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THE SOCIAL ENVIRONMENT AND PARTICIPATION BY OLDER PEOPLE
IN COMMUNITY PROGRAMS: A QUALITATIVE ANALYSIS OF THREE
'LIFE WORLDS'

by

Sharon Margaret Martin

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS (EDUCATION)

in the Faculty

of

Education

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The Social Environment and Participation by Older People in

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ABSTRACT

Aging is perceived by many to be a social problem or a disease. If, as an influential group within society, professionals accept these labels they may develop programs that expect older people to require services and care. This type of programming could reinforce feelings of uselessness. This thesis explores the social worlds of three programs to expand our understanding of the influence of the social environment on the participation of older people in community programs designed for the elderly.

Every community, through religious, social, health and recreational institutions, devotes an increasing amount of resources to programs for senior citizens. This thesis used qualitative research methods to explore the nature and substance of these programs. Specifically, the programs were examined to ascertain if they provided opportunities for older people to be involved and have constructive things to do, to interact with their peers, provide and receive social support and make decisions and participate. The focus of research interest is the social environment; the relationship between staff and participants and the influence of the organization on both. A method known as "Portraiture" was used to present the life world of the three seniors' programs.

Three different frameworks were used to analyze the data: Arnstein's "Ladder of Participation", Boshier and Peter's "Motives for Participation" and Brager and Sprecht's "Decision Making Continuum".

The analysis of the data supported the thesis that the social environment, the influence of the organization and the expectations of staff are important factors in the participation and decision making by older people. Older people, in all three centers, wanted the opportunity to find new roles for themselves -- roles that are valued, that are socially productive, and that are flexible enough to accommodate both the strengths and vulnerabilities of age. The structure and expectation by both the organization and the staff of one center provided opportunities for participants to become involved both in day-to-day activities and in policy decisions.

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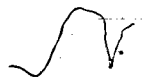
CHAPTER 1

Background and Statement of Problem

It is now well-known that Canadians are living longer, that the population aged over sixty-five has increased since the beginning of this century and that this rise is likely to continue in the foreseeable future. In 1957 male life expectancy was 67.9 years, female expectancy, 72.8. In 1977 the respective figures were 70.2 and 77.5. The total number of older Canadians (over 65) rose from 1.4 million in 1981 to over 2.7 million in 1986 (Government of Canada, 1986, p. 3). For British Columbia the percentage of seniors in the population was 9.4% in 1971, 12.5% in 1986, and predicted to be 13.9% by 2000, although wide variations exist in different communities with some proportions over thirty percent. Only 8% of B.C. seniors live in institutions with 70% of males and 60% of females over the age of eighty-five living in private accommodation (Province of British Columbia, 1989, p. 4).

In 1984, I conducted a review of the "health education/health drop-in" programs for older people in the West-Main Health Unit area in order to: (1) ascertain if the programs were effective in meeting the health needs of this population from a Public Health perspective; and (2) recommend if the unit should continue with the present approach or revise and expand its programming.

In order to evaluate the existing programs and the following activities were undertaken: (i) information gathering - interviews were conducted with seniors, unit health professionals and community workers to gather their ideas and input. Questions asked related to the present programs, their strengths and weaknesses; the roles for health professionals; the needs



and capabilities of seniors; and community resources; (ii) A review of the literature concerning older adults and health promotion was carried out; (iii) Two other health drop-in/wellness programs, the Sunset Towers Program and the 'Be Well' Program were reviewed briefly.

From the interviews with the seniors and the professionals two basic concerns emerged: i) older adults identified a need for adequate health information and regular social and physical activity; and ii) health professionals and community workers perceived older people to be inactive, dependent and requesting that services and programs be organized and delivered to them.

In order to understand the difference in the perception between the seniors and the professionals of what was needed in community health programs for older people, the literature search was extended to include theories on aging (developmental, disengagement, activity) and social gerontology (social support, loss, role changes). The literature revealed two perspectives: the individual as a unit (e.g., their personality, self concept, lifestyle) and the influence of the social environment on the individual (e.g., income, status, roles and social network).

The literature revealed that the older years of the life cycle present different challenges to those of middle age. For example, people have to be able to adapt as role changes occur: children leave home, parents and friends die. Adjustments are needed to remain socially active. Some individuals continue to maintain relationships that provide companionship and intimacy while others remain alone with few friends. Another example is the reduction of the responsibilities of middle life with retirement from formal

employment and other roles. This unstructured time means the opportunity to be creative and to try out new experiences for some people, while for others it can mean having little purpose or meaning and reduced self confidence.

Erik Erikson (1963) described two stages of later adulthood which he considered important for the continued psychological development of older people. One stage stressed the need for older people to expand their interests, contribute to future generations and be creative and productive. Without these experiences, he believed, personal stagnation and impoverishment can be the result. The second stage is to be able to accept one's life as having been inevitable, appropriate, and meaningful and not succumb to the ever present fear of dying. "Integrity is found in older people who have taken care of things and people and have adapted themselves to the triumphs and disappointments of their life" (Erikson, 1963, p. 137).

Older people express the concern that as they grow older society, in general, and the health care system, in particular, prevent them from making their own choices. Older people often feel patronized and find that their experience and abilities count for little. There is a cultural myth that people in their seventies, eighties and nineties are automatically frail and sick (Butler, 1975). "Older people, like everyone else, operate from a premise of meanings derived from, and modified on the bases of, the interactions they have with others in their environment" (Estes, 1979, p. 165). The presumption that older people have less to offer as they age, can have a negative impact upon status and wellbeing when it limits the roles of people denying them a significant role in life. As a result some older people may

refrain from participating actively in society either as wage earners, volunteers or even as members of their community (Facts and Myths about Aging, 1987).

There is a tendency for professionals, reflecting the attitudes of society, to focus on the problems of older people: (e.g., diseases, loneliness, poverty) rather than on their strengths: (e.g., ability to cope, lifelong experience). The assumption that older people require care and management with their affairs often leads professionals to make choices for older people, further diminishing their sense of power and control.

Powerlessness in social and personal relationships can result in "helpless behaviour" or the overreliance by older people on other people to make decisions for them (Clark, 1969). In this context the perception of older people can become distorted leading to the belief that older people are dependent and a burden.

Given the growth in the number of seniors, our society faces the challenge of drawing this population of healthy older people into participating in the community in ways that productively use their capacities. How can the growing population of older people be viewed as a rich resource rather than a 'burgeoning problem'? One of the chief barriers to active involvement of older people is a society that associates older people's health concerns with disease, loss of functions and social problems.

Health here refers to wellbeing rather than freedom from disease, for example in everyday language we have the expression "to your health." The recent World Health Organization's definition of health stresses that health is not an end in itself but a means for everyday living. This definition of

health emphasizes social as well as personal and physical resources. Health is described as "the extent to which an individual or a group is able on the one hand to realize aspirations or needs and on the other hand, to change or cope with the environment." Wellbeing of individuals is influenced by individual behaviours, their social network or social support system and their environment. Essential elements of this concept of health is quality of life and the ability of individuals to control their own health. Within this ecological approach health includes self-care, mutual aid and environmental change. (the report of the Working Group on Concepts and Principles of Health Promotion, Copenhagen: WHO 1984).

A shift in public concern away from sheer quantity toward quality of services has accompanied this altered definition of health. For example, "Achieving Health for All", the Epp discussion document released by Health and Welfare Canada in 1986 uses three mechanisms for achieving health: self care, mutual aid and healthful environments. Self-care refers to decisions and actions individuals take in the interest of their own health, e.g., regular exercise, making new friends, eating a healthy diet. Mutual aid refers to actions people take together to address concerns, provide support and share experiences in the context of their families, among friends and within community settings. Healthful environments include physical surroundings, personal relationships, neighbourhood centers, economic status, social and cultural forces within society (Lawton, 1983).

The Epp report places more attention than ever on the social determinants of health. It also asks us to think of health as something experienced not only individually, but collectively. More importantly, this

new understanding of health dwells less on individual behaviour and more on the nature of people's interaction with the wider environment, including the social and cultural conditions that impact their everyday lives.

From this perspective, the environment of institutions that older people are involved with can influence their sense of wellbeing. For example, the policies and practices of community organizations can encourage older people to use their skills and experience, work collectively and involve them in the decisions affecting their wellbeing. Obviously, normal aging involves loss which can disrupt previous lifestyles, activities and relationships; for example, the clearly defined roles with associated expectations that exist for middle aged people are not present in the later years. It does not necessarily follow, however, that the majority of older people have economic, social or health problems.

Programs for older people, to be effective, should focus on their strengths, utilize their input and view them as capable of meeting many of their own health needs. There is considerable evidence that perceived wellbeing, locus of control, and social networks are more significant variables affecting the functioning of older adults than is actual disease (Larson, 1978; Levin & Idler, 1983).

The Problem

The characterisation of older people as frail and disadvantaged treats them as a homogeneous group, setting them apart from the mainstream of society and misrepresenting their capabilities. It is widely accepted that interactions between people can have an important influence on an

individual's self concept. In labelling aging as a social problem or a disease, professionals often expect older people to require services and care. These assumptions influence both social policy and research regarding this population group (Binstock, 1983; Montgomery & Borgatta, 1986). "The more influential the group doing the labelling, the more widespread the acceptance of the label....practitioners, and researchers construct the versions of reality that then determine social policies and intervention strategies" (Estes, 1979, p. 13)

Many communities, through religious, social, health, recreational and educational institutions, devote an increasing amount of resources to programs for senior citizens. What is the nature and substance of these programs? Do they support the health of older people? Do they provide opportunities for older people to (i) be involved and have constructive things to do? (ii) interact with peers, (iii) provide and receive social support, (iv) make decisions and participate. Does the social environment promote (i) acceptance of older adults as active, involved and contributing members of their community and (ii) roles for older people so that they can remain an integrated part of the community? Do the staff working in seniors' programs expect to work with older people as partners in the planning, development and implementation of programs?

Often in my discussions with professionals who work with older people I consistently receive two messages from them: (i) only a small percentage of older people take advantage of the programs developed for them and (ii) of those who do attend very few will take on responsibilities for continued program development and implementation.

The purpose of this thesis is to examine the specific environment of seniors' programs and how the social interactions within these programs influence the well being of older participants. The environment is examined for levels of participation in decision making by older people, the assumptions paid staff have regarding the ability of older people to participate, the nature of social activities, and the influence of the organizational structure on participation in decision making by older people and by field staff.

The Definition of Terms

Older People/Seniors - persons over sixty years of age

Senior Programs - community programs designed specifically for seniors, including recreation, health and social programs within community centers (senior centers, religious centers, schools, neighbourhood houses). It would not include programs developed for the general population where members happens to be over 60 years of age.

Westside of lower mainland - area includes two health units.

Professional - persons paid to be responsible for the development of community programs for seniors.

The Methodology

Senior programs are 'life worlds' influenced by individuals (program staff, administrators, participants) and the rules and regulations of the organization within which the program operates. The ultimate aim of the research is to present the participants' experience in the program as well as the 'meanings' that they ascribe to their experience and participation. The

chosen method must attempt to capture the deeper and more complex world of social relations and the process within which these relations take place. Given the above requirements, portraiture, a type of qualitative research, is the methodology of choice. A description of the methodology and its application to the study is outlined in Chapter Three.

The Limitations

For the past twelve years, I have worked in the community with older people facilitating the development and implementation of programs and strategies that this population defined as important to meeting their health needs. This working relationship differed from my prior work as a community health nurse where I provided direct service to individuals in that as a facilitator I expected I would organize and draw upon the capacities of older people to solve their own problems.

In the early 1980's, for example, members of the "Elders Network" became concerned by professional reports of widespread social isolation among older people, particularly among those living in senior housing complexes. They asked me to work with them to expand our understanding of the issue. We decided to survey 150 older residents of a housing complex, asking them questions about their social, emotional and physical functioning. Two findings stood out: (i) although the majority of residents knew of all local social activities, few attended, (ii) eighty percent of those surveyed feared most, losing control of their lives. While this study told us a great deal about the functioning of the individuals it told us little about the circumstances that influenced their lives. It also did little to change the

environment within which they lived.

During this time, several groups of older people requested the health department develop a preventive health program for their age group. This led to my reviewing health programs for older people as described earlier. This review and the housing study made me begin to question our focus on the functioning of the individual rather than on the influence of the environment and the interrelationship of the individual within the environment.

This interest in the influence of the social environment kindled my concern regarding the role of professionals within community based social agencies and the organization of services within the agency itself. It led to the question of this thesis -- what were the elements within community programs that supported or detracted from the well being of older participants. Some of the answers to this question could be found by study, from inside, the nature of the social environment of community programs developed for seniors.

In my work I have spent hours of time within the majority of community based seniors' programs; meeting with staff and participants to discuss health issues and concerns or to design new approaches. Consequently I am intimately familiar with most local programs and the professionals working in the programs, including the centers described in this thesis.

My perspective regarding the ability of older people to use their skills and experience as well as intimate knowledge of the programs may limit this study.

In attempt to overcome the limitations of the study I used, where

possible, the direct text of the focused interviews with staff and participants to develop the portraits. I used three different frameworks to analyze the portraits to deepen the analysis. Most importantly, I checked the authenticity of each portrait with outside professionals and older people who were familiar with each center.

While I did strive to be impartial I recognize that this is not wholly so. Were I to repeat the study, I would introduce a second method to expand the impartial aspect of the study. For example, a coded survey of cross sectional design which gave each group, older participants and staff, the same questions would allow for comparisons to be made between each group. Questions on the ability of older people to participate in program development and implementation, who and how decisions are made, the importance of friendship, and the expectation of older people of staff and staff of older people would allow for analysis of the perceptions of each group.

My approach in this thesis is to examine the social world of community programs, not the functioning of individuals. This perspective is not one familiar to some professionals who deliver services and operate programs. My stance that the environment is an important factor contributing to the health of individuals is not always accepted by professionals who are part of the environment and may be negatively implicated in this discussion. Most of us, hired to work with people in health, social and recreational organizations were trained to provide services to people. Our education and our employers expect that we have the answer and will provide them to individuals. Consequently, most of us find it difficult to give up the notion that

older people have problems and require our services. Many of the ideas in this thesis could be read as being critical of the professional, but it is the service delivery model they work in that I question. I attempt to demonstrate the limitation of organizations that use this model as opposed to organizations that use a cooperative, participatory model in working with older citizens.

While I am known to advocate on behalf of the experience and skills of older people as a resource untapped in our society, I do not present in this thesis the belief that all older people want or need to participate in community organizations. Rather I argue that organizations that set up specific programs for older people need to provide opportunities that will allow them to be included in the decisions made regarding them both at a policy and operational level. Participation in decisions that affect older people, I suggest, is important to the older person's sense of power and control, therefore to their health.

Organization of the Thesis

The subsequent chapters describe both the process involved in answering the research questions, and an interpretation of the results. Chapter Two presents literature that is pertinent to the research problem. Chapter Three describes the methodology used and presents the portraits of the 'life worlds' of three senior programs. The portraits are then analyzed using three different frameworks in Chapter Four. Chapter Five concludes the study by summarizing the findings, drawing a number of conclusions and making recommendations based on the findings.

CHAPTER 2

Literature Review

This paper focuses on the nature of older people's interaction with the wider environment, specifically the social and cultural conditions that may affect their wellbeing. The literature review does not emphasize the behaviour, diseases or problems of individuals, but rather the influence of the social environment on the wellbeing of older people. Does the environment of community centers, for example, provide opportunities for older people to contribute their skills and experiences, and allow them a sense of control? The first section of this chapter discusses the literature on the social environment with particular attention directed to research in the area of cultural myths about older people, and how these myths can influence expectations regarding older people's capabilities. The second section reviews the social support literature with attention to the relationship between social support and health, especially how support is provided and received. The third section describes program models that allow older people to participate in ways that productively use their capabilities.

SECTION 1. THE SOCIAL ENVIRONMENT

A. NEGATIVE STEREOTYPES OF AGING

Background

Aging in this paper is viewed as one aspect of the life cycle, with a birth to death progression of physical, emotional, and social events (Bengston, 1973). How social events support or inhibit growth and development in the later period of the life cycle is of specific interest to this

view.

From the moment of birth we begin to age. Yet most of us pay little attention to this process, as we go about our daily lives, until a social or physical event acts to remind us (e.g.) a birthday, some change in appearance, retirement. On reaching thirteen years a child becomes a 'teenager' joining a group society defines as wild and unpredictable. On reaching sixty-five a person enters the "senior" or "golden age" a group for which society has different expectations. People generally define themselves in terms of their own views and values and pay little attention to these labels until society's expectations limit their activities.

McKee (1982) argues that aging has no independent existence of its own. Although it is universal, there is literally no such thing as aging. There are only women and men who grow biologically older, tied in complex ways to their social positions and the cultural symbols that nourish (or impoverish) their existence.

The older population, like all population groups, is diverse; individuals are influenced by genetic make-up, education, culture and environment. Over the lifespan, events such as marriage, parenting, retirement, widowhood, and physical changes such as loss of vision and hearing affect wellbeing and development. Old age brings changes. Some changes, such as the change of one's physical appearance comes gradually over time, other changes, such as the retirement from work and loss of loved ones can come suddenly. Together, the whole process poses broad, general questions for aging individuals, and those relating to them.

Historical Perspective

Modern nutrition, public health measures and the rise of scientific medicine and technology allows most of us to live longer, healthier lives than at any previous time in history. The growth of the health and welfare systems have enabled most older people to live above the poverty line, with access to social services and adequate medical care (Achenbaum, 1983; Canada, National Council of Welfare, 1985).

Yet attitudes to older people have changed; in pre-industrial society older people commanded special respect from those around them by virtue of their age and experience. Their views were considered important. Now, this is not always the case. Society itself has changed. Today, the 'elderly' are often thought to be weak, vulnerable, and unproductive (Government of Canada, 1986).

In studying the meaning of growing old in America between 1800 and the present, Cole (1983) found that until the early part of this century the last years of life were held in high esteem. Traditions stressed the religious, spiritual and moral significance of the later years of life. He suggests that several factors caused the erosion of these values; the expansion of industrial capitalism, the rise of technology and science and the changes in family life. Industrial capitalism with its emphasis on productivity in the work place and compulsory retirements forced older people out of the labour market into long years of uncertain usefulness. The rise of medical science and technology with the subsequent focus on the extension of life often became a "mastery" of old age rather than its acceptance, an elimination rather than an exploration of the final stage of life. Accompanying this

increased interest in treating and curing the physical effects of aging is the new stereotype depicting all older people as being active, robust individuals who can accomplish physical feats formerly expected of much younger people. Along with the need to find work and maintain status in competitive and changing situations means that working people are far more mobile, so that family members live in separate parts of the country and older people often do not have a role in family life today.

Martel (1968) found in his study of American, middle class magazines from 1890 - 1955 that the prime of life portrayed in fiction has shifted from the mature older adult (persons over fifty years of age), to the young adult (persons under thirty years of age). In 1890, stories in magazines depicted older people as performing valued social roles: they associated with the young and were actively involved in their affairs (e.g., children, neighbours, relatives, grandchildren) and continued to fulfil social goals (e.g., relating to work, marriage, family and community participation). By 1955, considered the high point of ageism, there was not a single older character in the stories with a close, complementary attachment with a middle aged or young adult.

The emphasis on youth that began in the late nineteenth century has grown rapidly in the twentieth century until today when physical strength, productivity and youthful appearance are highly valued. Youth is recognized as a time of achievements, opportunities, adventure and excitement (Fischer, 1978) By contrast, until the early part of this century, aging and death in North America were accepted as part of life.

Specific Stereotypes

Today, people speak "of being over the hill at 40" assuming that life's main goals and social status are reached by that age. Older people are often described as a homogeneous group: for example, all older people are poor, helpless and require care and services; all older people are healthy, active, rich and need nothing. Some of the common stereotypes attributed to older people include "most older people are sick and live in care homes, many older people are forgetful, middle aged children neglect their older parents and old age automatically brings physical decline and suffering" (Novak, 1985). Unfortunately, older adults are not only thought to have problems, they are considered to be a problem (Butler, 1975).

Along with the above mentioned myths, there are also the negative social views regarding growing old. For example, human attractiveness, particularly for women does not include wrinkles and grey hair. The recent emphasis on fitness and vitality discriminates against the reality of the aging body (Connidis, 1987; Gadow, 1983).

Even the words or language associated with seniors contribute to the myths. In our consumer society, "old" can mean something has no further use, it should be thrown away. The word "old" can have negative meanings: disease, illness, functional impairment, non productiveness, poverty and ugliness. Old people are often viewed as consuming and profiting from society's productivity rather than contributing to it (Cole, 1985; Maddox, 1985).

Contributing Factors

Older people express concern about the negative image of aging in our society. Researchers have found that many of the health and welfare policies and services that have contributed to the increases in longevity and the reduction of poverty in old age may inadvertently contribute to the negative images of aging. (Cole, 1985; Connidis, 1981; Estes, 1979). This section reviews literature that examines the background to common stereotypes of aging and how such thinking by policy makers, social agencies, health care professionals can lead to reduced expectations regarding the ability of older people to participate actively in community life.

Medical

As the body ages, various organs may begin to deteriorate and it is not uncommon for older people to increase their contact with the medical care system. Health care professionals, physicians and nurses, preoccupied with the management of the deterioration and symptoms of disease, often view aging as a biomedical condition. Their opinions contribute to the cultural myth that people in their sixties, seventies and eighties are automatically frail and require care (Butler, 1975). In reviewing the service utilization data for the British Columbia Long Term Care Program, however, only 7% of the population over sixty-five could be defined as frail in the sense of requiring intensive service and care and 13% could be considered 'at risk' of moving into the frail category as they are already receiving limited services. This confirms national figures that estimate that 80% of people over the age of 65 are living quite well in the community.

Social Science Research

With the increase in the number of older people living longer has come new social institutions: retirement communities, senior centers, seniors' public housing and nursing homes. Social science research often uses older people in these social settings as the research subjects with their inquiry frequently directed at the problems of older people: physical ailments, social isolation and depression (Keith, 1982). For example, a large portion of the research and literature in gerontology, geriatric medicine and the social sciences portray older people as dependent, in need of services and incapable of leading 'real lives' and is based on information about very old people who are often frail and living in institutions (Binstock, 1983; Connidis, 1981). Although, the residents of nursing homes or social programs represent a segment of the older population, it is a narrow group and any perceptions of the aging process and the lives of older people based upon this group will be limited (Montgomery & Borgatta, 1986). When we extrapolate this information to the older population at large we portray all older people as dependent, frail and requiring services, thus distorting our view of older people's capabilities.

Services Developed for Older People

Practitioners also contribute to the development of stereotypes. Service strategies by professionals are generally developed on the premise of needs and problems of individuals. Organizations and professionals that provide care to older people tend to emphasize the problems of older

people and the difficulties in providing services to them in order to maximize funding and their continued employment. Connidis (1987) and McKnight (1985) both found that some professionals, supported by the previously mentioned literature, soon become convinced that older people have so many deficits that they are incapable of functioning without the direction and care of highly educated experts. The professionals fulfill their own needs for recognition, employment and control at the expense of the older individuals whose opinions and ideas are rarely sought, nor is their experience and skills ever used. The professionals then present a picture of dependent, unmotivated older people who require increasing services and expanding staff requirements.

Policy

As well, some policies in the fields of health and welfare are developed on the basis that older people are frail and in need in order to provide the rationale for granting this population resources. Researchers have shown the negative effect of this approach when the 'escalating costs of servicing 'the elderly' are quoted and older people become targets for blame (Barer, Evans, Hertzman, & Lomas, 1986; Hudson, 1987; Binstock, Levin, & Weatherly, 1985).

This overemphasis on the problems tends to distort our understanding of the aging process and of old age as experienced by most older people. . . . Researchers and practitioners themselves are contributing to the stigma often associated with being old in implicitly equating old age with a litany of problems. (Connidis, 1987, p. 452)

This approach can negatively affect our thinking about older people, in

particular when these ideas are fed back into the general population.

Broader Social Conditions

In order to increase our understanding of older people we need to go beyond concentrating on the individual. We need to analyze the relationship of exchange, power, and dependency, and the social distribution of possibilities - the unequal availability of such resources as information, wealth, time and emotional skills (Wellman & Hall, 1986). Social context includes not only situations and relationships but also social conditions (e.g., inadequate transportation, unaffordable housing, negative attitudes) within society that limit the individual's range of possible interactions (Estes, 1979). The focus on the individual and not on broader social conditions ignores the critical role providers, decision makers and society play in creating the social environment older people live in. By concentrating on individual behaviour, activity patterns and experiences, the social context of older people's lives is often ignored (Estes, 1979). For example, an older woman, living alone, following the death of her spouse makes the effort to join a seniors' program to make new social contacts. All of the classes are organized in the form of lectures or provided entertainment. She comes in to the center, sits through the classes and goes home. There are few opportunities for interaction. She does not make new social contacts and slowly loses interest and does not come back. The staff are critical of her for not making the effort rather than examining the way the program is organized or thinking about the social skills required to make new social contacts. Wellman and Hall (1986) described this as "the opportunity

structure that constrains choice". This "opportunity structure" for participation is crucial in explaining why older people do or do not participate as active, contributing members of our society.

For example, in studying twelve hundred older middle class and working class residents of several hundred Cleveland apartment buildings, Rosow (1967) found that "older persons in American society are segregated by age which reduces the possibility for intergenerational relationships" (p. 323). Services and supports are provided by age - (e.g.) 'seniors' housing, senior centers, youth clubs, and by income (e.g.) subsidized seniors' housing. This way of distributing services promotes the concept that older people are the same, often in need and different from the rest of society. It contributes to their loss of central roles and their exclusion from the mainstream of social participation, affecting almost all older people in varying degrees.

The Negative Effects of Ageism

These stereotypes and the negative meanings attached to growing old indicate a basic shift in how our society perceives this stage of life. With an erosion of the cultural traditions that value the end of life, Cole (1983) believes, there has been a coincidental reduction of the wellbeing and social integration of older people. The nature and meaning of being an older person is avoided and the virtues of middle age, vitality, responsibility and independence, are praised. Aging is only positive when it resembles youth. Erik Erikson, in several of his writings emphasizing the importance of the last stage of life, argued that this stage is different than the middle stage

and warned of the negative effects, especially in self-esteem, the impoverishment of social meaning in old age will have on people. As human beings we attempt to form an understanding of our own behaviour through the perspective of the others with whom we interact (Marshall, 1986).

Individual identity (the sense of sameness felt between how we view ourselves and how we are viewed by others) can be reduced if there is not a sense of consistency with our past self and the future (Erikson, 1963). As well, people fear growing older because of the negative stereotypes associated with aging. The myths also lead to a fear and disapproval of older people, further reducing their status and authority within society (Lasch, 1978).

Reality on Retirement

On reaching sixty-five, the majority of older people find themselves without the responsibilities of children or paid employment. Most older people

enjoy relatively good health, and (have) undeveloped talents and a willingness to learn sleeps within them. Although they are able to divide their time between hobbies, visits, holidays and everyday tasks they sometimes feel strangely empty and useless. . . . They willingly carry out tasks given to them as grandparents, but these mostly occupy only weekends. They search for fresh tasks. (Diessenbacher, 1988, p. 53)

Their world is a world of extensive free time with few defined expectations or responsibilities. "The retired person finds himself without a role which would justify his social future, and without an identity which would provide a concept of self which is tolerable to him and acceptable to others."

(Miller 1965, p. 78) Without examination, hours of free time can seem so exciting, but for those people who have depended on the expectations and responsibilities of work and family to structure their time and provide a purpose to their life, this time can be a burden (Hendricks & Hendricks, 1977).

People as they age retire into the background with youth being emphasized. No longer occupying the respected position held by the aging person in the past, the older person has no recognized function in our society. Retired with a great deal of time on their hands, many older people today have more time for leisure and less opportunities for productive contributions. A widely held presupposition that people have may have less to contribute as they age becomes the framework within which they operate: it can influence their perceptions of their worth and work to define and constrain older people. It often keeps older people from participating actively - as wage earners, volunteers and as neighbours. It leaves them uncertain of their role and function for the future.

In a recent work Erickson (1986) summarizes the position of older people in today's society:

The sense of community, the power to work together, with clear insight into our reasons for so working, is the first need of humanity. We need a clear insight into how the elders in our society can become more integral coworkers in community life. With the advent of technology and the impact of the values it represents, not only do elders no longer provide continuity, but they also find themselves out of step with their social milieu. Without the technical knowledge and scientific training of their children and grandchildren, the experiential knowledge they could convey often seems outdated, quaint. Feeling retired from society, unneeded, and unproductive, they cast about for some comfortable way to 'spend' their money and time in the

twenty years they have left. (p. 24)

For individuals growing older the possibility of maintaining an adequate range and skill of social behaviours is clearly affected by their social and physical environment (Atchley, 1977; Carson, 1975; Norris, 1985). While individuals owe it to themselves to be as healthy and as well functioning as possible, it does not rest with them entirely. The values, beliefs and norms within society contribute extensively to their options for developing and maintaining well-being.

B. EXPECTATIONS

Interactions with the Environment

An important point to consider is that the adjustments older people make to change are affected by their environment and by their perception of themselves in the environment. With aging, there may be a gradual shift in values and behaviours as people attempt to adapt to the physical, emotional and social changes affecting them. For example, the older woman whose physical mobility is slowed down by arthritis and is recently widowed must adjust to both the fact that she is unable to do simple chores with ease and that without a mate she feels awkward in the company of couples. If she joins a social group at the local community center so she can make new friends and get involved, but instead she is not allowed to voice or act on any of her ideas, this setting can reinforce feelings of uselessness. The day-to-day expectations of older people by family, friends, community workers may not support a positive adaptation to normal changes that occur with the aging process.

Some old people suffer painful physical distress and limitations, yet live happily because they are able to derive their self-respect from their social settings. Others with few physical or social losses inexplicably withdraw into themselves (Peck, 1968). We define ourselves through our relationship with the broader cultural and social framework, as well as with the reactions we receive from others in our everyday social interchanges and communications (Breytspraak, 1984; Norris, 1985). In essence, the quality of life and the positive or negative character of aging depends upon the interaction of the person and his physical, social and cultural environment (Phillibert, 1982; Rose, 1965).

The Relationship Between Expectations and Stereotypes

The expectations of children, students, workers, women and men and older people differ with their position. Throughout life we are often expected "to act our age" (Bengston, 1973). Children can run and play freely, but not adults. Middle aged people are expected to have an active sex life while older people are not. Middle aged people are expected to be productive, but older people are expected to retire from a productive lifestyle.

The stereotypes associated with aging suggest that as people retire there are fewer expectations or roles for them to fill (Bengston, 1985). This drop in expectations may place older people in a vulnerable position since the standards within society provide little structure for an older person's activities and roles. With few norms for older people's behavior, there is the suggestion that "their performance has little significance and that "society has little stake in their attitudes or behavior" (Rosow, 1973, p. 40).

With only a vague understanding regarding their role, older people are vulnerable to being influenced by the stereotypes about aging prevalent in society. It is a small step from the stereotypes about a group of people to expectancies regarding an individual member's behavior (Bengston, 1973). Stereotypes and social labels are simply summaries of cultural expectations (Rodin & Langer, 1980). Older people meet the cultural stereotypes of our society in their daily interactions with individuals, especially professionals, who often do not expect them to use their experience and skills in program settings.

Supporting Research

In a study of three populations (18, 40 and 65 years of age) where behavior and age of the target group were the independent variables, Rodin and Langer (1980) found that subjects, including the oldest group, evaluated the same behaviors more negatively as the age of the target groups increased. The study suggested "that old age per se carries with it enough negative expectations so that a behavior that is seen as normal in a young person may be seized upon when engaged in by an older person as confirmation of the stereotype and cloud the rest of the individual's behaviour" (p. 18).

In a second study, Rodin and Langer (1980) investigated the effects of expectations regarding the elderly on the demands that younger people were willing to make on them. "The results pointed to the kind (or lack) of treatment older people might get from health practitioners, and to the kind (or lack) of demands that society at large might make on them which may work

to lower their self-esteem and actually bring about performance decrements" (p. 20). Rodin and Langer believe that while stereotyping is harmful to all people, "it is particularly harmful for the aged because they are a highly vulnerable population due to increased incidence of significant life changes and environmental strains" (p. 21).

The Effects of Limited Expectations

The negative effects of not expecting older people to be capable, and excluding them from social processes include reduction in their self esteem, and their sense of control and the simultaneous creation of dependency. A person's sense of self or worth can be influenced by social labels and social expectations (Bengston, 1985). In instances where older people give up or are relieved of power they become vulnerable to increasing dependency (Clark, 1969). In fact the interactions between older people and professional staff within community institutions can create and sustain dependency in older people (Townsend, 1981). Seligman's (1976) work on "learned helplessness" and Wallston's (1983) research on "locus of control" strongly supports the notion that the expectations of program staff can have negative effects on the individual. Both suggest that being able to control the environment is learned as a result of successful attempts to influence events. Conversely, if persons are not allowed to affect the decisions made about them, they gradually withdraw from the process and accept they are not capable of being involved. By degrees, they slowly give their ability to control or determine events over to others in authority, becoming increasingly dependent.

The self-fulfilling prophecy

In researching an individual's ability to control his/her environment Rodin and Langer (1980) found that "as self esteem decreases, belief in one's ability to exercise control over the environment also declines" (p. 13). For example, if significant people in the lives of older adults act towards them as if they were incapable of maintaining independence, those older adults are likely to develop a view of themselves as dependent and act accordingly, thus reinforcing the views of the significant others. It becomes a self-fulfilling prophecy.

This concept of self-fulfilling prophecy refers to the "social force of expectations" a term developed by Rosenthal and Jacobsen (1968). Their research involved one group of teachers who were told their students were unusual and talented, consequently they expected them to perform at a high level. The second group of teachers were told that their students were limited and slow learners and they expected them to perform at a limited level. Each group of students had the same actual abilities but performed at the level expected of them.

Expectations based on the label senility, for example, may have a great impact on the way old people and those approaching old age view themselves. Every time a mistake is made or a thought is forgotten, older people may question whether their mental capacities are diminishing (Langer, 1980, p. 15).

The Effect of Positive Expectations

In social programs, if individuals are given certain roles of expected behaviour, with time they will conform. Since our society has developed labels that create certain sets of negative expectations with regard to aging, it is likely that some people will act in a manner that is consistent with these labels.

Building on the "labeling theory" from community psychiatry, Bengston (1973) has developed a theory known as the 'Social Reconstruction Syndrome'. He uses as the foundation the belief that our sense of self, or self identity depends in part on the way we perform in our everyday social positions and the way others react to us.

If older people are expected to be capable and make decisions, they behave in this manner. This builds confidence in their own skills and enhances their coping abilities. Their sense of self is strengthened, they contribute to decisions which in turn builds their confidence and capabilities (Bengston, 1973, p. 49)

Langer and Rodin (1976) showed that when even relatively debilitated nursing home residents were given the opportunity to make decisions and to feel increased responsibility, thus potentially reducing their negative self-labeling, they became more involved, active and self-initiating.

In summary, in our society we have forgotten that "old people are people" before and above anything else.

Our expectations that older people are different is so strong that it is annoying to be told, and difficult to believe, that they behave very much as other human beings under similar conditions and in similar cultural contexts. We don't need special "old people theory" to understand what old people do and feel. We apparently do need a great deal of evidence to

persuade ourselves that old people are people, and to understand how the same cultural compensations or constraints that affect all humans shape what it means to be an old person in various social settings (Keith, 1982, p. 2).

The next section will examine the cultural constraints and compensations found specifically within social networks.

SECTION II - SOCIAL RELATIONSHIPS - WELLBEING

Social networks are an important aspect of the social context of older people's lives. This section explores the role social networks play in supporting or regulating their behaviour.

Social Support Theory

The relationship of social variables to wellbeing has received extensive attention over the last few decades by social epidemiologists, medical sociologists and psychologists. They have studied, for example, social relationships and their influence on the reduction of stress, mental illness, physical functioning, and life satisfaction.

This section focuses on the reciprocal aspects of relationships, the importance of reciprocity to the wellbeing of older people, and the role the environment plays in supporting reciprocal interactions. The major benefits from social support, lie in the quality, the mutual sharing in friendships, not the quantity of relationships. Reduced psychological wellbeing of old age often occurs when the relationships within an individual's support system lack opportunities for reciprocity. Mutual supportive transactions are of overriding importance in promoting autonomy and well-being (Wentowski, 1981).

It is understood that there are many elements influencing the development of an individual's social network. There are personal factors such as an outgoing lifestyle, which can help a person make friends in comparison to the quiet, shy lifestyle (Tolsdorf, 1976) Social support networks evolve over time. Many network connections are established and maintained through social roles (i.e., employment, marriage, parenthood, organizational membership). As well life events such as separation, divorce, death, and loss of job can interfere with social relationships. The early stages of life are a time for acquiring of social roles while the later stages of life are a time of loss and changes in social roles. Opportunities need to be present for the development of new roles and new social relationships.

Social Support Contributes to Wellbeing

A sociological view of the social support process defines a link between role involvement and health. According to this view, role relationships provide a set of identities, a source of positive self-evaluation and the basis for a sense of control and mastery. Health is enhanced because role involvement gives meaning and purpose to one's life, and hence reduces the likelihood of anxiety and hopelessness (Cohen & Syme, 1985).

The Alameda County Study, a nine year mortality study, found that people who lacked community and social ties were more likely to die in the follow up period than those with more extensive contacts. There is a general consensus that people who lack social connections are vulnerable to the stresses of life such as disease, mobility, bereavement and forced relocation

(Syme & Berkman, 1979)

Many studies have focused on the impact of social networks and social support on health. There is now general agreement that individuals with greater amounts of social support enjoy better health than persons with little support. Researchers state that social networks and social support (1) contribute instrumental and expressive support (Cantor, 1979), (2) contribute to life satisfaction (Cobb, 1976), (3) improve physical and psychosocial functioning (Stein, 1982), (4) buffer the effects of stressful life events, poor health, (Lin, Woelfel, & Light, 1985, Cohen, Teresi, & Holmes, 1985,), (5) improve mental health overtime (Williams, Ware, & Donald, 1981). Wan (1982) concluded that social support provides the context that mediates the health effects of major life stressors. As well, research by Antonovsky(1979) found that social support may influence health status by providing individuals through support to feel they have a sense of control: the less supported - the less sense of control. "It is apparent that important social conditions facilitate functional ability and independence and in fact may make significant contributions to the health and well-being of the elderly" (Berkman, 1983, p. 743).

One strategy often recommended for older people is to strengthen and enhance their social support systems to promote physical and emotional wellbeing. Friendships are important to the psychological and social well being of older adults (Atchley, 1977; Rosow, 1967). Older people can find acceptance, support and companionship which are important to their sense of worth in friendships that involve exchanges among equals. Social contexts and relationships that do not, however, provide opportunities

for mutual interaction or assist with an individual's adaptation or adjustments to aging may not support wellbeing. Social activity in itself is not necessarily positive.

Researchers caution that social support and social networks are not interchangeable terms, but that each has a specific meaning. The social network is a broader category that encompasses social support, but it includes a variety of measures of social interaction that do not necessarily imply benefits to the recipient i.e., density, size, etc. (Cohen, Teresi, & Holmes, 1985, p. 303).

Social Network Defined

A person's social network is that set of personal contacts through which the individual maintains his social identity and receives emotional support, material aid, services, information and new social contacts. This can include friends, neighbors, family relatives, and professionals (Pilsuk & Minkler, 1980).

Social networks refer to a set of relationships among individuals with a number of distinguishing features: (i) the connections i.e., size and density; (ii) the nature of the relationships themselves such as frequency of interaction and reciprocity; (iii) the functions provided by network members including affective support (caring, love), instrumental support, development of new social contacts, and maintenance of social identity (Israel, 1984, p. 66).

The basic types of interpersonal exchanges that occur among network members are: (1) social companionship (joint participation in

recreational and social activities), (2) emotional support (the approval and esteem to or provided by another person and the mutual provision of a "climate of understanding"), (3) guidance and advice (the reciprocal clarification of expectations, access to information and the mutual provision of role models for specific learning activities), (4) material aid and services, (5) social regulation (the expectation of and support for the maintenance of daily routines and interactions and the reaffirmation of an individual's role obligations) (Mitchell & Trickett, 1980).

Social networks act as mediators of social support, and specific environmental factors promote the creation of networks, such as the influence of the family and its social connection to the community, the social environment and its influence on friendship formation and social participation as well as the nature of the community and the individual's ability to participate in community process. "What remains uninvestigated is a framework for specifying community parameters that might affect various kinds of social networks which, in turn, may influence the individual's experience of community" (Moos & Mitchell, 1982).

Networks describe social relationships, some or all of which may or may not provide social support. Minkler (1985) cautions that there are many variables affecting the wellbeing of individuals, with social support being but one. She also suggests that social networks in themselves do not always support wellbeing.

Social Support Defined

Kahn (1979) related social support to a convoy using this metaphor to

describe an individual moving through life surrounded by a set of others to whom he or she relates to through giving and receiving support. As we age, he believes, we add or subtract from our convoy through death, changes in work and family life and geographic moves. Our potential for social support varies over time. Cohen, Teresi, & Holmes (1985) describe social support as exchanges between individuals that are perceived to benefit the recipient.

Social support refers to four broad classes of supportive behaviour or acts that provide: (1) emotional support (affect, esteem, concern); (2) appraisal support (feedback, affirmation); (3) informational support (suggestion, advice, information); and (4) instrumental support (aid in labor, money, time) (Israel, 1985). To classify social interaction as giving support it must provide emotional closeness or the presence of a person in whom one can confide, reciprocity and moral support, caring and love.

Exchange In Relationships

It is the reciprocal nature of the social exchange process that determines the type of relationships that develop between individuals. A lack of balance between support provided and received is one important negative effect of the support network (Coe, Wolinsky, Miller, & Prendergrast, 1984; Kahn & Antonucci, 1980; Lowenthal & Haven, 1968)

People feel a need to give as well as take. Exchange theory outlines the importance of equity in relationships. This theory proposes that an equitable relationship exists when an individual perceives the gain to be equal for both their self and their partner and if they perceive that the gain is not equal they will experience distress (Blau, 1964; Homans, 1961).

Power

Powerlessness occurs when persons receive support that they cannot repay. Persons 'who do for others' set up a situation where the receivers are in debt to them. If they fail to repay the favour, providers can withhold the needed assistance or pressure them to defer to their wishes and comply with their requests in repayment for assistance provided. Four basic alternatives to powerlessness are to 1) provide service in return for service, 2) obtain benefits from other sources, 3) secure benefits by force, 4) to renounce need for benefits (Blau, 1964, p. 140).

Control

Control is the ability of individuals to have an impact on outcomes. Outcomes can be influenced through actions, decisions, or knowledge. Decisional control refers to the opportunity to choose among various courses of action or outcomes. In many transactions between professionals and older people, older people are viewed as passive participants who are expected to adopt the professional's definition of their problems, goals for interaction and program interests (Schorr & Rodin, 1982).

Negative Effects of Unequal Relationships

In a study of the patterns of exchange that exist between older adults and their friends using the concepts of equity theory, Roberto and Scott (1986) found that the older person who received more benefits than they were able to provide felt angry as they were not able to contribute as much

to the relationship.

In his discussion on power and aging, Dowd (1975) outlines the reduction of power and resources related to aging, which often leads to increased difficulty in maintaining balanced exchange relationships. He suggests that the inability to reciprocate undermines the older adult's sense of independence and self worth. The ability to "care about" is equally as important to the ability to take "care of" if the older person is to continue to grow.

Gratitude and the need for social approval operate to maintain social exchange. Mutual trust, along with the building of credits strengthen the social exchange process.When reciprocity ceases, a power imbalance is in effect. It is in the interest of older people to retain interdependence and mutual influence over resources so power is not an issue. Unequal exchange relationships are associated with increased psychological distress in older people (Levin, 1984, p. 28).

Social relationships that are unequal may make the older person's situation worse. Older people, like all people seek social emotional and material support, obligations develop and when not respected can exclude the person from future exchanges.

Emotional support given by friends in later life may be particularly important to those with a reduced sense of self who are susceptible to negative stereotypes of aging. Older people negotiate needs through social exchanges with their informal network. Issues of power and control are, however, inherent in social exchange. In order to support wellbeing, network resources, such as programs for older people, must offer opportunities for reciprocal interactions and allow participants to influence program outcomes. The next section will define more specifically the components

required for a program to support reciprocal relationships, and opportunities for older people to contribute their skills and experience to the process.

SECTION III - COMMUNITY PROGRAMS

This section discusses the potential of community programs to create an environment that will provide opportunities for older people to use their skills and abilities.

Background

The family has historically been thought of as the natural resource for social support, but with increasing mobility in society family life is changing. A number of studies have found that community and neighborhood centers are an important resource for the building of social networks and the possibility of social support (Cantor, 1979; Myeroff, 1978). Both of these researchers found that such centers can provide a rich resource to the extent that reciprocal, informal support systems can sustain the quality of life for older people. Known as mediating structures, they provide possibilities for social action on a scale that is open to individuals and opportunities for social and environmental support that can have a significant effect on our health (Levin & Idler, 1981). The role of mediating structures in the community is to offer supports and services to enable older people to access the community resources they need to live a quality of life. Levin and Idler (1981) believed that information and referral, individual advocacy, and peer support were critical "mediating" strategies' of these centers. Neighborhood centers can give quality of life to old age by being places

where older people can find meaning and role if the center represents a life world of shared values and purpose and provides opportunities for older people to utilize life experiences (Moody, 1988).

Key Elements to be Considered in Community Programs

Diminished control, perceived choice and opportunity for purposeful action, are not simply personal traits of older people but are to a substantial degree situationally determined. (Kalish, 1979; Rodin & Langer, 1980). The nature and structure of programs are important in whether they allow opportunities for control, choice and worthwhile activities. Programs for older people that value reciprocity, that involve older people in decision making, problem solving, and in program planning and implementation will benefit them.

Autonomy

"Autonomy, the state of being able to set and follow one's own rules, make your own choices", Grimley Evans (1984) feels is more useful than independence as a global objective for older people. The participation of older people in the identification of their interests and in being involved in developing programs preserve their sense of autonomy to a greater degree than does the conventional organization of programs. He believes that "the essence of aggravated aging is that environmental factors increase the morbidity of a group whose morbidity is expected to be high so that the effect of the environmental factors is overlooked."

Grimley Evans questions why when professional interventions with

older people are not considered effective the methods are not examined, noting that they are generally service based rather than oriented to the expressed interests of older people. He suggests that this approach is based on the negative stereotypes within society which determine the limited expectations of old people with regard to their capabilities.

Is it better to concentrate on individuals and on accommodating them to existing institutional arrangements or to concentrate on the social environments and on adapting them to the needs of individuals. Older people do not simply require attention or pampering, which fosters dependency, but rather increased opportunities for esteem-building and self control. This line of reasoning argues strongly for social change that provides opportunities for real control, not simply strategies that increase perceived control while options for actual control remain unavailable. Maddox, 1985, p. 1041)

We need to give more responsibility to the aged themselves, to enhance their own sense of competence. Recall that competence involves adequate performance, coping, and a feeling of efficacy, and that implied in this definition is doing what you want to do (Bengston, 1985, p. 73)

Participation

The objectives of actively involving older people in decisions about programs and policies are - to improve communication; to improve staff attitudes so that they are more sensitive to the older person's needs; to increase control by giving to older people a degree of power over social programs; and to improve program effectiveness by making services more accountable to older people (Fleisher, 1976).

Opportunities for older people to influence decisions about programs

and policies affecting their lives is important to their well being for various reasons. Opportunities to participate can: (1) reduce indifference, apathy and helplessness; (2) educate and socialize by allowing older persons the opportunity to gain practice in skills and use their experience; (3) increase consumers' feeling of productiveness, trust and confidence; and provide consumers with an opportunity to influence decisions that affect them.

Fleisher found that the effect of participation on the socialization of individuals was to increase their personal and political sense of competence, their knowledge of operations, and their image of themselves as leaders. It seems clear that participation by older people is a fragile process. Professionals, traditionally, have controlled the choice of programs and activities; this, combined with the vulnerability of many older people can contribute to unequal relationships which can limit progress. Clearly, as we learn more about consumer participation from these and other sources, we need to reflect upon the kinds of frameworks and models which would more fully involve older people in the process of change.

Leisure Activities

The present day focus on aging which encourages older people to remain healthy, active and independent has not confronted the views widely held by the larger society about old age which are demonstrated by the actual expectations professionals have for the older people with whom they work with in leisure and recreational programs.

Later life is accepted generally as a time for retirement, for letting go of the serious demands of life in favor of enjoyment and leisure. But what is

leisure and what is the purpose of the free time made available in this stage of life? The expansion of empty time in later years of life can be a problem for older people. This empty time can pose a problem when the person is detached from any larger purpose as life can lose its meaning. Much of what passes for leisure time presents itself as purely private entertainment: a time for distraction. Older people are often encouraged to bury themselves in private pleasures or empty activities to fill their large amounts of free time. For example in many senior centers and community organizations a common belief is that older people must be engaged in activities. Much of this activity does not have a purpose or creative possibilities. Vigorous activity and sustained meaning are not the same thing. In fact, frenzy of activity can simply mask an emptiness of shared meaning. This perhaps is the reason why so many activity programs at senior centers seem hollow, as if participants are merely going through motions that have lost their purpose (Moody, 1988).

If leisure programs are to provide a new role, the retired person must engage in activities that are appropriate in terms of their cultural values and will support his social identity and his concept of self (Miller, 1965). Cavan (1962) put it well when he stated that "To make a career of recreation, hobbies and the like, goes against deeply instilled values in older people, as work remains the basis of social identity" (p. 529).

"Leisure can provide older people with a meaningful social audience, a frame of reference, and a range of participation which will help them to develop a new identity, role and self-concept if the activity has meaning and is generally respected by others" (Miller, p. 83). He also notes that the

same activity that is engaged in by both an employed person and an unemployed person can be perceived differently. For the employed person the activity is viewed as recreation whereas for the retired person the activity is seen as occupying time. Play is something children do and is not considered worthwhile adult activity. Leisure activity must be legitimate in the eyes of the older person in terms of traditional and contemporary values which do not only apply to the older population but to the population as a whole. In his research, Miller (1965) found the "retired leisure participant" to be in a unique position not only of having to find an activity in which to participate but once having found such an activity, if he wishes to reduce his social loss, also of establishing a meaningful rationale for participating in that activity at all" (p. 84).

Program Activities

For researchers studying older people, what is expected of them in their social environment may be more relevant than their age per se. For example, an eighty five year old person who is expected to be active, capable and creative within a social setting, such as a seniors' program, will participate, whereas a sixty five year old who is expected to sit and be directed may appear passive and uncreative because that is what is expected to belong to the group, the other choice for this person is to not belong.

Programs reflect definite values and assumptions toward older people and their capabilities. The method and activities may express the underlying philosophy that older people are unique and have a creative

potential to contribute to their neighbourhood and the larger community or that they are frail, tired and require direction.

The program environment may or may not be conducive to the growth of both the individual and the group. Do the activities encourage participation by all members? For example, group discussions allow for a continuous transfer of information between members bringing them in close relation to one another, whereas lectures expect that people will sit and listen to the expert. Tasks, such as fund raising, publicity, and outreach, become another means by which participants can work collectively.

Do all decisions, from the choice of activity programs to the methods for fundraising, involve the participants; are all members encouraged to contribute their ideas and assistance? Do they work together with staff to solve problems, discuss issues and make decisions?

The types of program that will do this need to provide opportunities for participation, reciprocal actions, and cooperative problem-solving in which networks are enhanced as a by product and involve interacting networks i.e., communities. Professionals should aim toward facilitating participant interactions which emphasize mutual exchange and mutual problem solving. The professional can be in control and create dependency within the lay system or share control as a facilitator. The professional must emphasize the "co-learner" role as older people from their previous experiences expect professionals to be in control of decisions while they act as recipients (Israel, 1984, p. 196).

In the Personal Growth Model, Kalish (1979) proposes that the later years be viewed as a period of personal growth; for many older people their responsibilities are not as restricting, they no longer need to be confined by what others think of them, they have tremendous discretionary time. He

would develop programs on the basis that "we approach older persons with the expectation that they have the potential for growth and that our tasks as professionals is to facilitate this growth" (p. 402).

A Specific Example

Mutual aid groups are a specific example of programs that are built on the understanding of the importance of reciprocity, autonomy and participation (Levin & Idler, 1981). They provide as a by product opportunities to build social networks. "This is in contrast to the sharply differentiated roles of provider and consumer in the professional service domain" (Levin & Idler, 1981, p. 170). The key elements of mutual aid groups are active participation by all members, and recognition by members of each others experiences and skills. In placing value on each person's own knowledge and ability to contribute, there is no expert to depend on for direction or who controls the decisions being made (Haber, 1983; Morrow-Howell & Ozawa, 1987; Pillisuk & Minkler, 1980). "These groups testify to the usefulness of mutuality, and the power of the collective action to meet both individual and social health needs" (Levin & Idler, 1983, p. 196).

Mutual aid and self help programs model an approach that professionals working with older people can learn from if they are committed to supporting the development of mutual relationships. This model emphasizes how viewing the older person as capable, allows them to assume major responsibilities, and share in the decision making process is important to their wellbeing. In mutual aid programs professionals are willing to learn from participants. Older people must be allowed to be involved in

the planning and implementation of program elements as participation is key to people feeling in control and having a sense of power.

Summary

We have been looking at the slow but steady growth in awareness among epidemiologists of the importance of groups they call mediating structures and their function in developing social networks and providing social support. Often the literature emphasizes social support in terms of family and friends and overlooks the role the community institutions (church, community or senior centers) have to play in providing opportunities for reciprocal relationships and the development of new social ties. The literature suggests programs must go beyond focusing on the importance of informal supports to the older person as we may tend to see only how social support contributes to the older individual, which can lead us to focusing on them in terms of their needs and dependencies rather than on their ability to be productive and contribute. In doing this we may miss seeing older people as contributing but only see them as requiring help. Social relationships then that are mutual in nature are important in preserving feelings of power and worth, and act as buffers against aging-related stresses.

CHAPTER 3

Methodology and Data

Methodology

In this paper, the specific environment of seniors' programs and how the social interactions influence older people is studied. The environment is examined for levels of participation, power within relationships, opportunities for control and autonomy. The expectations of the organization and of the staff within the organization in regards to older people is also observed.

Research Design

In attempting to decide on the method of inquiry that would capture the essence of the social environment of programs, various quantitative and qualitative methods were examined.

As the process within programs is what is being researched, methods which describe the structures and dynamics of the process are essential. In order to do this, the following questions need to be addressed. Are the processes within the programs in centers passive or interactive and who is in control? Do members have opportunities to participate and is there a building of social connections? Is mutual exchange and reciprocity promoted and is the group open to new members? Do the older members take on increasing responsibility for program implementation? Is the program reaching out into the community and meeting identified needs? A detailed description of the program operations, the formal and informal activities, the unexpected and expected outcomes needs to be included.

Program participants, staff and older people who do not attend need to be interviewed.

The experimental model which needs to control conditions in order to organize the data into set categories for statistical analysis would not expand our understanding of the situation and circumstances that are relevant to the process and within which the process operates.

Pretest/posttest of certain activities, such as level of activation, could be used to assess whether that activity was useful, but this would not assess whether the program as a whole worked.

The ultimate aim of the research is to present the participant's experience in the program as it appears to them. To experience the world from the inside, the tools and techniques of participant observation and of key-informant interviewing are used. Focused interviews emphasizing open ended rather than closed style of question are used. In this research we are not entering one world, but several - the world of the participants, of the paid professionals and of the administrators. This form of study attempts to outline the deeper and more complex world of social relations and the process within which these relations take place.

Portraiture

Sara Lawrence Lightfoot has developed a "person centered ethnography" she calls Portraiture. In *"The Good High School: Portraits of Character and Culture"* she describes this qualitative method. As a social scientist Lightfoot states she wanted "to develop a form of inquiry that would embrace many of the descriptive, aesthetic, and experiential dimensions that

she had known as the artist's subject; that would combine science and art; that would be concerned with composition and design as well as description; that would depict motion and stopped time, history and anticipated future" (p. 14). Portraits allowed her to "enter into relationships with my 'subjects' that had the qualities of empathetic regard, full and critical attention, and a discerning gaze. The encounters, carefully developed, would allow me to reveal the underside, the rough edges, the dimensions that often go unrecognized by the subjects themselves"(p. 6). Portraiture, according to Lightfoot is a particular form of work in which scenes of everyday life are described. The methods are shaped by observations and experience, allowing descriptions to be sharp, deep and personal. They document the subtle exchanges and details that tell a great deal to the larger picture. Lightfoot says "environment and processes should be examined from the outsider's more distant perspective and insider's immediate subjective view" (p. 13).

She writes that her notion of social science "portraiture" was greatly influenced by the work of three scholars who share an interest in the interpretive character of social inquiry, the integration of art and science, and the use of personal knowledge and interpersonal exchange in qualitative research. The three are Clifford Geertz, "The Interpretation of Culture" Michael Polanyi, "Personal Knowledge: Towards A Post-Critical Philosophy" and Elliot Eisner, "The Educational Imagination: On the Design and Evaluation of School Programs." As qualitative researchers, they argue that there is personal participation of the knower in all acts of understanding. Geertz (1983) contends that "doing ethnography is not a matter of methods

but a matter of cultural interpretation." He argues that many ethnographic classics have been produced by individuals with little formal training in ethnography. Their work was ethnographic because they were able to make sense out of the data from a cultural perspective. Fetterman (1982) stressed that ethnographic research must be guided by (1) the insider's viewpoint, (2) paying attention to the larger picture and to the interrelated nature of the minute to the whole cultural system, (3) a nonjudgmental orientation, and (4) placing the data in its own environment or context.

In an attempt to understand the nature and substance of community programs developed for senior citizens I have used this ethnographic method of inquiry. Although I have little formal training in ethnography, I have spent over three years observing the relationships of older people within neighbourhood programs, and this method of inquiry will allow me to use my observations, documented interviews and ethnographic descriptions to show broad patterns across a set of sites over time. The choice of programs was not done scientifically, but rather they are among a number of centers with which I have been involved for over three years. For this thesis, I have recorded personal conversations, group interviews, and observed interactions between staff and participants. I have kept notes on conversations of older people who choose not to participate in the local programs and observations of community workers regarding the programs. Portraits of three centers, from three different neighbourhoods and three different organizational structures would allow an indepth inquiry into the influence of the social environment of these programs on the opportunity for older people to contribute their ideas and skills. The portraits would attempt

to present the actions and behaviour of older people and staff in the centers, as well as the conditions that influence them. This could include how the personality and style of key individual's influence interactions, activities and daily experiences of people who spend time in the centers.

The portraits describe centers as cultural organizations and present the values that guide their structures and decision making. Within the portraits, the major issues that support or detract from the development of older people within three small communities are presented. Issues of power and control, availability of choices, opportunities for decision making and social interaction are examined. The portraits attempt to make sense of why the older people within the community function the way they do in relation to the various forces that try to shape and mold their activities within the centers. All programs are embedded in the context or environment of the center and the centers live within organizations that exist in the larger society. The three community centers chosen have active seniors' programs. Each one is different from the other: one program is within a neighborhood house, one program is within a recreational center and the third is a senior center attached to a recreational center.

The Data - The Portraits

Introduction to the Park Board

The Park Board has a mandate to ensure that recreational opportunities are available for people of all ages. In this capacity they in partnership with community associations operate the Hillside Recreation Center and the Harbourside Community Center. (Centertown, is a

neighbourhood house, and is operated by a non-profit society rather than the Park Board.)

Aware that it had not developed a policy that specifically addressed the role it should play in the provision of services for Seniors, the Board, on February 1st, 1982 established a Committee on Aging and Recreation. This committee, made up of interested individuals representing a cross section of the community, was given the mandate to prepare a policy document. This document would outline the Board's role in providing services to retired persons.

The preamble to the report, distributed July 15, 1982, summarizes the philosophy and actions of the new policy:

The recommendation when implemented, will provide the basis on which services to Seniors can be organized, co-ordinated, and provided in lower mainland. More important it will be the vehicle that will aid a consistent and orderly development of recreational services for Seniors under the aegis of the Park Board. The result will be many more of lower mainland Seniors being able to actively participate in quality recreational activities. It will provide the opportunity for increased social interaction, skill learning, fitness programs, a range of cultural activities, and other programs. It will permit our older residents to opt for a range of experiences including participating in activities without having to worry about planning details through to complete involvement in the actual planning and implementation of the services. Program goal "that staff encourage and involve seniors in planning and operating their own programs" (p. 8)

1. Hillside Senior's Center

Community Characteristics

Amidst the treelined streets of affluent Hillside sprawls the Hillside

Recreational Complex; a recreational facility, containing a swimming pool, ice rink, gym, classrooms and the newly added wing - the senior centre.

Of the twelve thousand, three hundred and fifty -five people who live within the area which is four blocks wide by eight blocks long, 32%(3,940) are over 55 years of age, with 61% (2,395) of the over 55's being females. Over 35% of those persons over the age of 65 live alone. This neighbourhood has been proud of its white, Anglo Saxon traditions, and in 1986, 86% of residents claimed English as their first language with the second most common language spoken by a 5% minority being Chinese (Statistics Canada, 1986).

In the late 1950's and early 1960's family homes were replaced by three storey apartment buildings, mixed in with a small number of high rises. The area began to develop into a comfortable retirement village. For a person moving here, 'everything is within walking distance'; the bank, the pharmacy, the green grocer, the butcher, the beauty parlour and the clothing stores front the main thorough-fare.

Many of the residents knew one another having raised their children in the surrounding neighbourhoods. Upon retirement or the death of a spouse they sold their homes and moved to this village to rent an apartment, giving up the responsibilities of managing a large house to have the freedom to travel. In 1986, approximately 38% of the residents of Hillside rented their accommodation and; 32% of these tenants paid more than 30% of their gross income on the average rent of \$755 per month. Tenants are generally poorer than homeowners, and they generally pay more of their income towards shelter (Statistics Canada, 1986).

The proportion of retired people renting in the area has been declining as rental apartments are replaced by self owned condominiums. In 1988 and 1989 there has been a strong sale of older rental apartment properties, reflecting the fact that developers are assembling land to build luxury condominiums. As of August 1989, records from the city, show that 17 rental apartment buildings are scheduled to be demolished and replaced by 10 luxury condominium projects. It is projected that as many as 1000 tenants could be displaced in the next year. A large number of these tenants are over 55 years of age. They have lived in the neighbourhood for over five years, many for over thirty years. They now are forced to find new accommodation, as the rental stock is being diminished in this neighbourhood. They are being forced to move from their village to locations in other centers.

On the surface, residents in Hillside appear to be wealthy. According to Census Canada figures, the median household income was \$59,474 in 1986 compared to the city average of \$24,661. The average incomes of males was \$30,534, while the equivalent income for females was approximately half of that, at \$14,482. Contrary to popular belief, not everybody in Hillside is wealthy. While Hillside is generally considered an upper-middle class area, there are many on fixed incomes. Seniors, particularly older women are disproportionately represented in this group. They are also the same group of people who tend to be renters.

Background to the Senior's Center

The history of the senior center goes back to 1979, when a group of

community people met and talked about the fact that 33% of the population of Hillside was over the age of 65, yet there was no specific center or focal point for them in the community. All of the group knew older people, particularly women, who were lonely, with few friends and nothing much to do.

A newly retired social worker, Mary B., took up the challenge. She believed that the community needed a meeting place for older people. She envisioned a center in the neighborhood where older people could drop in, have a tea, a meal, make friends and contribute their talents. She investigated several possibilities, finally settling on the Hillside Recreation Center.

The center, at that time, was a place where a few older people came, attended a variety of classes and then went home. Mary B. decided to join the center, and run for election to the board in order to sell people on her idea. Mary B. had the ability to gently enlist people, and before long she had a small band of supporters who over the next six years worked with her to accomplish her dream. It was not easy convincing the Hillside Recreation Center Board, then the Park Board staff and their administrators to accept her idea. Organizing the capital funds of over a million dollars was the second hurdle which this small group raised from Park Board, the City of lower mainland, the Provincial and Federal governments.

This process looks simple on paper, but it took five years and hours and hours of meetings in order to attempt to cut the bureaucratic tape of the various government organizations. Once the land and funds were organized, then came the construction and furnishing of the building. While

a couple of seniors supervised the construction site daily, the others with the assistance of staff worked to raise the \$100,000.00 required to furnish the center.

The Building

A modern, architecturally designed building of glass and wood. The entrance of the building leads into a large space that contains a formal reception desk and a coffee nook. This area flows into a comfortably furnished lounge which is shaped by the fireplace and an atrium filled with plants. To the west is a large, airy room with floor to ceiling windows that open onto the terrace and park. This room is attached to a large, well equipped kitchen, and acts as a dining room at noon, a banquet room in the evening and during the day is partitioned into small classrooms. At the east end of the center, there is a billiards room, an arts and crafts room and a small meeting room. The physical space is tastefully decorated, open and spacious.

The Social Environment

The exciting day arrived and on December 8, 1986, the center was officially opened for business. Within a few months of operating, however, it became clear that there were problems that needed to be worked on for the life in the center to happen as envisioned ten years earlier. The number of members was growing and although some members were willing to assist with specific tasks, few were participating in the major decisions being made. The staff and active seniors met with a facilitator for a day to

brainstorm the difference between the dream and reality. Why were the older people not getting involved?

As staff and active members studied the problem they came two conclusions; all of their energies, for the past six years, had been directed at erecting and furnishing the building with little thought of the actual operations of the center and in the past staff, board members and participants had expected the role of staff was to make all the decisions and set all of the programs. The older people as they lobbied for land and funds made choices and decisions and they expected this level of control and decision making to be respected in the operation of the center. However, now, the staff controlled all the decisions in the planning and operation of the center. A subcommittee of the society board, led by two older people who had participated in the development of the center studied this issue and proposed they hire a person to work with them to assess their relationship to staff. The staff, the administrator and the seniors' programmer, felt that the relationships and expectations of staff and participants should be set out in an organizational chart. The functions of the center should be the responsibility of committees made up of volunteers with input from the seniors' programmer. Board members and the older people believed that the seniors needed someone to work with them to assist them to organize themselves into working groups that would take on different responsibilities within the center, for example, the craft shop, the dining room, program development and outreach. They received funds to hire a person to work with them for the year 1988 - 1989.

The Organizational Chart

Today, there is a six page draft outlining the goals, and objectives for the various committees and their functions and relationships in the Community Center Board and the Park Board (see Appendix A).

Hillside Senior's Center operates under a joint agreement between the Hillside Recreation Centre Society and Park Board. The Society's board of directors is made up of 26 interested citizens, who may or may not use the facility, in fact half of the board are community minded people who offer their skills to the management of the center but who never use the center themselves. At monthly board meetings these citizens set and revise the policy and direct the actions of the Society. The Society is financed by memberships, course fees and fund-raising events and uses its resources to supplement the services provided by Park Board. For example, it employs a cook, handyman and night security person to work in the senior center. The Park Board is responsible for the management of parks and recreation facilities. This agency would take on the responsibility for the costs of operating the center (maintenance, personnel, utilities, phone, and equipment replacement).

Today, the Seniors' Centre has an Operational Committee made up on an executive, representatives of all committees: Program, Finance, House, Membership, Volunteer, Outreach and Communications. The Operational Committee is part of the Board of the Hillside Recreation centre society. The Board recognizes that the Operational committee represents the Senior Members of the Society and it is through this committee that approval is obtained for program, equipment, personnel and other needs. The Seniors Operational Committee receives its mandate and is directly accountable to the Hillside Community Centre society.

The Seniors Operational Committee has defined as its purpose: "To serve the needs of seniors in the community" and has developed objectives that include serving as a focal point in the community where members can enjoy physical, mental and social activities, and come together in an atmosphere which encourages involvement and promotes a spirit of partnership with staff and community workers and advocate on

behalf of the interests of seniors.

The Center

On coming to the center three years after its opening what would a newcomer find? An older person could walk through the center and not see anyone except for the woman at the front desk. Many people are often in classrooms and the staff are in their offices.

Recently walking through the center on the way to meet a friend, I smiled and greeted a pleasant woman in her early seventies sitting alone, drinking tea. I stopped and asked her how she finds the center. She described it as cold and unfriendly, saying that I was the first person who had ever spoken to her. She had come to the center several times in the last month, but had been unable to make any connections with the people here. She said "the people who come to the center know everyone and seem to be uninterested in new people." This theme was repeated by many individuals interviewed in focused interviews over the next three months.

In the center, there were basically two factions among the participants. There was the group who did as they were told and accepted what was offered and those who believed that the center they worked hard for was theirs and who wanted to be involved in the decisions being made. The third group was the large number who do not come.

The Senior's wing was viewed as separate from the rest of the center, by both older people and staff. There was little mixing or mingling with the children or younger adults who come to the Hillside Recreation Center Complex.

In observing the participants at the center and in discussing the center

with older people who attended regularly, the atmosphere could be described as one of conflict and tension with backbiting and personal criticism between participants being the norm. People said they don't know what is expected of them, and that there was no recognition of work done by volunteers. One older woman described the center as having "underground control" expanding by saying that "gossiping and vicious talk created a negative atmosphere". Several long-time members worried that many people were withdrawing and the number of older people attending the center was dropping off. They noted that the most popular programs were the bus trips which people could sign up for, go on and avoid the conflict within the center. The person in the center of the debate was the seniors' programmer whom we have named Florence.

The Relationship Between Staff and Participants

The Park Board paid the salary of the seniors' programmer who reported to the Coordinator of the Community Center complex. Similar to other agencies, there is a chain of authority with rules and authority coming from head office, to the area supervisor, to the Coordinator of the complex. The coordinator of the complex is a man we have named George who took over the management of this facility in 1988. An approachable, pleasant man, he believed that staff in community centers should take their direction from the board and committee members. He thought that the role of employees was to carry out the day to day operations of the center as set out by the active participants. On observing him around the center, his style was to listen, clarify request, and then set the limitations of available staff and

proceed with directions received by the board. He worked extensively with his staff, setting out his expectations of their roles and responsibilities clearly. On taking on the direction of this center, he was confronted with a large challenge: little volunteer input by board or committee members, an increasing demand for more staff and a worry that few community members wanted to sit on the board or the committees. A less apparent challenge was the way, the seniors' programmer, Florence, belittled him among the members. Several members remarked on how she quietly blamed George for everything that went wrong in the center, from the late delivery of video equipment to the lack of volunteers. She always implied that although George appears pleasant, he did not want to come to this center and does not like older people. Her followers believe her and continually find fault with him.

Florence, a small, wiry, brusque, woman, was described by a woman active in the center as a person who "likes those she likes and dislikes anyone who questions her." She had worked in this position at the center for fifteen years. She had no formal training, but had worked for many years both here and in Ontario, at a variety of jobs in the catering and recreation field. She had energy, was hard working and was at her best when directing others in a task. She often organized and put on dinners for over three hundred people almost single handedly. At one point she said "her whole life has been committed to working for people." She likes to direct people, care for them and did so with a thoroughness to detail. She seemed happy when she was in control; telling people what to do. Her supporters at the center admired her for the above qualities saying "She organizes the bus

trips, the lunches and the classes and all we have to do is come and take part. She decides on what should go into the newsletter and sees that it is typed and run off. She needs little assistance as she is so fast and capable."

She was described by some people as "well-meaning, wanting to do a good job, but to her a good job is doing everything herself." She worked hard to see that the seniors' center became a reality, organizing bazaars, teas, other fundraising events.

The other half of the older people interviewed described her as a "bully" who had not grown with the job. "She treats her friends well but ignores those whom she does not like." They felt that she burdened members with her worries, telling them of family and financial problems. Several women spoke of being afraid of her. A typical comment was "I don't like approaching her as I never know her reaction." Another woman remarked "last week, she yelled at me, 'what do you want, you can see I have only two hands and two feet I can't do anymore.'" "At other times she can be nice as pie." It was apparent that Florence has a strong personality, with definite likes and dislikes. She was observed speaking harshly to her volunteers, shouting at members who annoyed her. She had many rules, and used a number of tactics to control participants.

Florence, in a focused interview, responded to the question regarding her perception of her job with exasperation. She stated: "I am responsible for everything that happens in the seniors' program. I have to develop and run the programs, organize the physical set up, meet with the administrator and the various subcommittees weekly." She believed that the Park Board expected the center to run programs that paid for themselves and brought in

a large number of people to the center. The number of participants was a sign of success. In asking how the older people could help her, she responded that "older people were not reliable or interested in doing chores around the center." In asking her if older people could assist with running programs, she said, "they do not have the skills required". She believed that the members of the program committees did not understand the "overall picture" of the center; their role as a committee was to give her ideas that she would take into consideration if she felt they were feasible. She said "the center needs to hire at least one if not two more staff to assist me to run the center". On asking her about her relationship with the members she said "I know I get mad and blow up at times. Who wouldn't having to deal with seniors all the time."

The Committee chairs said that the Senior's programmer did not share information or decisions with participants of the center, or committee members. For example, there was a program committee but she made all of the program decisions, and then asked the committee to rubber stamp her decisions. The members suggested new activities for the center that they would like to organize and implement themselves, such as a member run discussion group, a gourmet supper club, and a writers' club, but they were not supported by Florence.

Several committees had chairs with no members; a general feeling of what are we going to do was expressed by the chairmen. There was a sense of helplessness.

The chair of the operations committee had just resigned on the basis that neither she nor the members could make any decisions. "You have to

ask everyone before anything can be done." "I, as the chair, could not make a decision and act on it, and if I did I was subject to many criticisms.

Everything must be cleared with the programmer and even when she does agree, nothing happens. For example, I am also a member of the outreach committee and we requested a 'get acquainted table' for the dining room.

We all agreed this was a must but we had no authority to go ahead and arrange for this to happen. First we had to take the request to the operations committee where it was discussed at length and given final approval. Staff were told to arrange for a table, as we on the outreach committee had agreed to man it. However the table was never set up, and we never heard back from the staff. We, as members, become frustrated as we constantly are up against a brick wall. A year ago, I agreed to chair the operations committee believing maybe I could help change things, but there was such infighting, and criticism, and I had no authority to proceed on the members wishes. I started waking in the night, I decided it was too much, so I quit as chair last week after ten months."

The chair of the program committee had also recently quit, saying "I wanted to contribute to the center but Florence makes all the decisions, telling me what to do, how to do it. The tension is difficult, many good volunteers are leaving." "If Florence had been a little nicer to me when I was doing the job I may have continued. She makes all decisions about program, everything that happens comes from her. If I had any ideas for the center she put me down." She says "I have been at the center two years. When I came to the center, I wanted to get involved, to use my energies, so I joined the program committee. However neither I or the members of the

program committee can make any decisions about program, so I feel like I am wasting my time."

There were a number of participants who wanted a change, but were afraid to speak up. Many of them cited how the atmosphere at the center improved when she was away for six weeks this year; "people spoke up, and the operations committee had full attendance. Since she has returned half of the members of the operations committee are not coming, those who attend look to her before speaking. There are women on the operations committee who are described as "being in her camp" as they look to her for direction and approval."

Florence was often heard to protest that she had to do everything and argued that older people, now that they have retired liked to be waited on. She complained that there are no volunteers for any committees - "older people are not willing to do their share, they believe that there should be enough staff to run the center and to make the decisions." She gave as examples of the operations committee's low attendance, the low number of volunteers for the kitchen which necessitated the closing of the dining room for lunch two days /week to emphasize her point.

Recently when Florence was transferred to central office, two members of the line dancing program decided to continue with the dancing. They gave this example of how she had controlled the center. "For the past five years, Florence has made up the music, organized the dances, led the practices, discouraging us from taking any initiative or even allowing us to teach other interested seniors our routines. For this reason we asked her for some advice on how to continue our dancing classes while she was away.

Florence became upset and said to us 'are you trying to show that you can get along without me?' We said "no, but we want to keep on going and wonder if you will leave us the taped music?" She refused and so we went ahead and made up our own tapes. We are now leading the line dancing and teaching other older people from other centers how to do the same. We are having so much fun now that we are in charge; we have made our own music, and many new dances. We practice when we want, change the music, and even put on shows."

It seemed that Florence made all decisions in every area except in the craft shop where members do not like being told what to do. As the craft shop made \$500.00 each month for the center's Senior Fund, the members of this group believed she has had to allow them to make their own decisions. They said that she does not interfere directly, but tries to sabotage their activities by withholding assistance or interfering with their plans. They gave the example of their request for a new, larger display case which she would not assist in making the arrangements for purchase through Park Board, first it was the size she objected to and then it was the colour, it took months before they were able to obtain a new one.

Doris, one of the leaders of this group remarked that "Since we reorganized the craft shop last year, we have increased in size from six to twenty members who not only make the items - sweaters, dolls, shopping bags, hats and gloves, but sell them. We all discuss what crafts sell best, and work together to purchase the supplies, and decide on the prices. We have complete freedom to run this shop the way we want. We are paid up members and should be able to do what we want."

Nonparticipant's Views of the Center

Regular members often remarked on how difficult it is to make new friends. Doris, who has attended the center for eight years, said "I have made my closest friends through working on the various committees and in the craft shop. In the craft shop we work together, decide what crafts to make, what supplies we need and set about producing items for sale. In working together as equals, we have become close friends and do things together outside the center."

A number of people who had attended the center previously but do not attend now, cited the main reason as the unwelcoming atmosphere. The center was described as unfriendly; with people depicting the individuals at the front desk as 'grumpy' and the participants formed into 'cliques'. Others did not like being told what to do, saying "we are treated like children". People gave the example of taking classes on a regular basis over a number of years and never being able to make a friend. "You can go to the center, take a class with the same group, week after week, and never go beyond the acquaintance stage." Some people spoke of the effort it takes to come out to a new program in the first place, to a center where you know no one and then to have no one at the center speak to you.

A number of older people I spoke to in the neighbourhood never went to the center, enumerating reasons such as - the activities are not interesting or relevant, people are treated like children, and there are few opportunities to debate or discuss topics of interest. In fact several years ago the center held a series of lectures weekly in the evening called 'Adventures of the

Mind' which were sold out each evening. Florence, apparently did not support the organizers attempts to set up a second series.

A community group of older people who were attempting to address the housing problem expressed concern at the lack of support by center staff for issues that concern older people. This group grew out of the feelings of helplessness that the demolition of apartments was creating for older tenants. They began meeting weekly at the center, Tuesday evenings for two hours. Florence, the senior programmer, continually questioned their presence in the center; each week she phoned the volunteer on the desk and questioned her about the meetings.

Finally the program committee, under Florence's direction, wrote the group a letter, telling them they would have to pay to use the space. Helen, one of the older woman from the group replied in writing to the operations committee. She requested that the group be considered part of the center which would include allowing them to use the center for their mailing address and to continue to meet on a weekly basis as they had no funds of their own. This letter became an order of business at the next senior center's operation committee meeting. Immediately Florence stated that "this group is impossible as it wants more and more time and consideration from the center and is not a paying program." The administrator suggested to the committee that what needed to be decided is whether this group of seniors is worth supporting. "Do they provide benefits to older people?" Several members confirmed that housing was a serious worry to older people in the neighbourhood and that this group, made up of older people, speaks up for older people to the city on the serious crisis in our neighbourhood. The other

members agreed that this group is really trying to do something constructive about a frightening situation. Florence continued to be opposed saying that "they are outsiders", "they are not part of the center." A member of the operations committee proposed that the center provide space and support for this group for the next year. After much debate and with the assistance of the administrator, the operations committee of the senior center decided to allow the group to stay and use the center for the next year. The members of the group do not feel, however, that they are welcomed as part of the center, but rather they are tolerated.

A second group of seniors from the center and the community who are interested in developing congregate housing started to meet at the center weekly, in the evening. Again, Florence protested. This time she won and the operations committee decided to charge this group a substantial monthly fee for meeting at the center. Consequently the congregate housing group were forced to go to another center in a different neighbourhood to meet. The second center, a non profit without city funding allowed the group to use their space at no cost.

The Participant's Vision for the Centre

On asking older people at this center, both individually and in groups what they wanted the senior center to be for them the consistent answer was a place in the neighbourhood where we can meet people, make friends, become involved in activities and have opportunities to contribute their ideas and skills.

Each time, in surveying groups of approximately fifteen older people

the following factors were agreed as important in defining quality of life for older people :

- (1) Involvement - being needed, having constructive things to do
- (2) Accessible, affordable housing
- (3) The limitations of living on a fixed income
- (4) Having a group of friends
- (5) Mobility - the ability to get about
- (6) Humor - opportunities to have fun, to laugh

The group listed the following as being the best aspects of being retired:

- (1) freedom to set one's own schedule
- (2) fewer pressures and responsibilities, i.e., work, children
- (3) opportunities to try new things - travel, write, draw
- (4) fewer rules and expectations

They described the difficult aspects of being retired as:

- (1) having hours of unorganized time
- (2) being unsure of what is expected; within families, within the community
- (3) feeling useless
- (4) the loss of friends from work

Seniors coming to the center had the choice of taking classes, sitting and reading, buying lunch or dropping in for a movie or a game of bridge. The official program for the center is organized and published four times a year and includes an extensive list of active and quiet games, arts and crafts and social entertainment. To assist in analyzing the programs at the center a framework developed by Kaplan (1953) in *A Social Program for Older People* was used. Activities basically fell into active games, quiet games

and entertainment.

1. Active games (tap dancing, exercises, line dancing, choir) made up 60% of listed classes.

2. Quiet games (bingo, shuffleboard, darts, scrabble, bridge and chess) made up fifteen percent of all programs. Program staff led 70% of these games, the rest are organized by members in the form of membership drop-in.

Member groups such as bridge, chess and shuffleboard have played together for years, and have been criticized for not welcoming newcomers.

3. Entertainment (bus trips, bingo, video movies and socials) make up another fifteen percent of overall program.

A weekly session in play reading provided opportunities for exploration of ideas, two activities each week provided opportunities for home talent - singing or dance, orchestra led by members.

The center, as described in the introduction, was originally conceived as being a place where seniors could meet, become involved and have their social, physical and emotional needs met. Approximately, 300 older people take part in the center's programs, a fair number of older people until you recall that 2,395 older people live in the immediate vicinity or approximately 12% of the population over 65 years.

2. Harbourside Community Center

Community Characteristics

The hilly slopes of Harbourside run along the shores of the inlet. The area, approximately 16 blocks square, has a view of the mountains and

sea, and is within walking distance of the beach. The neighbourhood, particularly in the summer, has the feeling of a summerside resort. Harbourside is an old and well established community and can be described as a basically middle class, residential neighbourhood.

Since the 1930's, Harbourside has had a large Greek community who operate many of the small businesses, green grocers and family restaurants, adding to the character of this neighbourhood.

Harbourside, according to long time residents always had community cohesion. Older members of the community who have lived here all their lives voice their love for the area, explaining it is a real neighbourhood that is alive with people.

The total population of Harbourside: 32,975; 5,850 (18.2%) are over the age of 55 years. Females outnumber males in this category and are most noticeable in the over 75 group, females 990 and males 465. In lower mainland 25.3% of the population is over 65 with twice as many women over 75 as men. Harbourside is a homogeneous population of English speaking people. Greeks are the largest ethnic group with 2.5%, followed by German 2.4%. In the general population of lower mainland 66% of people are English speaking with Chinese being the largest ethnic group at 14% of the population (Statistics Canada, 1986).

People express concern that this neighbourhood is in a state of transition. "Rich land developers" are an outside force which is beginning to have a powerful influence on this community. Every seniors group and almost every professional describe housing as a major concern for older people. Many older people have lived in the neighbourhood for years, they

are comfortable with the surroundings, know their neighbours and are on friendly terms with the staff in the stores etc. On a fixed income it is becoming increasingly difficult to stay in the area. Home owners have experienced a tremendous increase in taxes as their property value has doubled and tripled in paper value. Rents are doubling. If people sell their homes they may not be able to find anything they can rent and condominiums for sale, cost the value of their houses. They feel they are being forced out.

With 70% of Harbourside residents renting their dwellings in comparison to 58% for the city as large, the reduction of available rental stock causes uncertainty for tenants. Forty-three percent of people over the age of 65 live alone in Harbourside compared to 36% of older people in lower mainland. Although this data is not available, it is accepted that many tenants are single older woman living alone (Statistics Canada, 1986).

The average household income for Harbourside in 1981 was \$22,307 compared to the city average of \$24,856 but there is not available information on the income of people over 65.

The Community Center

This center was built in stages as the need for programs demanded. The physical environment is not welcoming. The entrance, off a side street, leads into an open lobby which has a partitioned off area that holds an office with an opening where you can speak to staff. The lobby is furnished in what appears to be old cast offs and although attempts have been made to encourage people to use this space as it contains chairs, couches and notice boards, rarely anyone sits down to read or visit. In over fifty hours of

observing at this center, people tended to come in, look around, ask a question of the staff person, read the bulletin boards, pick up a pamphlet, leave or go onto a class. The center is a hodge podge of rooms, with no sense of belonging or connectedness between them. People, within the center, tend to be going somewhere. Staff are generally teaching a class, on the way to a class or meeting, or in their offices. The hallways, like the entrance, are generally empty. Programs and classes take place behind closed doors.

This Centre is operated jointly by the Park Board and the Harbourside Community Centre Association. The residents of Harbourside show little interest in the operations of this center. The Harbourside Community Association is not very active. Eight of the twelve board of directors have been on the board uncontested for over seven years.

The building and capital expenses are the responsibility of the Park Board. They also provide the staff: one center coordinator, a recreation programmer, programmers for the ice rink, seniors and the gym. Without an active board or society, the staff basically set policy and operate the center with direction from the Park Board administration. The Park Board is responsible for capital and basic operating costs and consequently are interested in programs that pay for themselves and the number of people paying to attend the programs.

The focus of the center are the classes. The programs, historically are developed by staff for the various age groups and are generally taught by privately contracted instructors with their salaries coming directly from paid fees. If enough people attend the class to pay their salary the class goes on,

if not the class is cancelled. The center is open five days/week, throughout the day and evening and closed on weekends. There are classes for children through to seniors.

The Relationship Between Staff and Older Participants

The coordinator/administrator, whom we call Bob, was a tall, athletic man, who started work at the center in 1988. He came to the center with very definite ideas of what a recreational center should be. Community workers and seniors recalled him telling them that a community center should be what the name implies, a center for community activities. Although these activities will be primarily recreational, he defined recreation in broad social terms as leisure, the arts, social services and anything the community thought was recreation. He described a community center as a place in the neighbourhood where citizens would come and run their own programs. He challenged older people to come and use the space at the center to organize and run their own programs. The seniors related to me their debate with him over having a staff person assigned to work with them to develop programs. He argued that older people are active and capable and have no need for staff to work with them. Without consulting them, he withdrew the programmer assigned to work with them. The seniors who have been active in the center disagreed with him, arguing that they wanted to participate in the development and the implementation of programs but not be totally responsible for program implementation. They stated that they needed staff time (i) to draw upon the participants' skills and experience; (ii) to organize basic details, such as arranging the publicity, coordinating

the activities i.e., - who will be attending, collecting any fees, organizing the space; (iii) to coordinate the participants input i.e., making up schedules or roster with participants. They took their debate to the Board of Directors and the elected officials of the Park Board and after a year of lobbying a programmer was reassigned to work with them.

The administrator was observed to continually ignore what the older people were saying. For example, he had an idea for a theatre club which he presented to twenty-five seniors who participate in the weekly health group. He told them he could obtain free theatre, symphony and opera tickets and asked if the seniors would organize a group to attend these free evening performances. He proposed that the seniors meet at the centre and go together in the center's bus to the performance, after which the bus would return participants to their homes. The seniors were interested, made up a roster of participants which they gave to him. They never heard another word from him. The whole matter was dropped. When the older people eventually asked him about what had happened he gave them a long explanation about the tickets and the driver for the bus and how it never came together. On asking him about this event, he said that the idea just did not come together, shrugging it off.

On another occasion, he came to a group of seniors and asked them if they would be responsible for providing the lunch at the center's record sale. A group of them agreed to take on this task, if they could be in charge. They would provide the sandwiches, cookies, tea, etc, if they could use the profits for their group. The only request that they had of him was that he be responsible for having the refrigerator cleaned as it was filthy. He agreed.

On the day of the sale, the older woman brought their supplies to the kitchen. The refrigerator had not been cleaned. They cleaned it and sent him the bill.

The older people became increasingly disenchanted with his behaviour; his lack of follow-through and his talk. Eventually they complained to the center board who listened, but did not act on their complaints. He continued on in the center talking about the capability of older people but never responding directly to their concerns.

The Seniors' Programmer

In my observation, the seniors' programmer, a quiet, young man named Bill, was always pleasant with the older people but did not follow up on any of their suggestions. With a background in physical education and experience in fitness and exercise, he often seemed to be studying the older people at the center, trying to figure out how to engage with them. In fact, he occasionally gave the impression that he was not sure how to relate to them at all. He explained that neither his schooling nor his experience had prepared him for his new job. He thought that he was to work as the programmer for the ice rink, but instead was assigned to work as the seniors' programmer. His supervisor, Bob, did not think that older people needed anyone to work with them and neither he, nor anyone else on staff gave him any directions on how to work with older people. No courses were offered to him in order to expand his understanding.

In asking him to describe his impression of older people and their interests, he was unable to be specific in his response. He thought the older people who came to the center were pleasant, liked to exercise, go on bus

trips and attend the health program. He described his role as being responsible for organizing activities. He based his choice of activities on the ones that older people had historically come to as ones that he would consider a success. It never occurred to him that he could involve the participants in the development of the program, consequently he did not seek their input or even heed their unsolicited suggestions.

For example, participants had asked for two years about having line dancing at the center as this activity is popular at other centers. The seniors had gone and found out how it was organized in other places and felt that with some instruction and assistance putting together the music they could lead line dancing at the center. They gave this information to Bill. They hear nothing. In the fall they read in the Recreation Flyer a notice for line dancing at their center - 10 classes for \$25.00. They were not involved in the process, had not worked together to organize the instructor and did not know whether this was a short term plan where the instructor would instruct them so they could continue on teaching the classes themselves in the future. The fee upset them as other centers charge \$.25 each session.

The seniors I observed were consistently unsure of their role at the center, and of their relationship to the staff. The staff never followed-up on the members concerns or ideas, nor do they sit down and plan with the seniors, asking for their input or assistance as traditionally this has not been done in this center.

The Senior's Program

This community center, like all of the Park Board Community centres,

had since 1982 attempted to develop a specific program for older people. A specific staff person was assigned to this age group. Although over 5000 people over the age of 55 live in this neighbourhood, the center had approximately 50 to 60 older people regularly who made use of the centre. There was a great deal of interest expressed by the board of directors and the staff to have a thriving seniors' program.

Over the years, the Senior's program consisted of classes in water colours, silk handpainting, drawing and painting, doll house building, music appreciation, t'ai chi, keep fit, line dancing, computer lessons all of which were organized by staff. A person pays a fee and takes the course.

The following sessions are organized by staff: over 50 skate, carpet bowling, crochet and knitting, potluck suppers, table games and bus trips. Time is made available in the center, people come, pay a fee and participate. The Neighbourhood health program "Keeping Well" was organized through the lower mainland Health department with staff and participants developing and implementing this weekly program as partners.

Classes were taught in separate rooms with an expectation that participants came, attended the class and went home, consequently there was little interaction between participants. For example, Francis, a sixty year old woman had been coming to the center to an exercise class for two years. One day she decided to join the 'Keeping Well' group for exercise as her knees were causing her distress with energetic exercise. She discovered that this Health Program was different. Members did not come, exercise and leave, but stayed, visited over tea and discussed a wide range of health topics. The members of this group were friends, went out for lunch

together, took trips together, shared worries and family problems. She joined in. In one of the discussions she told how she had been coming to the center for two years and had never been able to develop new friendships, as everyone kept to themselves. The Health Program 'Keeping Well' was different than any other program in this or other centers.

The Health program was developed by older people in partnership with a Community Health Nurse from the Health Unit. The older people defined health in their terms, prioritized the issues important to their wellbeing and decided how the program should be organized. Starting with five older people in September, 1986, their group expanded to a regular membership of over sixty people. Over the years more than a hundred people have participated. They always have new members, while some leave because they find other interests, move away, take sick or die.

Every two - three months, the group held a planning session to decide their direction for the next few months. This group defined health as being involved, having friends, affordable housing, an adequate income and accessible transportation. They discussed the reality of the long hours of time available to them after retirement and the few demands on this time. Often they voiced a concern that there are not enough opportunities for expressing their worries or concerns. They discussed the fact that before joining this group if they felt somewhat isolated or lonely they often had no one to talk to or turn to when troubled. They believed that they did not require a doctor or professional counsellor, but needed opportunities to make friends.

Relationship Between the Seniors and the Organization

Over the course of developing the health program, the older members concluded that the center needed a comfortable place where older people from the neighbourhood could drop in, have tea, play cards and organize with staff ongoing activities. In January of 1987, they approached the seniors' programmer who met with them, agreed that this was a good idea, but suggested that they needed to meet with Bob, the administrator of the center. Bob came and met with them, agreed that this was an excellent idea, but he would have to ask his supervisors at Park Board. The answer came back that this was a wonderful idea but there were no funds available. He suggested, however, that in the future perhaps a new wing would be added to the building and then there would be space for a seniors' drop-in. A few months went by and the older members again began to discuss their uncomfortable surroundings, this time they settled on renovating the draughty, ice rink lounge they used. They wrote a letter outlining ideas on how to lower the ceiling, paint the walls white, drape the windows and recarpet the floors. The letter again made the route up the chain to Park Board administration, this time they were directed to seek these funds from the community center board. The older people approached the board. The board, after lengthy debates, concluded that this was a capital expense which is the responsibility of Park Board. Two years later, the written request bounces between Park Board and the Harbourside Board; the older people have given up on suggesting ways the center could be improved to attract new members.

Relationships With the Wider Community

Members of the group related stories similar to the one told by Francis. Bob related how he had been coming to the center for over two years to use the weights and to ice skate. After joining the neighbourhood health program where socialization, group decision making and group discussions are routine he has made several friends. He thought that he made friends by working with the group to plan the programs and decided on what activities were important. Through this process he discovered that Gil, another member, also liked to play tennis. Now they play tennis and ping pong and Gil has invited Bob to his home for dinner. Mary, also a member, tells how she had over the years taken various classes at the center, but it was only after joining the neighbourhood health program that she made new friends. Now with other members she goes on walking tours of the city and out for lunch during the week.

Several times, during planning sessions, members talked about how important their involvement in the group was to them. They brainstormed how they could reach out to their neighbours. A core group of about ten worked on various approaches they could use to reach more of their older neighbours. They thought they should find out from older people what they would consider as worthwhile social and leisure activities and at the same time tell them of the resources present in the neighbourhood. They decided that they needed to develop both a questionnaire and a resource booklet that they could take out to local establishments. They would set up coffee parties in apartment blocks, information tables in Safeway and MacDonald's and speak to local church groups. They decided they needed to hire

someone part-time to work with them to develop the resource booklet and organize the volunteers. They applied for a federal grant from the federal government's Health and Welfare, New Horizon funds.

On concluding that they required funds to continue, they enlisted the assistance of center staff who in turn asked several other professionals working with local services to join them. The professionals came in with their ideas; expanded the proposal to include friendly visiting. The professionals determined that a part-time person was not necessary as the older people could do this project themselves. The seniors argued that they needed help to organize the written material, to assist in enlisting more older people to work with them and to get the project up and running. They were comfortable working together to do the actual outreach, but did not want, at this time, the overall responsibility for day to day operations. They were not heard. Eventually the older people stopped attending the meetings. When asked about why they had withdrawn from the project they said that the professionals were in charge and knew what they wanted and could go on with the outreach in their way. The proposal for outreach never went any further.

The administrator and the programmer from the community center decided that what was needed was a forum to debate a vision of the services needed for older people in Harbourside in the Year 2000. Service providers from across the area were asked. Each service provider was asked to bring a older person who participated in their programs. Three older people were asked. They met several times and decided what services older people would need now and in the future. Beyond this nothing has

been done. Professionals, running the various community programs, debate at their meetings why so few older people attend their programs.

3. Centertown Neighbourhood House

The Association of Neighbourhood Houses

The following information is taken from brochures and pamphlets distributed by the Association of Neighbourhood Houses. In asking if the Association or the Centertown Neighbourhood House had an organizational chart with outlined Mission and Philosophy statement, I was told no "that is only for bureaucracies."

While the local neighbourhood house association's history began in the 1930's, the Settlement of Neighbourhood House Movement began in Britain in 1884. An Anglican clergyman, recruited a group of university students to settle in his London slum parish so they could get to know the local residents and help them to improve themselves and their circumstances. The establishment of working men's clubs, well baby clinics, mothers' clubs, art classes, adult education programs, children's activities and discussion groups followed. The concept of the Settlement House and the participation of advantaged young people in service to the depressed areas of the community spread to other parts of Britain, the Continent, the United States and Canada.

The first neighbourhood houses were staffed by upper middle class volunteers who were motivated by religious convictions and social concerns. Gradually neighbours became involved and the resulting three way partnership between a Board of Governors, staff and neighbours has come

to be seen as the ideal approach to serving the neighbourhood community. People involved in the neighbourhood houses have tried to make each House a place where all people of the community can come together to provide assistance to those who need it and to work together to enhance the quality of the neighbourhood and family life.

In 1894 the Association of Neighbourhood Houses ran an orphanage for Vancouver's homeless children. In 1918, this society established Alexandra Fresh Air Camp in Crescent Beach to provide low income families and orphans with a summer holiday away from the city. In the 1930's the orphanage became a home for emotionally disturbed children. When this home closed in 1938 the Association became the pioneer of the Settlement Movement in British Columbia by opening Alexandra House - the first neighbourhood house in British Columbia. Today there are eight neighbourhood houses in Greater lower mainland, with Centertown Neighbourhood House being one.

The Association of Neighbourhood Houses describes a neighbourhood house as a "centre offering community and social services geared to the special needs of the neighbourhood in which it is located. The neighbourhood house concept is unique because services are determined directly by neighbourhood conditions and by the needs and interests of the people in each community." Each neighbourhood house has a Board of Management made up of volunteer local residents. The Board of Management works with the staff to establish the programs and services offered in the house.

Community Characteristics

Centertown Neighbourhood House was established in 1977 to provide services to the area of Centertown. Centertown has a total population of 21,000 people (1986). The number of private households is 10,710 (1986). The age distribution shows 19% of the population over 55 years of age with 5% of this population over the age of 75. Of the population over 65 years of age 45 percent live alone (Statistics Canada, 1986).

The ethnic origins of people living in Centertown are similar to the city as a whole, characterized by 40 percent of the population being born outside Canada and 35 percent of the population have a mother tongue other than English. Chinese at 10% of the population is the largest ethnic group. A large group of South American refugees reside in this neighbourhood, many of whom are not landed immigrants and officials state they may not be registered in the census data (Statistics Canada, 1986).

Household income, averaged \$18,000 in 1986, is less than city average. The average monthly housing cost of \$400.00 (1986) is also less than city average. Thirty-six percent of residents are dependent upon government income assistance either unemployment insurance, welfare or government pension. Nineteen percent of all residents depend on welfare, 60 percent of single parent families receive welfare (Statistics Canada, 1986).

In Centertown, 80 percent of dwellings are rented. Twenty-eight percent of the population has lived in the community less than one year, 75 percent have lived here less than five years.

Centertown does not have a strong, positive community identity. The

diverse and transient population has resulted in a lack of natural cohesion, and feelings of little control or responsibility for the community. Centertown's strengths, such as the local history, the Fringe Festival, viable small businesses, active community associations and the diverse ethnic background are not well recognized. Too often, the community is known for its problems, most recently those related to prostitution, crime and traffic.

The Centertown Neighbourhood House

In my observations of over fifty hours, the neighbourhood house acts as a 'caring neighbour' - offering friendship, help, counselling, tutoring, outings, a willing ear, a warm heart and a good meal. As each house is unique, reflecting the character of the area and providing those programs and service of greatest benefit to the neighbourhood, Centertown Neighbourhood House has 'The Breakfast Club', a preschool, a weekly program for physically disabled young adults, 'Keeping Well' health program for over 50's, Senior's Social, Adult Literacy, English as a Second Language Classes, ESL program, Legal Aid clinics, Single Mothers' support group, Central American Senior Women's Group, Income Tax Clinics, Multicultural dinners, Resume writing and typing, and information and referral services.

The Centertown Neighbourhood House has a Board of Directors who are responsible, in conjunction with the director, for the operations of the house. The board is made up of residents of the neighborhood or community workers. The residents from the neighbourhood are people who actively participate in the house. People are asked to join the board for a one year

term to see if board work suits them and if they can work collectively and in the spirit of the house. After this year, if there is mutual agreement then they are elected to a three year term. Two older woman who are active in the house sit on the board.

Centertown Neighbourhood House is an older two storey building sitting on a main thoroughfare. Four lanes of constant traffic continually passes, surrounding the house with its noise and smog. Yet inside the house it is quiet and peaceful. As you open the door you are greeted warmly by an ever present Emily who will ask, if you are a stranger, how she can help you or, if you are familiar, how you are. The reception area, like the rest of the house, has a lived in, worn appearance. You immediately feel at home, and welcomed. Behind the reception area is one large activity room with an adjoining kitchen. This room can be partitioned into two smaller rooms. In the early morning it acts as a dining room where children enroute to school eat breakfast. Later in the morning it becomes a nursery school for preschool children, in the afternoon an exercise room for older people, and in the evening it returns to a dining room where neighbours prepare their ethnic dinners for each other. The house has an air of life and bustle as every room of this small building is used by neighbourhood people in this fashion, daily.

On a typical day, older women were busy in the kitchen making jams for the upcoming Harvest Festival, a group of Latin American grandmothers were upstairs sharing their experiences of escaping from political persecution in their home countries, while a group of three and four year olds were drawing pictures in the upstairs lounge. The staff were working

with the various groups or organizing resources for an upcoming activity.

Another day, the main floor space was overflowing with wheelchairs and walking aids as people who have physical and/or mental disabilities arrived for a social program that included physical exercise, games, crafts, discussions and dinner. Upstairs, a group of older women were meeting to discuss the progress of their neighbouring project which recognizes the natural help provided by women in the neighbourhood. The other large upstairs room which operates as a board room, class room and play room depending on the need, was being prepared for an English as a Second Language class. The next day this space would be occupied by a group of neighbours learning to read through a literacy program.

The Relationship Between Staff and Participants

Charles, an open, friendly man who always seemed to have time for everyone was the director of this house. He was ever present, there even when he was off at a meeting. He, it seemed, set the tone and atmosphere of the house. His office sits in the reception area, with his door always open. He was always available, speaking to the children, the staff, the older people with the same open, interested approach. He believed in the neighbourhood, the people who live there. He joined in activities as a participant. Jean, leading a discussion with a group of older people, on first memories, looked up to see Charles taking a chair. The next thing she knew, he was contributing his first memories. Another day, he led a discussion on games, encouraging older people to tell their stories about childhood games. The early morning would find him having breakfast with the children.

The staff described him as supportive, always available to them. "He listens to our ideas and shares his thoughts with us." A favorite response of his "that is a good idea but have you thought of trying this....." He believed that people should be expected to contribute their ideas, skills and talents. He supported people's initiatives wherever possible. He did not tell people what to do and did not lay out structures and boundaries but asked that people come to him with their ideas so he could discuss them with them and see how he could support them. He did ask staff and board members on a regular basis "why are we here?", "can we improve on what we are doing?". "How can we respond to the neighbourhood?" Respect was a key element in his personal belief system.

He believed that if you have worked for years in a neighbourhood that you are a member of the community even if you don't live there per se. He suggested that working eight hours a day in the neighbourhood with the people who live there made him a member, a neighbour. He liked the people who lived in the neighbourhood and wanted them to be able to come to the house, feel at home, have opportunities to contribute and feel part of the community within the house. He saw the role of this facility as allowing people to have opportunities to build their skills, make friends, contribute their talents and feel at home.

The neighbourhood of Centertown was presented in the media as a place where prostitutes, alcoholics and drug addicts lived. It is true that many people with inadequate incomes lived there and that includes prostitutes, and addicts, but Charles knew the many ordinary people who lived there as well. Emily, the receptionist, was a warm, friendly middle-aged woman,

who was the key link in the organization. She was a wealth of information, knowing where everyone was, what activities were happening or planned, where the supplies were and anything else you needed to know. She greeted everyone who came through the door and connected them to another participant or to a staff member. She accepted nearly everyone and encouraged people to get involved in activities in the house from selling tickets to washing dishes. In many ways she was in the center of the operations of the house. She knew what needed to be done and quietly directed the action.

She says that the atmosphere in the house has changed in her six years of working there. When she first came the two staff were male, social workers who she felt competed with Charles in managing the house. They liked to plan, develop and direct the programs. They expected that she would be their assistant, doing the everyday detail work, such as setting up for the programs, putting out the notices, and cleaning up. They did not involve participants in the planning or delivery of programs. They saw the house as a place where people came for a program or a service they decided was important. Since they resigned four years ago, the two people who replaced them are totally different. Neither person has a professional degree, but have extensive experience working at neighbourhood houses and in community development projects. These new staff liked to work together with other staff and neighbours. They saw themselves as a resource to the house and the activities that are decided upon. Everyone pitched in and works together to make things happen.

Jackie, in her early thirties, was the one of two staff persons hired to

assist with program development and implementation. Her area of responsibility was adults. She worked with the older people on Wednesdays and Fridays, she helped organize family events, and generally pitched in where needed. Her style was low key, planning with participants, asking them what they thought should be done. For example, she and several women were discussing how they could reach out to Central American women in the neighbourhood. Jackie asked 'Angela, an older woman from El Salvadore, tell me what you think?' "Angela will you phone Mosaic and ask them how many Central Americans live in Centertown?" Later she asked an older woman to help her with the organization of the picnic. "I've peeled the carrots, can one of you slice them and put them in water and will someone else make the coffee and butter the buns. Thank you for your help."

On Wednesday, from noon until three o'clock an average of 25 older people met at the house. At noon, with the help of a kitchen staff person, several of the participants prepared lunch for the group. Everyone pitched in and helped to serve up the lunch, the staff person washed the dishes. After lunch the older people organized the room for the health program; setting up a table for blood pressures, pushing back the tables and organizing the chairs for exercise. Hedy answered any questions and welcomed newcomers, telling them of the routine, while Kathleen took the blood pressures and Aurelie and Irene gave hand massages. Jean who is responsible for organizing the health discussion introduced the resource person and subject to the others.

Jackie, the staff person, came in and led the exercises for

approximately 30 minutes. At the end of exercise everyone helped themselves to tea. Any newcomers were introduced to the group and one person made sure that they were included. Jean asked the group to pull their chairs into a circle, where the resource person facilitated a discussion on a health topic. At about 3 o'clock everyone put their chairs away, rearranged the tables and then went off together.

On Friday from 10:00 to three o'clock, older people met again. Similar to Wednesday they organized activities with Jackie's assistance. They baked, exercised, played bingo, knit, had lunch, went on bus trips and met with one another.

In asking the groups of seniors what brought them to the house, they all stated that the house was a place in the neighbourhood where they could come and get involved. Some of them came only for the health program, but most of them dropped into the house two or three days a week. Some worked at the multicultural dinners, others assisted with breakfasts, or went on bus trips. They brought their children and grandchildren and introduced them to the staff and their friends. In asking them what health was they replied that it was having friends, being able to do something for someone else, feeling wanted, having enough income to get by, decent housing and transportation.

They all spoke of retirement as a time of hours of free time with minimal responsibilities. They said that sometimes they had feelings of uselessness, but they could always come to the house and do something. The house they felt was always in need of help, of some kind or another; from teaching new Canadians how to bake apple pies to washing dishes or

attending a program planning meeting. They felt that their work was appreciated by the staff.

Relationships with the Wider Community

Several women from this group discussed their work within the neighbourhood with staff from the house and the health unit. In the discussions they talked about assisting neighbours with shopping, child minding, transportation, visits to the hospital and the doctor and the general giving of advice. They worried that sometimes they were uncertain of the approach to take with some people; that some neighbours did not know the resources in the neighbourhood. They were certain that within the neighbourhood there were other women 'like themselves' whom they would like to meet and introduce to the resources at the house. With the help of the staff, these older women developed a project they called 'Neighbouring'. They approached funders to hire a community developer to work with them to 'expand the concept of neighbouring' and to assist neighbours to do what they do naturally, better." At this time two years after the project was funded, many older neighbours within Centertown knew about the house and the older people using this house had doubled.

CHAPTER 4

Analysis of Portraits

Background to the Analysis

In this chapter three portraits are analyzed from the perspective of the role of the social environment, and the expectations within this environment regarding the role older people should take within community organizations. Are they to play the role of passive receivers of planned programs or the role of active decision makers in the development and implementation of programs that contribute to quality of life in old age?

In an attempt to account for the difference between the three portraits, the analysis uses three different frameworks: Boshier and Peter's "Motives for Participation" (1982); Arnstein's "Ladder of Citizen Participation" (1971); and Brager and Sprecht's "Framework for Conceptualizing Consumer Participation" (1973).

1. BOSHIER AND PETER'S "Motives for Participation"

The relationship between the environment and the participant

Participant/institution congruence can be achieved if people working with adults are willing to develop program content and techniques compatible with needs, interest, and life styles of potential participants. Processes, such as participation, occur as a function of person/environment interactions. The importance of congruence between participants and educational environments has been demonstrated many times and exemplified by Cronbach's notion that "if for each environment there is a best organism (person) for every organism there is a best environment. (Peters & Boshier, 1982: 200)

Figure 1 illustrates that there is a relationship between the delivered program, the organization, the community and society. Programming is one component of most sponsoring organizations. The programs may be designed for the sole purpose of serving the organization, the community, or both. The organization, in turn, is one part of a total community. It reflects the community's customs and traditions, its economic and social development, and the resources it receives from the community.

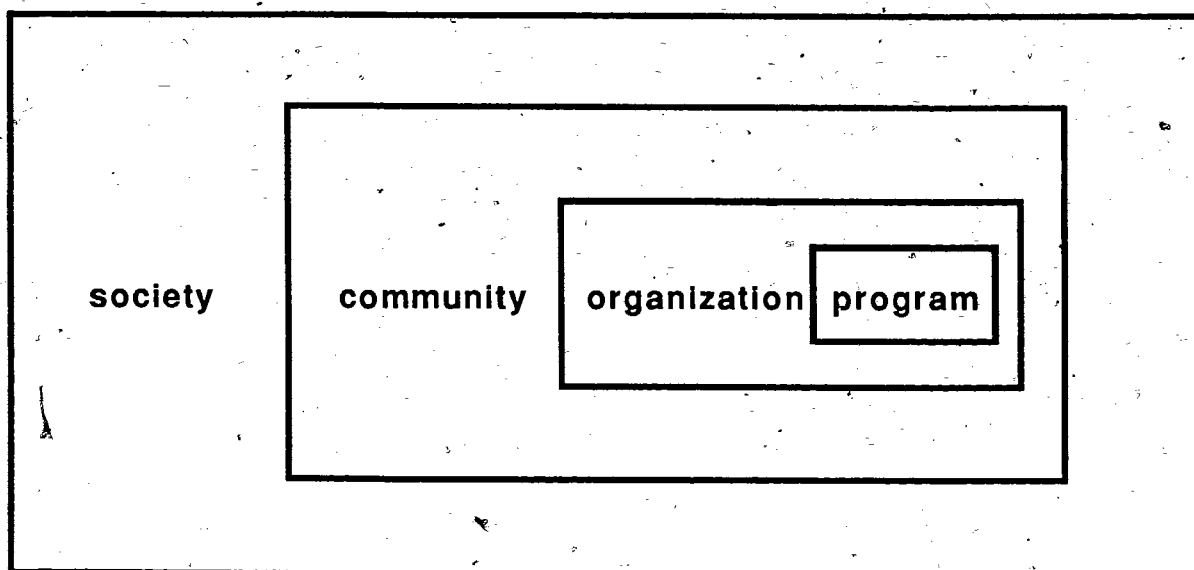


Figure 1. Relationship Between Environment and Participants

Influence of the Organization

The organization's purpose, philosophy and structure combine to influence the type of program that is implemented. The purposes of the organization are often a beginning point for program decisions, as in practice they often define and limit the scope of activities.

The philosophy or value system of the organization is thus a determinant of program objectives and content. The organization's philosophy may be written down so that it can be easily examined, but often it remains unwritten and it is the programmer's task to clarify the beliefs of his organization regarding program objectives. In the end, the selection of content usually depends on beliefs of the programmers which are influenced by the philosophy or unwritten expectations of the "institution". A person who believes in the right of the individual to fully participate in selecting experiences will likely structure a program differently than the person who adopts a position of total control over the selection of program content.

Influence of Front-line Staff

Since front-line or staff members make the final decisions about program content, they play a critical role in the delivery of the policies and goals of an organization. Vladeck (1980) pointed out that it is far more difficult to implement regulations that pertain to the interactions between staff and patients than those that apply to the physical structure of nursing homes because the behaviour of staff is not easily controlled. Staff faces the difficult challenge of reconciling the often conflicting demands of policy directives, participant, co-workers and formal and informal performance criteria within their own organizations.

The responsibility of field or front line staff have for making case-by-case decisions means that they often, in effect, determine policy. Such insights about the critical role played by line staff have led to the

reconceptualization of the implementation process for certain types of policies, starting with an emphasis on the behaviour of the service providers and the conditions they confront in attempting to deliver policy to the public. The more involved the consumer is in the decision making process the more likely the programs and policies will meet their needs (Lipsky, 1980).

The possibilities for program development are usually limited only by the imagination of the programmer or the sponsoring institution. However, the programmer has to begin somewhere. A useful starting point can be found by considering the motives, needs, interests, and expectations of potential participants; prevailing social forces; community characteristics and the organization's purpose, philosophy and structure.

A programmer can facilitate participant/institution congruence by knowing the participants needs, interests, motives and expectations, prior to beginning to plan a program. Incongruences that should be managed by a competent programmer are basically physical and psychological. Psychological incongruence is created by a programmer who fails to accurately understand participants needs and interests, and does not actively engage participants in the process.

Reasons People Join Community Centers

Peters and Rogers (1982) set out several reasons people participate in community programs as follows:

1. Escape/Stimulation - to get relief from boredom, to remedy a lack in their social life and/or educational background
2. Professional Advancement- to gain knowledge attitudes and skills which

will facilitate job advancement

3. Social Welfare-to acquire knowledge, attitudes, and skills which can be applied in achieving social or community objectives
4. Social Contact - to meet new friends, and enjoy group activities
5. External Expectations - to carry out the expectations of some person with "authority" such as a priest, friend, social worker or physician
6. Cognitive Interest - to learn just for the sake of learning - not tied to an particular goal-just for the inherent joy of participation and learning

Research has thus enabled us to argue that motives and needs which attract people to participate in community programs do not exist in some isolated way but are embedded in and meaningfully related to, other aspects of the person's life.

When developing a program to involve older people, a programmer needs to develop an understanding of the challenges that face this population, keeping in mind their strengths, and recognizing that motives are meaningfully related to other aspects of the adult's life. Programs and content should be shaped and managed in agreement with this knowledge.

The programmer should not, however, make the assumption that course content and motive for participation are always directly related. The opportunities to meet new people through the process of taking a course at a community center may be more important than the content of the course (Peters & Boshier, 1982). Participants enroll for mixed motives some of which are unrelated to the course content. Inferences concerning motive or attendance made on the basis of course content are therefore dubious. For programs to remain relevant, however, and provide inputs leading to

meaningful interaction, the roles and tasks which motivate adults to participate in education and guide the selection of program content must be functional.

2. ARNSTEIN'S Ladder of Citizen Participation

The idea of citizen participation is a little like eating spinach: no one is against it in principle because it is good for you. However, behaviour does not always reflect ideology. (Arnstein, 1971, p. 1)

Often social institutions with their top down management and bureaucratic isolation are indifferent to consumer needs and wants. The challenge becomes the implementation of consumer participation in such a way as to make organizations more responsive to the needs of those they serve (Arnstein, 1971).

To increase understanding of power and organizational structures that allow citizens to participate, Arnstein developed a ladder as a simple method for illustrating the point that there are significant gradations of citizen participation. Understanding the gradations makes it possible to identify the underlying issues when "nobodies" are trying to become "somebodies" with enough power to make institutions responsive to their views, aspirations, and needs.

The Levels of Citizen Participation

To increase our understanding, Arnstein outlines an arrangement of eight levels of participation in a ladder pattern with each rung corresponding to the extent of citizens' power in determining the end product.

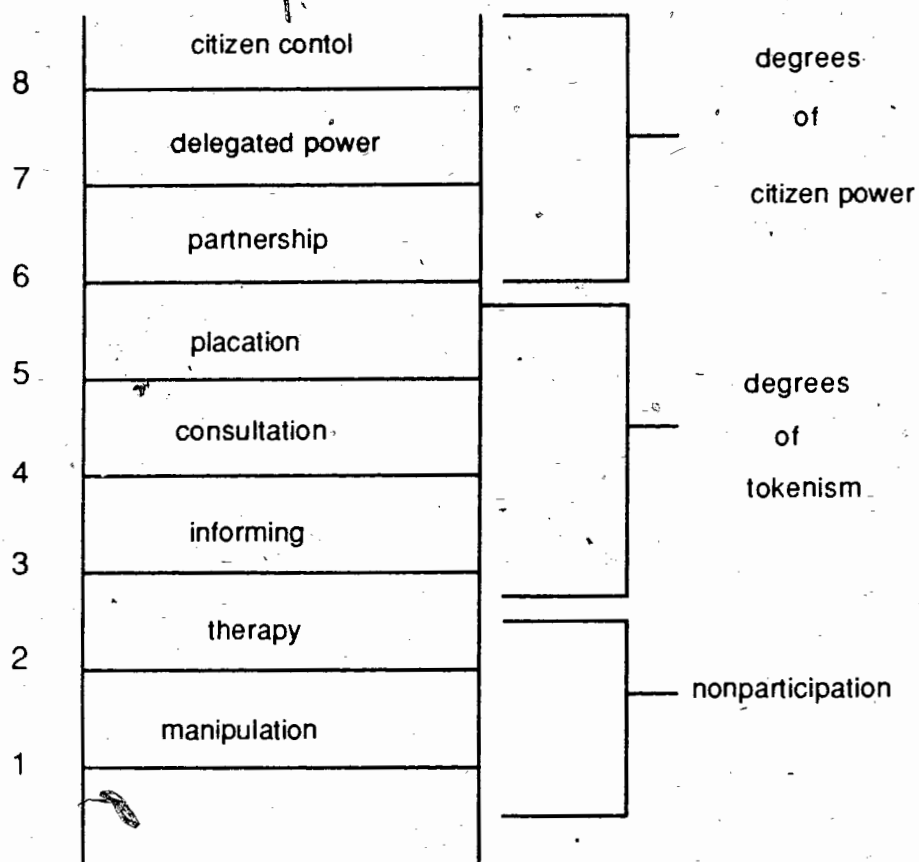


Figure 2. Eight Rungs on a Ladder of Citizen Participation

(1) Manipulation and (2) Therapy- these rungs describe levels of "non-participation" fashioned by some to substitute for genuine participation. Their real objective is not to enable people to participate in planning or conducting programs, but to enable powerholders to "educate" or "cure" the participants.

(3) Informing and (4) Consultation rungs describe levels of 'token' participation that allow the 'have nots' to and have a 'token' voice. When they are offered for acceptance by powerholders as the total extent of participation, citizens may indeed hear and be heard. However, under these

conditions the 'have-nots' lack the power to insure that their views will be heeded by the powerful. When participation is restricted to these levels, there is no follow through, no "muscle," hence no assurance of changing the status quo.

(5) Placation, this rung is simply a higher level of tokenism. The ground rules at this level of participation allow 'have-nots' to advise, but the powerholders retain the continued right to decide.

(6) Partnerships describe a level of participation that enables citizens to negotiate and engage in trade-offs with traditional powerholders.

(7) Delegated Power and (8) Citizen Control- describe situations where citizens obtain the majority of decision-making seats, or full managerial power.

Limitations to the Ladder

The limitations to be considered when using the ladder of participation are described by Arnstein (1971):

The ladder juxtaposes powerless citizens with the powerful in order to highlight the fundamental divisions between them..... In reality, neither the have-nots nor the powerholder are homogeneous blocks. Each group encompasses a host of different points of view, competing vested interests, and splintered sub groups. The justification for using such simplistic abstractions is that in most cases the have-not really do perceive the powerful as a monolithic "system," and powerholders actually do view the have-nots as a sea of "those people" (p. 4).

This typology also does not include an analysis of the barriers to participation; such as ageism, paternalism, and resistance to power redistribution on the side of those in power. In the real world of people and

programs, there is less sharp and "pure" distinctions between rungs and some of the characteristics used to illustrate each of the eight types might be applicable to other rungs.

3. BRAGER AND SPRECHT'S Participation in program development

The Framework

This is a second simple but corresponding framework developed by Brager and Sprecht (1973) that when used assists in identifying the ways citizens are involved or excluded from the development of programs that are meant to service them.

Four interrelated modes of member participation are identified as policy-making; program development; social action and employment.

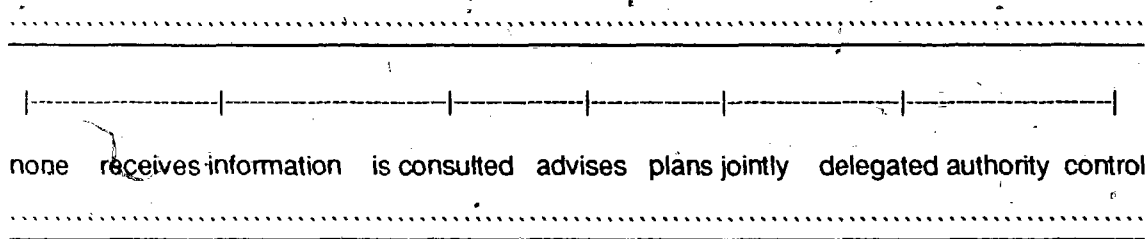


Figure 3. Decision Making Continuum

The decision-making involvement of participants ranges from ---none; receives information; is consulted; advises; plans jointly; has delegated authority; has control.

On one end participants may be told nothing. They may receive

information, as is the case when a plan is made and announced or they may be consulted by an organization trying to gain sanction for a plan it is preparing to implement. In this situation, they may be presented with a plan and asked to question it and the organization will make changes only if absolutely necessary. Along the continuum, participants may plan jointly with the organization which presents its plan, invites recommendations, and is prepared to alter it or they may have delegated authority, in which, instance, although the problem is identified and presented by the organization, participants make decisions which the organization is willing to accept. Finally, at the high end of the continuum, the participants have control. They are asked by the organization to identify the problem and make all essential decisions (Brager & Sprecht, 1973, p. 39).

Analysis of the Portraits

Hillside

The social environment at Hillside Senior's center will be analyzed using the above frameworks in order to make sense of what is happening. Using Arnstein's Ladder, participation and power distribution between staff and members at Hillside would be placed on rungs (1) and (2). Although the center staff and the older people have gone to great lengths to set up committees and boards, the amount of actual participation is minimal. In fact, these committees and boards could be assessed as harmful because on surface examination they make it seem that opportunities for participation are available, masking the actual power dynamics and frustrating the participants. Older people spoke of wanting to contribute to the operations of

the center, taking on responsibilities of chairing committees, only to find that they had no power to make or implement the decisions of their group. The committee system itself meant they had to refer everything to the 'operations committee' who in turn looked to the senior programmer, Florence, for assistance. In some cases she agreed to work on an issue with the participants but then had many reasons why it would not work, at other times as with renting space to the housing groups she openly opposed them. Manipulation and Therapy aptly describe the situation whereby the older people at the center are 'provided for' as if they were not capable or willing to contribute.

Analyzing the range of decision making using Brager and Sprecht's Framework shows that members of the center are usually told nothing or given information after decisions have been made. Members are not given opportunities to become involved in the decisions being made about program choice or schedules, the operation of the kitchen or the operation of the center. Instead the program developed by the programmer, Florence, is provided with few opportunities to ask questions or suggest changes.

In asking older people their reasons for participating at the center they were similar to those outlined by Peters and Boshier (1982). They came to the center to escape/stimulation (as a relief from boredom), acquire knowledge and skills, meet new friends. Generally it would seem that those who were looking for an escape from boredom were best satisfied, while those people who wanted to make new friends or acquire knowledge, skills and attitudes which could be applied in achieving social or community objectives were less satisfied.

The center was an organization with a bureaucratic structure, with power coming from central office, down the chain of command to Florence who was in 'charge of the seniors'. This was her area of power and control and despite an overall policy from the Park Board that older people should be active participants in the process of planning and implementation of the program, this 'street level bureaucrat' designed her own program.

Florence, who was given responsibility for the development of the program by Park Board did not seem to have a broad understanding of the strengths or needs of older adults. She decided and shaped the program on the basis of what had worked for her in the past, relying heavily on classes where the instructor was in charge of teaching an exercise or craft. When classes failed or the membership fell, she did not question the content or process of the program for its development but rather blamed the older people for not showing interest. Outside the center's doors, the older members were faced with a housing crisis, their buildings demolished and skyrocketing rent increases, yet Florence did not ask members if they would like to have opportunities to address these concerns. In fact she interfered with attempts by senior citizen's groups, concerned with housing, to use the center or involve members.

With few opportunities to exercise control, many of the older people expressed anger at the situation at this center they worked hard to create. This lack of opportunities for input with the expectation that members take a passive role, had forced many former members to leave. Neither Florence nor members of the center board could understand that members did not want to volunteer for tasks when they have no say in the operations of the

center. They all preferred to accept the idea that people are not interested or capable of contributing now that they are old. Instead Florence and her supporters talked of needing more staff to assist her to care for the 'elderly'. Not only did this reduce opportunities for members to use their skill and experiences it set up the possibility for a never ending demand for staff.

Florence commonly took a patronizing attitude toward older people, as people in need of protection and care. Therefore a condition for attending and providing program activities often involved acknowledging both by participants and staff that the older people were dependent or unable to make decisions themselves. With older people this behaviour can reinforce the widespread negative stereotype of them as helpless or incapable.

This situation certainly promoted an imbalance in power distribution, with many member's following Blau's steps to avoid powerlessness by staying home. The continued reference to cliques may be described as members obtaining power by gossiping or excluding other members or newcomers. The craft shop which had been reorganized by the outside facilitator in 1988, was the only area where mutually beneficial relationships were described by participants. In this group, members were in charge and all decisions were made together, equally. Interestingly, this is the only group that was growing and where members talked of making new friendships.

The center does provide opportunities for social activity and entertainment. As the social relationships are often not reciprocal in nature, however, they may not provide support or benefit the members. Often they may remain only superficial in nature.

Hillside is an example of where the worst features of practice confirms the accepted traits of ageism; the failure model of aging reinforces paternalism and dependency in practice. Programs such as the one at Hillside often respond to the dependency of the older person, but almost never provide opportunities for contributive roles where older people might use their accumulated skills and experience. The assumption is that older people's capacities for productivity are not worth being given the opportunities for development.

Harbourside

Harbourside is an example of tokenism. On Arnstein's Ladder, Harbourside as an example of participation and power distribution would move up the ladder to rungs (3) (4) and (5). At this center, older people were listened to but their views were often not taken into account in general programming and development. There were many examples of older members meeting with staff, discussing concerns, providing ideas for change and solutions to problems but there was no follow through. They were informed, consulted and placated more often than not. In order to change this situation a significant number of the older people need to be given or take opportunities to be involved in day to day decision making, actually placing more control in the hands of the older people.

On the continuum of program decision making developed by Brager and Sprecht, the older people often received information about programs after they had been planned and on occasion they were consulted when the center staff wanted the participants to approve of their proposals.

Like Hillside, older people come to the center to escape boredom, learn new skills and knowledge and make friends. Although the center draws upon a population of over 500 people within a short walking distance, they have never been able to build an active program. The program does little to meet any of the above reasons for participating in a community center.

Although the board and center staff continually expressed an interest in having older people use the center, few attempts were made to follow up on the ideas or concerns the older people took the time to provide to them. The example of the older people trying since early 1987, to have the lounge renovated and made available for them to use daily on a drop-in basis, demonstrated how they were not heard. The Board of Directors deferred to the staff who deferred to their superiors at the next level, who deferred to the rules of the organization. Both Hillside and Harbourside are examples of programs that are designed to serve the organization. Both Hillside and Harbourside are examples of programs that are designed to serve the organization.

Harbourside staff seemed uncertain of Park Board policy regarding older people. Bob, the administrator, came to the center with strong opinions as to the purpose of community centers and the role of consumers. His opinions did not include working with consumers but rather giving them space and letting them do as they pleased. His inability to settle the issue of turning the lounge over to seniors on a daily basis, however, left the impression to participants that he was all talk and no action.

The staff at the center had backgrounds in recreation and physical

education. Neither Bob nor Bill, the programmer took the time to learn from the older people what their issues or ideas were and had little knowledge of what to expect from this population. Furthermore, they seemed to have little knowledge of what would motivate older people to attend their center. Again when programs did not attract participants, they tended to shrug their shoulders and assumed that older people were not interested. They never questioned the content or the methods they used as being the problem.

Harbourside Community Center did not have a strong community board and the staff since 1987 has turned over every six to eighteen months. The center tended to be run from the head office of Park Board. It was an example of Peter and Boshier's theory that the organization's structure, philosophy and purpose influence program delivery. The Park Board can be described as a bank; interested in providing a product that pays. Generally, over the years this product had been fitness and arts and craft classes delivered by an instructor. These classes met a need for the younger and middle aged person who often viewed the activity as a diversion or as a necessity to keeping fit.

The older person, as stated by Millar (1965), may see the same type of activity as only occupying time and may not consider it legitimate. The Park Board staff's position seemed to be that programs that interest other groups should interest older people. Park Board's emphasis on making money through programs does not easily allow for space to be used for drop-in activities by older people. Staff at the local centers are always under pressure to make space profitable. This overall philosophy of the organization influences the delivery of local programs. Since the

organization is part of the city system they are accountable for public funds spent; therefore they are encouraged to only have programs that pay their way. The relationship between the Society, the community, the organization and the program at Harbourside is one of fiscal accountability rather than the development of a program that meets the needs of the older people. In the end, the center which is not a vital resource in this neighbourhood is neither effective or efficient.

The staff's behaviour left the impression that they had little understanding or ease with older people. Nor did they take the time to consider the interests or expectations of potential members, community characteristics, or the philosophy/purpose of the center in the development of programs or in their working relationship with those who did attend the center. The approach to programming that they presented was that if the older people came, this was a sign that the programs were acceptable but if older people didn't come then they must have a problem, perhaps they were isolated.

The staff expected that they offered the programs and the older people, like other population groups, would come, take part and then go home. They appeared to lack an understanding or appreciation of older people rather than being particularly ageist. There were few opportunities for reciprocal relationships except in the Health Program which is developed by Health Department staff. Although this program had increased its numbers ten fold, was vibrant and older people were active participants in all decisions, the staff were not interested in reproducing this model. In fact, the staff's behaviour might suggest general disinterest in older people. The

Board of Director's had not had a new member in over five years and, although they express concern, nothing changes.

Harbourside Community Center was an example of a bureaucracy that was indifferent to consumers' interests. The older people in the Health Program were beginning to realize that the way to change things was for them to insist on having their concerns and ideas addressed to both staff and the board. In time and with support, they might become active members on the board and start to make changes.

Centertown

Centertown is an example of what is possible. It is an example of what Harry Moody (1988) described as a 'life world'. Within this 'life world', older people are accepted as capable and competent, they are given opportunities to contribute and to be involved in the decisions being made both at the Board level and at the operational level.

In analyzing the power relationships and the participation level this center would be placed on rung (6) of Arnstein's ladder. Major policy decisions regarding the management of the house and its relationship to members and the larger community are made by the citizen board which has at least two older people on it. Staff, in day to day operations, expect members to participate at every level from simple tasks to major decisions. They have a range of decision making involvement on Brager and Sprecht's continuum; from advising, to planning jointly, and in some cases participants have delegated authority to work with their group to plan and implement their own programs within the framework of the house operations. They are

routinely presented with plans and asked for input, any questions or added ideas are taken seriously and acted on. In some cases the older people have developed ideas for new approaches to reach out into the community which they take to the staff and the center's board for input and support; for example, their ongoing neighbourhood coffee parties, and the Neighbours project.

The effects of participation are visible when observing activities in this house. Older people are active, express their opinions, request assistance easily and are an integral part of the programs. They speak of how different they feel since they began coming to this house; they feel welcomed, have a sense of purpose, and feel recognized for their skills. Like older people at the other centers, the motivation for participating are similar. They come to this house to escape boredom, acquire knowledge and skills and make friends. Unlike the other two centers, participants at Centertown gain new skills and knowledge, make a contribution to the larger community and develop mutually supportive friendships.

The staff at the house are a positive example of Peters and Boshier's theory. They spend time asking older people about their interests and concerns, they keep up to date on the community characteristics and social issues and the philosophy and purpose of the Neighbourhood Association directs their work. As a nongovernmental organization the house acts as a resource centre with flexibility to monitor and meet the changing needs of the local community. By seeking information about the needs of the community and providing programs and services to meet those needs, the Management group of the House seeks to improve the quality of the

neighbourhood. The neighbourhood house does not offer a specific set of services, but an approach to a neighbourhood. This approach includes assessment of the community, support to natural leadership and the organization of technical assistance and financial resources to assist citizens find solutions in terms which are meaningful to them. In this way the house as an organization is one part of the total community. It reflects the community's customs and traditions, its economic and social development and the resources it receives from the community.

At the neighbourhood house, older people develop ideas, talk to staff, debate the merits of their ideas and then make decisions about how to proceed. They decide who to involve and with the support of the staff and in some cases, if it entails house policy, the management board; then they proceed. They see the fruits of their labour immediately, and are encouraged to continue to be involved as their skills and experiences have been recognized. The environment of this house recognizes people as having strengths and abilities and expects that they will participate at every level. Staff and members work as partners in a mutual, reciprocal manner which builds supportive networks among participants.

General Discussion of the Portraits

Organizational Policy and Practice

One of the fundamental barriers to meaningful consumer involvement is the incongruency between stated organizational values and actual practice. The Park Board and the Association of Neighbourhood Houses are both organizations that have a central management group and an

elected board of directors. The Park Board receives its funding from taxpayers as part of the city structure while the Association of Neighbourhood Houses is a non profit, non government organization. In principle the Park Board manages their centers jointly with community boards but in practice it operates as a bureaucracy, with control and decisions coming from the top down. The Neighbourhood Association operates as a cooperative with central staff acting as a resource to neighbourhood houses that are semiautonomous; consumers and staff making operational decisions and developing policy decisions in cooperation with the central board. The difference in organizational structure supports or detracts from the implementation of stated policies. While Park board has a policy directing staff to involve older people in program implementation, by the time the policy is handed down the ladder to the participants; it has lost its intention. The neighbourhood houses involve citizens at every level of decision making ensuring this policy is practiced throughout the organization.

In both Hillside and Harbourside most people would acknowledge that personal values of participants and staff clearly affect values of the organization, fewer will readily acknowledge that there is a lack of agreement between stated values and actual behaviour. Both of these centers have written and verbal statements on the value the organization places on the participation of older people. However, participation is implemented on a superficial level, with little planning or intent to maximize the involvement of participants. Hillside is an example of an organization that has set up formal structures, the various committees and subcommittees

where older people are encouraged to get involved; yet they are not allowed to make choices or decisions on important issues.

One realizes that on any given subject there is a wide variety of views. Older people's views, far from being homogeneous, range from belief in full control by older people to acceptance of the passive receiver role. Among older people in all three centers; there were those who had no opinion on the issues at hand. At Hillside and Harbourside there were those who feared repercussions if they participated and those who firmly believed that they had no power to influence change. Yet in all centers there were people who believed in working with others in order to influence change and those who considered more independent actions essential. Broad consumer representation on both the board and in day to day operations at Centertown helped to insure that policy decisions were made that placed the needs of the individuals involved ahead of the staff of the organization or system.

Unclear mandates, roles and functions created a strain at Harbourside when members were unsure of their individual roles and what was expected of them and where often several messages were given by staff and board members.

Both the professionals and older people at Hillside and Harbourside have functioned together for years in traditional roles of 'helper' and 'recipient'. Now there are policies written that older people should be more involved in decisions affecting them and yet these policies come from the management, from the top down, with staff having had no involvement in the development of the policy and therefore no investment in seeing that it was implemented. The staff were in fact treated as they treated the older people.

Professionals, such as Florence at Hillside, often have difficulty relinquishing a 'helper' role and accepting equal status with older people as they are accustomed to positions of authority and have difficulty adjusting to the role of member rather than leader 'in charge'. Like Florence, they have their own vested interests, and may minimize the authority of the administrator by discounting his credentials, understanding or expertise, in order to undermine his views for involving the participants.

Participants at both Hillside and Harbourside became frustrated with bureaucratic structures where decisions were not usually made quickly. These structures reduced communication between the older people and the staff which often left members feeling that they were not heard.

Relationships Between Staff and Participants

Both professionals and consumers can have tunnel vision. It prevents professionals from including older people in the decision making process, but it can also prevent consumers from listening to relevant information from another perspective when it is important.

Participation was not widely accepted by professionals at Harbourside and Hillside who argued that older people were not interested and did not care to participate. They often maintained that if older people were allowed to participate that the "squeaky wheel would get the grease" and the programs they wanted would be implemented providing an inaccurate picture of program interest. It was also argued that older people lacked adequate knowledge, skills and expertise to make a significant contributions and involving them took too much time and effort in view of the

limited return. It was suggested that participation could produce controversy, interfere with program functioning and in general, contribute to instability within the organization. This is, of course, possible if a few members were allowed to take over, but with a facilitator working with the group this is not likely to happen.

It was difficult for some older people in the Health Programs to move from the receiver role to one of equal membership and shared power at first. As many programs expect older people to accept what is provided, they were at times uncertain of what to do. However within months of being provided with opportunities to contribute, all members participate, albeit at different levels. For a number of professionals who were committed to involving participants years of being in control has conditioned them to take over unconsciously and they needed to work hard to change their behaviour.

Involvement of older people within a partnership approach can only move beyond being 'token', at Hillside and Harbourside, if as in Centertown it involves significant numbers of consumers. It is clear, for example, that the single "consumer representative" as in Harbourside cannot create the opportunity for real partnership and collaboration to occur.

Community Contributions

The older population in all three portraits generally had resided in their neighbourhoods for between 10 and 80 years. They remembered past traditions, events and provided a living history of their community. Long standing residents had a neighbourhood pride. Repeatedly the older people

displayed a natural interest in maintaining local community against disruptive and impersonal powers. If they are provided with opportunities to be involved, they made a social investment as in Centertown by contributing to various projects such as outreach to the frail, the Neighbours Project, the handyman services, and the development of the village.

In Hillside, the older people were actively involved in the housing issue despite the staff's opposition. The older people in Harbourside also would have become involved in an Outreach project until the professionals took control. Within these projects older people work collectively, which provides opportunities for mutual and reciprocal relations. They strengthen neighborhood organizations while using their skills and the process allows them to build their social support networks.

CHAPTER 5

Conclusions and Recommendations

The Frameworks

In attempting to analyze the multidirectional, dynamic processes of participant involvement within three 'life worlds', the three frameworks were useful tools. Placing each framework, in a sense, on the portrait, the ways that citizens interacted in these settings quickly came into focus. All three assisted in demonstrating the dynamics of the social environment and the opportunities within the environment for older people to participate. The frameworks increased our understanding of the factors that must be taken into account if people are to participate effectively. The first framework (Peter's and Boshier) allowed for an analysis of the relationship between the delivered program, the organizational influences on the program and the influences of community and society to each of the community organizations or 'life worlds'. It assisted in developing an understanding of how a belief within society, such as older people want to be entertained, can influence the delivery of programs and the staff within an organization. It also allowed for an exploration of the motives behind people coming to community centers and the influence of front line staff on participation.

The second framework (Arnstein's Ladder of Participation) enabled us to explore the power relationships within each center. It provided us with a framework in which to analyze the effects of organizational structures and their impact on participation. This framework was useful in increasing our understanding of the specific ways professional staff within organizations, often unwittingly, control the environment, reducing opportunities for

participants to express their views, aspirations and needs.

The third framework (Brager and Sprech's) built upon the first two frameworks, examining the specifics of participation in actual program development. It assisted in the analysis of decisionmaking within the day to day operations in each center.

Conclusions

Leisure

What is leisure? Leisure is understood to fulfill three specific functions (1) relaxation (recovery and restoration), (2) entertainment (escape from boredom) (3) and personal development (Dumazedier, 1962). Many people, unfortunately, view the second function of leisure entertainment as the primary focus of retirement. Leisure for staff at the Park Board is viewed as a way of filling time to avoid emptiness and boredom. Without examination, this view would appear harmless. Yet on further examination, this definition has a negative connotation; leisure as entertainment implies a need for external stimulus to prevent boredom. For example, it is through mass media, that older people find cheap entertainment. This stimulation does not engage the individual or call upon them to contribute their knowledge or skills but merely fill in time. Every week can look the same. Often the last stage of life is held out to older people as a time of leisure commodities - tours, games, hobbies, sports, promoted by advertising in the mass media.

This emphasis on providing entertainment for older people can, as shown in the literature, reinforce feelings of uselessness. The expectation

that older people want to be entertained rather than be active participants can be interpreted by older people being unable to contribute. This can have a negative impact on older people who have reduced self esteem and may be feeling useless. Whereas, when we expect older people to be involved we recognize their abilities and present opportunities for them to feel useful.

Centers and programs that are set up to provide entertainment and social activity need to go beyond the assumption that all and any social activity is positive. Instead the focus must be on social activities that provide opportunities for reciprocal, social involvement. The professional needs to act as a catalyst for collective action where all members have opportunities to give and receive, for example group discussions, pot luck lunches, a craft shop and bazaars.

As shown in the literature review, passive participation by older people in activities designed by professionals assume that professionals should be in control, reducing the reciprocal nature of activities and giving power to the professional. This inability to reciprocate undermines a person's sense of worth and independence.

Service or Self Help

Park staff in community based programs who take control of programming often become burdened by their work load. They eventually request an increase in staff to assist with providing services to seniors instead of involving them in the implementation of activities.

Over the years this has led to a steady increase in people's

dependency on social services that often cannot meet the demands for trained personnel and services. At the same time there is a shortage of opportunities for the older population to be involved in decisions affecting their lives. Older people, today, face an increase in longevity unmatched by any clear sense of the purpose or meaning of this lengthening of old age. As service sector jobs have expanded, the human service providers have done little to include older people in a process of doing more for themselves. Older people have more time for involvement or contribution to community activities, yet there have been few efforts to encourage serious opportunities for citizen participation among older people.

Public funding, for example, is hardly ever provided for helping older people do more for themselves when compared to the money provided to institutions to care for the elderly. This strategy of providing care and services promotes the expansion of services which never catches up on unmet needs. More professionals provide services to the aging, expenses grow and satisfaction with services declines. An alternative approach is to encourage more programs that develop the capacity of older people to do more for themselves; for example, mutual aid/self help groups that are organized on a face-to-face basis and where members are expected to give and receive help. For older persons suffering from losses and feeling useless, involvement in the process of program planning and implementation can restore a sense of self-esteem while building social ties.

Professional approaches to older people are often confused by their focus on problems, not on strengths; on professional, not citizen control; on separate, private individuals, not social institutions or factors. Most

professionals, in fact, are trained to offer older people help with their needs but are given little instruction in how to nurture the strength that will allow them to solve their own problems. By ignoring latent strengths and responding only to dependency or failure, they unwittingly reinforce the stereotypes of older people being incapable. The day to day expectations of community workers as cited in the literature, may or may not support a positive adaptation to the normal changes that occur in aging individuals.

Older people in community centers may meet the cultural stereotypes of our society in their daily interactions with staff when they do not expect them to use their experience and skills. The cost in economic terms to health and social services of encouraging dependency let alone the cost in human terms to older people in the reduction of the quality of life is immense. We need to provide incentives to professional interventions that recognize and nurture the potential strengths of older people and reduce unnecessary dependency. Not only have these quality of life issues been neglected, but programs have been developed in contradiction to the goals set out by their institutions. Institutions within communities face a difficult choice. They may cling to traditional approaches and seek to contain costs by rationing services. Or they may develop new approaches and enable those who are active to assume a fair level of control over and responsibility for their health .

Recommendations

An Alternative to Service

Organizations in the community, midway in size between individuals

and large institutions such as community and senior centers are described as mediating structures (Levin, 1983). Centertown is an excellent example of a mediating structure as it nurtures a smaller scale of life, giving quality of life to old age. It is a place where older people can find meaning and a role in a world with shared values and purposes. It provides opportunities for older people to utilize life experiences, find status and respect. This type of mediating structure is important to older people as it allows individuals to contribute and feel useful. It acts as a catalyst and utilizes the productivity of older people.

Centertown demonstrates that retired people need a number of different options, relaxation and entertainment being one possibility. The flexibility and informality of a center such as Centertown encourages participation. The breadth of programming of activities is wide and includes coping with social change, physical health information, personal growth, self-understanding or the arts. The house offers opportunities for the development of practical life-skills, community contributions and self-realization. It offers access to a wider range of activities, to new roles of work, leisure and self development. It enabled the older people to take charge of their own development.

Moody (1988) describes well the opportunities that a center such as Centertown offers older people in the following statement.

For older adults, the great project and task of late life involves building on the knowledge gained from life experience. This type of environment can also have important effects in reducing dependency and promoting capacity for autonomy and self-help: in health care, in nonmonetary contributions, in mutual aid and community services. Education involves activities of

continuing self-development and is more than filling in time. It embodies the hope that this abundance of life will result in a deeper quality of life. Later life is seen as a vehicle for social productivity and personal fulfillment. (p. 76)

Centertown is an excellent example of how opportunities for participation are built into the structures of the social environment. The capacity for personal empowerment is not something that can be handed to people. Most people are often uncomfortable talking about power, preferring to talk about services, programs or care. However, by not talking directly about power within relationships neither professionals nor older people gain an understanding of its influence. One way to expand this understanding in facilities such as Harbourside and Hillside is by establishing mechanisms whereby users of services regain decision-making control over those processes which directly affect their lives. Centertown demonstrates that it is possible to create the conditions whereby people can take power back on their own terms, rather than on the terms handed down by the institution.

For older people, a key feature of a center such as Centertown is the opportunities that are provided to learn through doing. This house, not only provides services and programs; but also promotes learning of new skills based on exchange of personal experiences among members. Instead of constantly expanding services for a population that is expected to be dependent the staff expected that members would help each other presenting a model of mutual self help that builds coping skills and self esteem. At both Harbourside and Hillside when members were allowed to design and implement programs with staff (i.e., the health program and the craft program) they contributed more to the operations of the programs. They spoke highly of the things they learned in the process.

Working collectively, in reciprocal relationships, builds individual autonomy and provides opportunities to develop close friendships. Although it is recognized that some older people are isolated and cannot be reached through such groups; others in the same condition can flourish only if new social support networks are made available to them. The distinction is crucial in developing interventions that promote self-help for health promotion. New intentional networks which are reciprocal in nature such as developed through centers like Centertown are important.

Older people, as shown in all three portraits, wanted the opportunity to find new roles for themselves that are valued, that are socially productive, and that are flexible-enough to accommodate both the strengths and vulnerabilities of age. But these qualities were precisely what the modern work-places such as the Park Board centers with its vertical bureaucratic structures did not possess.

Centertown demonstrates what is imaginable, and challenges us to examine how people in later life can contribute to the larger community. For Hillside and Harbourside Centers to move beyond policies that support the participation of older people to actually providing real opportunities for their input into important operational decision making, the staff and board members need to examine their practices and study centers such as Centertown.

If consumer participation is sincerely valued, consumer involvement must be pervasive. Involvement implies that participants have begun to exercise control over what happens to them. The degree of control may range from influence at one end of the scale to self-sufficiency: at the other,

but a significant degree of personal empowerment occurs at any level of genuine user involvement.

Consumer participation at Centertown described a range of situations and structures which gave members the opportunity to influence decisions and actions that affecting them. In order for the programs at Harbourside and Hillside Centers to actually involve older people, opportunities for consumer participation need to be developed at three levels:

- (1) at the individual level in the development of individual programs
- (2) at the board level in the active participation in planning and policy decision making
- (3) in the day-to-day running of the organization

Strategies for Specific Centers

The following strategies by staff at Harbourside and Hillside may improve participation by older people:

1. listen to their perspectives
2. become familiar with programs that are designed on the partnership models in order to understand the changes required in the organization
3. learn from consumer-directed organizations.

Summary

Beyond specific strategies for community centers, two overall strategies to increase participation of citizens in program development need to be considered: the educational preparation of students in fields such as nursing, social work and recreation and the administrative structures of

social service organizations.

The preparation of students who indicate an intention to work in community settings should include courses with a broad social focus. Courses, for example, that analyze the effects of institutional control, address social policy development and implementation discuss the structural components of society and the interrelationship between the individual and the collective. An understanding of various implementation models, for example, the difference between service delivery and community development approaches. Skills in community assessment that include the consumer in the definition of the issue and the development of the solutions are important. Frequently in the past schools have prepared students to understand the individual and acquire skills in specific interventions but have paid less attention to the influence of the social environment on the behaviour of the individual. For example, barriers to participation such as paternalism, ageism, and poverty are not as readily discussed as depression and social isolation of the elderly person.

More importantly students who intend to work in the community should have a practicum in a community setting that models the participatory process, such as Centertown, or working within community development projects that work with consumers to address their issues. Their practicum should include an activity where the student works with consumers in a collective approach, i.e. instead of arriving at a community program with a six week series of lectures on "Depression and Aging", the student, instead, should start by giving the group of older people a description of his/her background and skills and ask them how they could work together over the

next six weeks.

Older people talk about health as having meaning, opportunities to be involved, friends and relationships. In contrast professionals usually refer to older people's health needs as care, services. Listening to participants involves a deep respect for individuals and their perspectives. Listening and respecting allows us to begin to see the individual's capacities (not just deficiencies) and how the person's energy can be used most effectively through processes which facilitate community and agency participation. It also creates the likelihood that true dialogue will emerge out of the relationship (Friere, 1968)

There is ample evidence that older people can tell their own stories and describe their concerns. In fact, their views are revealing in their richness, in their vivid descriptions, and in their common concern for action.

From my experience, it often takes a fair amount of time to build trust before older people are willing to share their hopes and concerns. Recognizing the importance of listening, it is possible to structure small group settings so that older people can share their viewpoints. As people gain experience in working in groups, they may learn skills, such as problem solving, working with other people, public relations, risk-taking, that support them to feel comfortable contributing to the larger community beyond the life of the local group. For mutual aid models to be effective, professionals must undergo somewhat of a role change. Older people must perceive real respect and understanding from people who are part of the partnership, or they are not likely to stay involved. Professionals who sit with participants to plan future directions of a program, or who work side by side with older

people to implement programs and alternatives, can no longer maintain the "distance" which so often characterizes the relationship between professionals and participants.

Strong leadership is a characteristic of effective partnership among professionals, older people, and other citizens. This leadership may be expressed through an effective facilitator or through carefully structured collaborative planning. Such leadership also recognizes that the difference in power between agency professionals, and older people is real and builds in opportunities to minimize those differences. There is a dichotomy between what we think we believe and what we actually believe, and that it is only by full participation with older people that we learn to adjust our biases and stereotypes.

In one sense, participation by older people is about empowerment and equality. The degree to which the system, public policy and our communities are willing to see empowerment and equality as vital goals and processes for older people is still open to question. While there are sources of understanding which suggest a great deal of potential for consumer participation, it is too early to judge whether the process of involving older people in the developing of programs and service will be limited to rhetoric or whether we are likely to see the development of comprehensive approaches and new realities in the years ahead.

In order to ensure increased participation by older people, we must work to make practices consistent with organizational values. Organizational values relating to consumer participation must be clarified. If participation by older people is actually valued, the degree and style of participation must

reflect the stated values. We must eliminate tokenism by having a significant number of older people participating fully in meaningful policy formulation and decisions.

A new sense of personal autonomy and dignity arising from the recognition of older people's basic rights and providing them with the opportunities to participate in decisions that affect them will build their wellbeing. An increased awareness of the interrelatedness and interdependence of everyone involved in this field, an awareness of our need to work together to overcome the underlying obstacles that impede progress - ageism, lack of understanding of needs, power.

Opportunities to participate in program planning and administration by older people is a means of giving older people a voice, registering their values, promoting programs that meet their needs and providing feedback on whether the program actually does what it is meant to do.

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