Linking Young and Old Institutionalized People

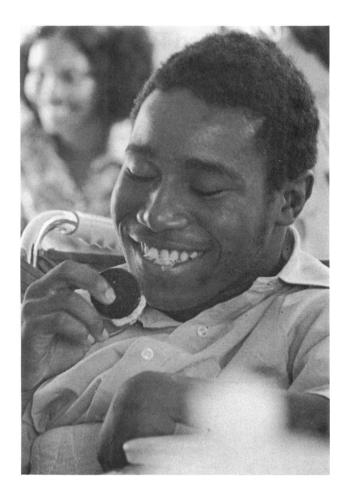
JERRY A. SOLON, PhD, REBECCA P. AMTHOR, MPH, MARGARET Y. RABB, BA, and JAMES C. SHELLEY, Jr., MDiv

Institutional isolation presents a problem so severe and the means for coping with it are so limited as to require fresh thinking about approaches to solution or amelioration. The concept of the undertaking described here is that paired institutions housing older people and young mentally retarded people can be of mutual benefit to each

other in a symbiotic association in which self-help also helps others.

Role losses that tend to accompany old age (1) are likely to be further aggravated in the institutional setting. As is characteristic of "total institutions" in general (2,3), the circumstances of the longterm care facility may induce dependency, inactivity,





lethargy, and deepening erosion of social role and status among its aged residents. Older persons who live in the community "may reaffirm the value of their lives through voluntarism" (4), but the institutionalized elderly person is not likely to have such access to a volunteer role. Through creative efforts, however, opportunities can be developed, as has been demonstrated in selected instances involving, for example, foster-grandparent-like linkages with young children in schools (5.6) and with mentally retarded adults in the community (7). In the instance described here, the institution chosen as the site for possible volunteer activity by nursing home residents was selected because it was less likely to be serviced by other volunteers from the community.

The two institutions that engaged in an exploratory experience were a proprietary nursing home of some 50 residents in Chapel Hill, N.C., and a large State mental retardation center at Butner, about 30 miles distant. Both these institutions were ripe for such an engagement. Murdoch Center had indeed tried for some years to interest community residents in volunteer service as foster grandparents, but it had been unable to secure people for such service. At the Chapel Hill Nursing and Convalescent Center the activities director had concluded, in attempting various means of inducing interaction between its residents and the community, that the most



effective interaction occurred in direct one-to-one relationships.

Purpose

This program to engage nursing home residents in service to institutionalized mentally retarded children was not launched as a research endeavor in itself. It was, however, considered potentially researchable; two preliminary steps were regarded as desirable to assure productivity and efficiency in any such research. The present project, thus, was instituted with these two objectives: (a) to observe from an initial experience whether the service concept involved was generally operable and (b) to derive from the exploratory exposure the research questions that would warrant structured study.

Implementation

The program was developed in three overlapping stages: (a) staff members of the two facilities, with participation of the University of North Carolina School of Public Health, deliberated and laid plans for instituting the pilot activity; (b) staff members recruited and oriented residents for participation in the activity; and (c) a series of alternating visits by participating residents between the two institutions was initiated. (The program was conducted during 1974. At present, following substantial turnover of staff and of ownership of the nursing home, the program is dormant.)

At the nursing home, an enthusiastic activities director began to spread the word of the oncoming activity among the residents, soliciting participation

Graig, 14, is mildly retarded, and very gregarious and talkative. He likes to be in on whatever is happening. He is very active, and has been able to get one nursing home resident (Dr. G) interested in a game requiring some physical activity. The older man generally likes academic and intellectual activities, but became a willing participant in the game. Craig is involved in each and every aspect of a visit. When the women participating in the project bake cookies, he is in on that, when bingo is going on, he participates, and when the games change again, he changes.

Dr. G, 82, retired distinguished professor at the nearby State university, has become very involved with the Murdoch Center boys. As the father of two girls and of one son who had died in early childhood, he finds young male company particularly congenial. He enjoys being admired for his knowledge of sports and likes playing checkers and other games with the boys. He remembers people very clearly. Since the time he suffered a stroke several years ago, his wife, with whom he shares a room at the nursing home, has made many of his decisions for him and worries about him a great deal. The meetings with the children provide him with an opportunity to express himself, since his wife does not attend. This greatly reduces his anxiety. He has also been very concerned about his vision, weakened as a result of the stroke; the activities with the Murdoch Center children help to show him that he is needed and interesting, despite the fact that he has to read large-print books.

☐ At the time of the demonstration described, Dr. Solon was on a special intergovernmental assignment from the Public Health Service to the University of North Carolina at Chapel Hill. He is now program planning officer of the National Institute on Aging, NIH. Ms. Amthor, then a student in public health at the University of North Carolina, is now with the North Carolina Department of Human Resources in Raleigh. Ms. Rabb, formerly activities director of the Chapel Hill Nursing and Convalescent Center, is now a law student at the University of North Carolina. Mr. Shelley is director of the Division of Children and Youth, Murdoch Center, a State institution in Butner, N.C.

This article is based on a paper presented at the annual meeting of the Gerontological Society, in Louisville, Ky., October 30, 1975. Tearsheet requests to Dr. Jerry Solon, National Institute on Aging, National Institutes of Health, Bethesda, Md. 20014.

by those physically and mentally capable. Her promotional efforts centered on the opportunity for the residents to serve as "foster grandparents" to mentally retarded children. Having experienced lethargic receptions from most of the residents when seeking to promote other activities at the home, she was not dissuaded (although somewhat disappointed) by their initial failure to match her enthusiasm. The residents' tendency to "hang back" indeed drove her to more effervescence in talking up the prospective activity.

An orientation of the nursing home residents to mental retardation was deemed wise, before making any attempt to bring them together with the children. Accordingly, an evening program was arranged at the nursing home, at which staff members of the mental retardation center showed a film.

Subsequently, after further promotion and skillful weaving of the notion of the proposed activity into casual conversation by the activities director, several hesitant volunteers emerged from the nursing home group, and a series of encounters with the children ensued.

Criteria for selection of children for the program were discussed and determined by the project staff. Five children were initially selected, on the basis of the following qualifications: not severely retarded, having no serious behavior problems, and possessing verbal and social skills. Some individual matching of a particular child with a particular adult was attempted, such as having complementary interest and skill in constructing airplane models or mutual interest in following sports or current events. The children chosen were instructed beforehand about the visits with the nursing home group and responded to the prospect with high enthusiasm. This eager reception by the children was maintained throughout the project's history.

The visits, alternating between the two sites, were held to about 2 hours. With transportation time of more than an hour for the round trip added, the limit of the older members' physical tolerance was about reached. Nevertheless, even the ride constituted a signal event in itself, becoming a stimulating, even if tiring, occasion.

The activities when the participants met were for the most part planned, not random. Each meeting had some prearranged activities—partying or picnicking, playing table games, mild sports, making cookies, teaching some skills, walking and talking, reading aloud. Spontaneous activity was constantly going on-lap-sitting, hair-combing and grooming, chatting (sometimes chattering), joking and joshing.

Mrs. F. 80 years old and very alert, is a steadfast supporter of the program of visits with the Murdoch Center children. Separated from her granddaughters and their children by some 50 miles and very affectionate by nature, she welcomes a chance to exhibit some of that warmth on a social occasion. She especially interacts well with the girls, holding them on her lap, reading stories to them, and looking at their schoolwork with interest. She always compliments them on their dress and appearance, which pleases them no end. Since Mrs. F is subject to occasional moods of depression, feeling that she has made friends who benefit from her support and encouragement helps her to regain a cheerful disposition.

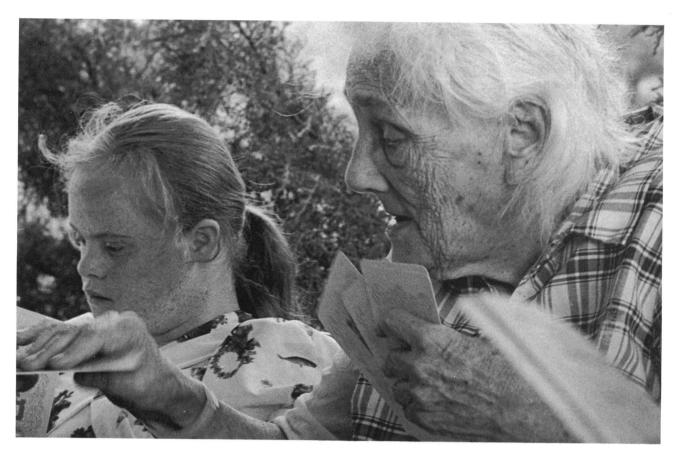
Assessment of Feasibility

Unstructured observation by the project staff, fortified by staff conferences, produced the kinds of evaluative and guiding judgments sought from this pilot project. The conclusions drawn from the experience are designed to be instructive both for the organization of such service programs and for the planning of appropriate research.

Overall, our judgment is that the service concept has been given validity by this initial experience. Despite not having had the most auspicious start, the activity exhibited evidence of growing appeal and satisfaction to the nursing home members, and the children were patently pleased from the start.

A fundamentally important observation about this type of activity is that its impact extends beyond the immediately participating members. A "ripple" phenomenon is evident:

1. Just beyond the expressly involved core group are "peripheral participants"—those persons who do not wish, or are not actually able, to commit to regular participation, but who do move in and out of the activity. Hesitant or skeptical or merely curious onlookers can be seen to hover at the periphery of activity underway, and to occasionally sidle over and even engage for awhile (some by way of testing, some not wanting more than a passing diversion).



- 2. Directly beyond and overlapping with this partially engaging group are observers—the "vicarious participants."
- 3. Not within ready view is another ring of aware residents. They are back in their rooms or elsewhere out of view, but sharing in the knowledge that something "different," in fact very extraordinary, is going on involving some of their fellow residents. After an event has taken place, they talk with those who directly participated, and stimulating communication occurs where before silence or bland conversation had commonly prevailed. Awareness of existing bridges connecting with the outside world is clearly of significance in the psychodynamics of "total institution" residents even if they are not directly engaged in those linkages. Hearing the sound of children's voices nearby seems to have a brightening effect on confined patients and arouses questions from them as to what is occurring.

The manner of introducing the notion of such an activity to the nursing home residents is exceedingly important. Two early events in the project are instructive in a negative way. Both of these experiences emerged, ironically, within the plan of a procedure designed carefully (but not carefully enough) to cope with sensitive aspects of this situation:

Ruth, 17, is an active group member who warms into a friendly relationship with some of the women from the nursing home. They read her stories, look at all the personal articles she brings, and comb her hair. One of the big events was cookie-baking. Ruth enjoyed this, and several of the older women gathered around to take part or to watch. Ruth often helps get the nursing home women interested in activities.

1. It was intended that the prospective activity not be "imposed" on the nursing home scene, but rather be posed as a possible activity if enough residents evidenced interest. In fact, the intended strategy was to start merely with a one-time event—to have a visit with children of the mental retardation center-and then to explore further from there. However, the unbounded enthusiasm of the nursing home's activities director broke through the intended reserve. As she went about her functions in the nursing home, in

which her ready effervescence worked charms, she bubbled over about the exciting prospect of a "foster grandparent" program. The residents, however, were not ready to contemplate themselves in such a role, and exhibited defensive mechanisms against importunings for enthusiasm and involvement.

Mr. Q, 83, a former textile plant manager, is happy to visit with the boys and the girls. He enjoys informal chatting and likes to treat the children as old friends. While he is somewhat confused in daily activities, these visiting sessions seem to pull things together for him, and he enjoys them completely. He worries about his loss of memory, but as his memory does not make a great deal of difference to the children, and his love and kindness do, he is very happy with the relationships he is establishing. He is especially responsive to going to the Murdoch Center itself, a trip which represents an adventure to him.

2. A plan to prepare the nursing home residents for the intended exploratory convergence with children from the mental retardation center, by having an orientation evening with the staff and a film, was wise, yet it boomeranged. Partly, this came about as a result of the premature promotion of the longer range prospect, which elicited defenses on the part of the older people against possibly getting "sucked in" to a perhaps unwelcome and even threatening activity. But more than this, the film of mentally retarded children shown on that orientation evening ricocheted in unfortunate ways among the nursing home viewers. Some of the scenes of the more severely retarded children had a traumatic impact, although this was not immediately evident. On the contrary, the initial assessment of that evening was positive. The staff observed that whereas some residents were typically inattentive and even talkative during film showings and other events, all were thoroughly absorbed in this film. Only Mrs. G, who left the gathering shortly after the film began (ostensibly because of her bladder), was observed to have closed her eyes with a show of disturbance. By the next day, however, evidence of more widespread disturbance among those who had viewed the film began to appear, with reports of poor sleep and even nightmares, and pained comments about the "awful" things seen in the film.

Given these seemingly unpromising beginnings, it comes as an all-the-more-impressive commentary on the undertaking as a whole that its subsequent development went as positively as it did. For in fact, residents did come forth to engage in the ensuing meetings with the mentally retarded children. The early missteps may even actually have provided positive outcomes too, in being so provocative. Those missteps certainly got the attention of otherwise often apathetic residents of the nursing home. They also sensitized the staff further to the need for sound planning and disciplined procedure even though the venture into such fragile territory was exploratory.

That only a handful of the nursing home residents emerged to form the core participant group gives us no concern. Indeed, given a population of frail patients at a "skilled nursing" level of care, we judge this to be actually a remarkable turnout, affording a powerful endorsement of the undertaking. Moreover, the ripple effects are counted as having an enormous effect on the whole nursing home environment, reaching virtually all the residents in one form or another. For example, a rash of newspaper stories with photos of participants in their joint events brought excitement and pride into a usually drab atmosphere. The news clippings were proudly displayed on the bulletin board in the main lounge. Credit, dignity, and self-esteem inured to the participants, reinforced by the outside community as well as by fellow residents. Unmeasured, but in abundant evidence, was the stimulation of conversation around this subject in a setting notorious for absence of communication and interrelating among residents.

How the elder's role is defined is of considerable significance. In the present instance, the preconception of that role was heavily influenced by the suggestive experience of the federally sponsored Foster Grandparent Program, which demonstrated the compatibility of mentally retarded children, among others, with older people (8). Consequently, the anticipated role of those who might join in the project from the nursing home tended to be visualized (and often verbalized) as akin to this demonstrated foster grandparent function. Based on experience in the pilot project, a cautionary note must be sounded. The prospect of undertaking a foster grandparent relationship to mentally retarded children had a ring of more responsibility and commitment than the elderly residents in the nursing home were then prepared to offer. And so, rather than having an inviting and stimulating influence, the prospect proved to have a deterrent effect. As this influence was recognized, the foster grandparent notion was softpedaled-at least made less literal-and the role was more loosely alluded to in various terms of volunteer community service such as friendly visitor, companion, and teacher.

There were times during the meetings of the groups when the role expectations were visibly reversed, and the children became teachers. This reversal occurred when an activity was more familiar to the youngsters, and they were instructing their elder companions. Thus, one youngster, as he was coaching a retired college professor in playing bingo, was heard to exclaim, "He's catching on!"

The pilot project was based on inter-visiting, alternating more or less between the two institutions. However, programs such as this should also avail themselves of other sites, to broaden the participants' horizons and relieve them of the institutional setting. For example, there might be joint excursions to a library, museums, ball games, or for shopping and other task-oriented purposes. The initial encounters especially would perhaps best be held on neutral ground, free of the institutional environment.

For any of these activities, including inter-visiting, transportation provisions must of course be made. In the present project, the 30-mile span between the facilities posed a formidable challenge. Fortunately, the mental retardation center owned a perfectly suited van with which to transport the youngsters to the nursing home. At the other end, access was negotiated to a van or station wagon belonging to the University of North Carolina to carry the nursing home residents. Such programs might give prime consideration to securing transportation arrangements through RSVP (Retired Senior Volunteer Program, another Federal ACTION-sponsored program) or other community agency.

Research Potentials

Identification of the needs and opportunities for research constituted the second objective of the project. The observations and evaluative judgments already made, while addressed primarily to the service aspects, actually come to bear considerably on research potentials as well. Thus, the dynamics of the older people's thinking that led them to deflect the frontal thrust of a foster grandparent role can profitably be explored. To what extent is their rejection of the idea rooted in society's rejection of them for such

serious roles? Do they foresee the threat of failure, anticipating another self-fulfilling prophetic putdown in a depreciating culture? Or do they actually believe themselves truly diminished in capability as well as confidence? But for whatever reasons, has their disengagement proceeded so far as to be past the point of no return?

Alternative role definitions can constructively be studied. Does sharing at a simple companionship level appeal more to persons in institutions than does an involvement connoting serious responsibility and role performance (such as the term "foster grandparent" suggests)? If participation is initiated in the less-committing terms, does satisfying, successful, confidence-building performance then open the door to more commitment and concomitant role enhancement, or is the role definition best left at a lower level of commitment for people in these circumstances?

These receptions and involvements can of course be expected to vary among individuals. What, then, are the qualities in people that produce the different responses and performances in the context being addressed here? Further, what criteria can be identified as indicating appropriate candidates within a nursing home environment for participation in a young-old institutional linkup? Correspondingly, what characteristics in the young members of such a partnership between two institutions make for the best relationships?

Open to development is participation by residents themselves in planning a paired-institution program. When a residents' council has been formed in an institution, such a body would seem to be ideally

Charles, 18, is a rather soft-spoken young man who is generally outgoing and friendly with adults. He is severely retarded. From his physical appearance he looks to be about 14 years of age. He has participated in the program only on one or two occasions, filling in for a regular group member. On these occasions, he played the role of a "historian," in that he went around getting names and addresses and autographs of those in the group. He was eager to be a part of the group and seemed to enjoy participating.

suited to the task. There would be unique opportunities for research with respect to this kind of body.

Left for late mention, although obviously warranting top billing, is the need to research the impacts of a paired-institution program on the quality of life and well-being of the persons involved in or touched by the program. The ripple and other effects of the program on the institutional milieu itself warrant attention in such evaluative research.

The staffs of the institutions should not be overlooked in the potential scope of research. What impact does the presence of such an inter-institution program have on staff members? Is it professionally stimulating, and in what ways and to what degree? What influence, if any, is there on the staff's perception of the residents? Do new perspectives and insights form with regard to the staff's assessment of the residents' capabilities and worth?

In the national Foster Grandparent Program the volunteers, who reside in the community and serve half-time with children in institutions, receive a modest stipend. Would a remuneration feature be additionally motivating to volunteers from the institutional sector? A comparative research design could well be molded to these and related questions.

This project, focused primarily on the aged in the nursing home setting, has equal applicability to other institutional settings. That the program took hold in a nursing home—a most problematic setting for such a test run-signals the viability of the concept and the basic hypothesis that aged persons in institutions can be tapped as a resource for service to institutionalized mentally retarded children and that such service can be accomplished through a mutually beneficial relationship between the two institutions. Highly appropriate for research would be comparative approaches to different institutional settings for the aged, ranging from the sick and frail aged to the well aged, and from highly institutionalized forms (nursing homes, homes for the aged) to quasi-institutional settings (for example, independent congregate housing).

References

- 1. Rosow, I.: Social integration of the aged. Free Press, New
- 2. Goffman, E.: Asylums. Doubleday & Company, Garden City, N.Y., 1961.
- 3. Wallace, S. E.: Total institutions. Aldine Publishing Company (transaction books), Chicago, 1971.
- 4. Seguin, M. M., and O'Brien, B. (editors): Releasing the potential of the older volunteer. Monograph of the Older Volunteer Project, Ethel Percy Andrus Gerontology Center, University of Southern California. University of Southern California Press, Los Angeles, 1976, p. 8.
- 5. Gelwicks, L. E.: Plan joins nursing home to nursery school. Mod Nurs Home 28:47-49, March 1972.
- 6. Sulds, V.: When the children come, so does laughter. Mod Nurs Home 30:45-47, April 1973.
- 7. Kalson, L.: MASH [Mutual Association for Self-Helpl: A program of social interaction between institutionalized aged and adult mentally retarded persons. Gerontologist 16:340-348 (1976).
- 8. Foster Grandparent Program: One part of ACTION. AC-TION pamphlet. ACTION, Washington, D.C., November 1972.

SYNOPSIS

SOLON, JERRY A. (National Institute on Aging, National Institutes of Health), AMTHOR, REBECCA P., RABB, MARGARET Y., and SHEL-LEY, JAMES C.: Linking young and old institutionalized people. Public Health Reports, Vol. 92, January-February 1977, pp. 57-64.

A proprietary nursing home for the elderly in the State of North Carolina succeeded in pairing itself for joint activities of residents with an institution for the young mentally retarded. The young and old residents of the two homes were thus enabled to help each other, and thereby to help themselves as well. For the nursing home residents, this program provided an opportunity to engage in respected volunteer work and to regain a meaningful role in the community. It is believed that indications drawn from this demonstration of interaction between a nursing home and a home for the mentally retarded can aid in further planning of such arrangements and in identifying research needs and potentials.

Although only relatively few of the mildly impaired elderly in the nursing home volunteered for the joint activity, the ripple effect of the project extended beyond the direct participants. Since residents of the two institutions alternated visits, nonparticipants had a chance to observe and even participate in the activities for short periods. Even those who chose not to participate at all shared in the enriched conversation that resulted from this experience. The project was obviously a source of satisfaction and pride to residents of the nursing home, and the activity was eagerly received by the mentally retarded youngsters.

The program demonstrates that aged persons in nursing homes can be tapped as a resource for providing service to institutionalized mentally retarded children and that a mutually beneficial relationship between the two institutions can accompany such service. Many leads for worthwhile research emerge from this pilot project.