come to the new land. This meant continued family support for aging members of the family, in the tradition of their homeland. Nevertheless, today fully 20% of these elderly persons are classified as poor, and almost 60% live alone. Japanese seem to be relatively long lived, and the elderly appear to be physically sound.

There are at least 800,000 American Indians living in the United States. Almost 50% of these reside in urban areas while the remainder live in rural areas and reservations. Nearly half of all Indians live in Arizona, California, New Mexico, and Oklahoma. No one really knows how many Indians there are, and the number of elderly Indians must be an unreliable guess. Faced with high early death rates because of poverty, disease, inadequate health-care services, and malnutrition, and without family support, very few Indians live to old age. The number is too small to record statistically.

ETHNIC GROUPS. Those of Hispanic origin comprise at least 12 million people; 600,000, approximately 5%, are 65 years or over.

Included are Puerto Ricans, Cubans, Mexicans, Central and South Americans, and others of Spanish and Portuguese descent. Not included in the total are at least 8 million illegal aliens. More than 50% of Hispanics are of Mexican origin, about 5 million of whom reside in the five southwestern states, i.e., Arizona, California, New Mexico, Colorado, and Texas.

Life expectancy of Hispanics in the United States is less than 60 years, below the average. Spanish-Americans face the same intolerance as other minorities as well as poverty, poor housing, and inadequate medical care and other public services. Family disintegration, which results in nuclear rather than extended family patterns, tends to displace the elderly. Cultural traditions, language barriers, ethnic pride, and accelerating changes in traditions do much to reduce the capacity of the elderly to resist personal and physical deterioration. Of course there are elderly Hispanics, but with better treatment there could be more.

MARITAL STATUS. Most older males are married, but most older females are widows. There are at least three times as many widows as widowers. In fact, 66% of all older women are widows. There are several causes for this disproportionate situation: Females generally live longer than males, and they are generally several years younger than the males to whom they are married. Furthermore, older widowers have many more opportunities to remarry than do widows of the same age. It is likely that the first wife will outlive her husband, but if the husband outlives his wife, he has greater chances for finding a second spouse because there are so many women to choose from. Unfortunately the reverse is the case for women. Moreover, males can seek mates from almost any age group they desire, but the same is not true for females. For some reason, society offers numerous difficulties to women who seek marital partners from a younger age group. A very real psychological revulsion toward aging female flesh appears to be prevalent in Western society that results in discrimination against women seeking spouses from a younger group and is translated into social disdain with overtones of gigoloism. More than 30,000 elderly men marry each year, while only 16,000 elderly women are able to find mates. The seriousness of the disparity is clear when it is realized that there are 3 million more females than males in this age group.

A large number of elderly welfare recipients do not live with their spouses because of the manner in which public laws have been written, such laws literally forcing the male to absent himself from the home because welfare payments are stopped if he is present. Among minority groups the shorter average life span of black men inevitably produces younger black widows.

RESIDENTIAL PATTERNS. Perhaps the most prevalent misconception concerning older adults is that most of them live in extended-care facilities, i.e., they are institutionalized in some type of treatment center. Only about 1 million or 5% of aged persons are confined to institutions at any one time. This means that approximately 21 million of the older adult population are making their own way within the greater community; they live with a spouse, family, friends, or by themselves. About 70% of older Americans live in families, and almost 25% live alone or with nonrelatives. Life expectancy rates and environmental problems result in differentiation between male and female residential patterns. Males almost always reside with a spouse or family, but less than one third of women do. Women are more likely to live alone or with nonrelatives.

GEOGRAPHIC PATTERNS. Older adults are more likely to live in urban centers than in suburbs. They are also well represented in rural areas.²

Concurrent with widespread urbanization in the United States, some feeling about family relationships has been reconstituted as community identification. This, in turn, has permitted the individual to become more independent of the family. In earlier times older persons may have been forced to live like petitioners, asking for whatever security was available from the family or the poorhouse. Now they can feel somewhat free of the pressures attendant upon lack of money since literally no elderly individual needs to be without some income. Social security payments, annuities, pensions, old-age assistance grants, and other benefits can cover part of the cost of living. For this reason older adults are much more independent than formerly.

City-dwelling older persons reside in the urban core for a variety of reasons. Foremost may be the fact that they have always lived in the city. The pattern of existence has been fixed, and many older adults see no reason to modify the way in which they live. Of course, the affluent can afford an abrupt change to a different climate and way of life, but for some elderly there are no alternatives. They are financially unable to move out of their present dwellings. Those who are able, however, may be disinclined to do so because of ties to the neighborhood; convenience to shopping, transportation, or social activity; and proximity to the working place in the case of the few who remain employed. Many elderly reside in rural areas because they were reared in the country and wish to remain there.

2. R.C. Atchley, *The Social Forces in Later Life*, 2nd ed. (Belmont, Calif.: Wadsworth Publishing Co., 1977), p. 14.

Geographically the population of older adults is concentrated in New England and the Midwest. Florida has the largest elderly population of any state, although in the sunbelt states in general it is steadily increasing. Arizona, Hawaii, Nevada, New Mexico, and Florida lead the country in growth of the older adult populations, and the number of elderly is greater than the national average in Arkansas, Kansas, Maine, New Hampshire, North Dakota, South Dakota, New York, California, Vermont, and Iowa.

HOUSING STANDARDS. Almost one third of the elderly in the United States live in below-standard housing. Although two thirds of all older adults own their own homes, some are substandard because of the marginal incomes of their owners, increased property taxes, and the inflationary prices of nearly everything that requires maintenance. The costs of labor, utilities, fuel, and upkeep are so high that necessary improvements become impossible to make—especially for those on a fixed income. Other older adults who do not own their own home rely upon rentals in apartments or hotels or live in retirement villages, condominiums, agency-sponsored housing such as that underwritten by churches or unions for their retired members, or government housing. Of course, there are some older persons whose income is so meager that they cannot afford decent housing and who are forced to eke out a subsistence.³

At least 20% of the housing of the elderly residing in rural locations have inadequate or no plumbing facilities. For those economically in the middle- or upper-middle-class level, housing is not a critical issue, and they are able to live in some form of housing that meets their needs for safety, comfort, privacy, and relative security. However, the greatest concern of individuals on a fixed income is the percentage that must be spent for housing. Unless there is a move for rent controls, many of the elderly will be forced to pay higher rents and will be compelled either to reside in a less hospitable place or to set aside more money for the same housing. In the latter instance less money will be available for other aspects of existence.

INCOME PATTERNS. An individual who was always poor can look forward to being even poorer in old age. However, many persons who lived comfortably all of their lives suddenly find themselves becoming poor as they grow old. Even though the elderly represent approximately 10% of the total population in the United States, they comprise not less than 20% of the poor. Why should this be so? Some have annual incomes of \$1000, and half of the older adult

3. A.M. Hoffman (ed.), *The Daily Needs and Interests of Older People* (Springfield, Ill.: Charles C Thomas, 1976), p. 264.