RICE UNIVERSITY

THE AGED IN COMMUNITY PLANNING

by

Jerry B. Jones

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Audreen Todd

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BIBLIOGRAPHY
The living-forms of America's older citizens bespeak their ironic position in American life. Institutional forms of living present the aged as people rejected from society, disfranchised, unable to relate to the community as a whole. In addition, the American city is enmical to the older person and newer cities, when oriented toward human beings at all, are often designed for school-age children. This thesis proposes principles by which the older population can become a natural part of community life. Planning for the older population begins with a natural age-distribution, rather than the overconcentration of the retirement community, or the paucity of older citizens in suburban areas. Small groupings of the aged are utilized to afford the needed relationship with age-peers, and dispersal within the community is used to avoid the stigma of age-grouping. Pedestrian orientation centering on a commercial and residential mall allows the older residents of existing residential areas access to a space of some vitality and social import, where needed facilities such as clinics and shopping are available to the pedestrian. High-rise apartments at one end and main pedestrian goals at the other give movement through the central space and the mall's semi-enclosed residential groups. Functional and visual heterogeneity of buildings, human to and fro, spatial
variations, profile change, and level change have been utilized to provide variety, and islands of quietness, inner-directedness of planning, pedestrian scale, and retention of existing buildings offers familiarity to the older resident. The older person's children are encouraged to visit in the non-institutional environment, and medical facilities are available to the older resident by pedestrian access. Throughout the scheme, the independent household is used as the only expression of autonomy for the older individual. By such planning principles the aged can more fully participate in community life, and be represented as autonomous and worthwhile members of the population.
CHAPTER I

INTRODUCTION
Aging is a problem for all who do not plan to die young. With twentieth-century advances in medical science, a great proportion of the American population may expect to live into old age, yet the real environmental needs of the aged group have remained virtually unstudied, and members of our elderly population have been left to choose among a handful of thoughtless and outmoded forms in which to spend their last years.

It is obvious that something is amiss—the problem needs to be succinctly and clearly stated, so that solutions may be valid at the core, rather than a cosmetic refining of solutions to inconsequential questions.

The alienation of the aged is the primary problem: i.e., the basic problem is one of social isolation and rejection, and not one of providing a clean and physically adequate space anywhere the space can be squeezed in.

Probably at no period in history and in no culture have the old held such a bitter and unsatisfactory position. As their numbers have grown, their position has worsened. Twentieth-century America has not only witnessed a break-up of the three-generation family, but also a physically constricting curtailment of living space in the individual household. Unwanted in the cramped small home even when they are loved, and too often unloved because they are unwanted, the aged find their lives increasingly
meaningless and empty, while their days ironically lengthen. The added years seem to have come at the wrong end of their lives.

One of the greatest obstacles to any creative thinking on the problem of the elderly is the essentially negative attitude held by both informed and naive persons towards the aged and aging, expressed in a variety of cliches and stereotypes. In childhood it is "the mean old witch", in adult life the stereotype becomes the dottering and inefficient old man. From our earliest years we are taught that the old are stumblers, freaks, evil. By adolescence, a child's attitude has hardened into prejudice which he merely rationalizes as he matures. Senile is an ugly word, "old man" is not respectful. Instead we use ironic terms like "senior citizen" and "golden years" to salve our consciences. Do we treat the aged as citizens at all? How "golden" are the "golden years"?

The present ironic attitude toward the elderly manifests itself environmentally in the form of slum housing, inadequate single homes, rest homes, "old folks'" homes, and recently the "retirement resort", where the aged may frolic in a shuffleboard limbo.

Yet this vast percentage of our population remains isolated, alienated, alone. This thesis is predicated on the assumption that if the proper forms are provided, the aged
in America need not be estranged from the body of the Ameri-
can society.

The predominately negative attitude toward the aged reflects the great need for an environment for them which will allow for a new and more healthy relationship between the general public and the aged. The existing attitude is not much different from the attitude which spanned the English almshouse. In the past, too, the idea of charity conflicted with the idea of self-reliant individualism. We are still suffering from the dichotomy of a pious concern for the old and the poor, and a grudging suspicion of anyone being dependent and receiving money without the sweat of the brow.

There is a rising tide of interest in the problems of aging, but the investigations have been largely limited to the realms of economics, health, and basic shelter, and recently have centered on increased federal spending on the health needs of the aged population. Although budgetary allowances have increased, and legislation against job discrimination because of age has been enacted, it hardly needs to be pointed out that these may also be an evidence of retrogression, since fuller understanding of the problems of the aged would have precluded their necessity. The prevailing attitudes toward aging and the aged prevent full realization of the aged group's potential as an integral part of
American life. The proper functioning of any group, Ameri-
can society not excepted, is impaired when it fails to util-
ize the full potential of any sub-group.

This thesis has not been written without \textit{a priori} as-
sumptions. The outstanding assumptions can be presented
here as axioms, and are merely explained, not argued or de-
fended.

\begin{axiom}
\textbf{AXIOM I:} \textit{Human beings deserve the fullest possible life
at any chronological age.}
\end{axiom}

That is to say that elderly citizens deserve a mean-
ingful personal life, and a meaningful social relationship
with society as a whole. Judging from present conditions,
this axiom needs to be openly stated, and is apparently not
the \textit{a priori} assumption that one would think. Indeed, if
the present environmental alternatives offered to the aged
are indicative, the converse of this axiom is widely be-
lieved: that the aged cannot achieve or do not deserve a
full life, and should be ostracized and forgotten.

\begin{axiom}
\textbf{AXIOM II:} \textit{Form determines experience.}
\end{axiom}

If proper architectural and planning forms are not pro-
vided, the proper type of relatedness and personal experi-
ence for the aged group simply cannot take place.

It is certainly not difficult to take exception to this
position and advocate, for instance, the re-integration of
the aged into American life by a broad educational program aimed at replacing the present opinion of the aged with a more realistic and tolerant view.

This educational approach, however, ignores the fact that it is only through some sort of form that we can experience anything. The sociologist, Hugh Duncan, notes that even the simplest emotion depends on form, because an emotion cannot exist until it is expressed, and it cannot be expressed, in turn, until it is given form.

Duncan further states:

Form is a character of all experience. We arrange events and objects with reference to the ends, purposes, and values we struggle to reach ... Form then is the quality of experience which "carries" experience to its "own integral fulfillment". In this view, therefore, form is not imposed from without, but from within, for it determines the moment of consummation of the act. (2)

Our religious experience is determined by our form of worship. Love cannot be said to really exist until loving is given a form. Likewise, no amount of education can make
the public accept the aged if the present forms of living are not changed, and new forms evolved to express the acceptance of the aged into the community.

This thesis submits that only after the proper forms have been established can the re-integration of the aged into American life be accomplished. Such forms must be supplied by America's architects and planners. The statement of this axiom therefore implies not only that there is a problem, but that it is a distinctly architectural one which we must assume can be intelligently solved.

It has also been necessary to adopt certain limitations and generalizations in the material of this thesis. In attempting to investigate the needs of any group, there is a danger in overgeneralization and omission of relevant aspects which may not adhere to the general pattern. It is obvious that there is a wide range of individuation in any group, the aged group not excepted. It is nevertheless valid to assume that the many similarities among this group are grounds for a certain degree of generalization. The object of this thesis is to provide general design principles for new alternatives for housing the aged, instead of attempting to supply forms to include every possible deviation from the general pattern.

The scope of the material is limited by its almost exclusive focus on the phenomenon of aging in America, and its
particular national aspects. It might also be noted that total physical or mental incapacity has been considered as a concern of general hospitals, a branch of geriatrics which falls outside the scope of this thesis.

This thesis approaches the problem by ordering the pertinent material, drawing the proper design principles therefrom, and proposing both verbally and graphically new alternatives for an environment for the aged. The content has been limited to material of environmental import, and moreover, to aspects of aging which have been largely ignored in the present alternatives for living arrangements. Clarity and relevance have been kept foremost in mind in the presentation of the material, in recognition of the fact that the belaboring of irrelevant points has characterized most previous efforts in this field.

Re-integration of the aged populace into American society should not wait for a sweeping educational program to change the existing general attitude. Rather, efforts toward providing an environment for the aged must be predicated on the assumption that if the proper forms for this re-integration process are presented, the aging populace will regain its rightful place in society, and public opinion will change into a more realistic view of aging and the aged.
NOTES

Chapter I: Introduction

1 Hugh D. Duncan, Communication and Social Order, p. 375.
2 Ibid., p. 65.
CHAPTER II

CROSS-CULTURAL APPROACH TO AGING
The position of the aged has varied greatly in different societies. It will be helpful to survey the treatment of the aged historically, and relate the existing situation to that of the past. Since the approach of this thesis is largely social, the grouping is according to the various attributes of rejection and acceptance, using exemplary historical examples to illustrate the range of positions which the aged have held in various societies.

Vehement rejection accompanied by physical assault and killing of the aged is found in some cases among primitive societies, and is usually related to severe climate, impermanent residence, and irregular food supply. The Lapps, for instance, simply disposed of any decrepit person by a blow on the head, and many primitive societies, including the Arawaks and the Wintotos of South America buried their aged before they were entirely dead. There are accounts among the Hopi Indians of aged persons of "no use to anybody" who were helped to die.¹

Neglect of the aged, accompanied by death by exposure is not uncommon in primitive societies, and is usually associated with poor, nomadic societies of hunters or collectors.² The practice was fairly common among the nomadic North American Indians who often left their senile tribesmen to die at a campsite provided with food, water, and fire. The Xosa and Bushmen of Africa carried their decrepit members into the
bush to die, and certain Indian societies allowed their very old tribesmen to "take the last walk" and die in the forest. During the days of ancient Greece, the people of Bactria threw their decrepit members to be prey to dogs, until Alexander the Great put a stop to the practice. 3

Although the position of the aged in these primitive societies seems harsh, it is only because the killing or abandoning of a helpless or useless person was the simplest and perhaps most humane method of dealing with inescapable necessity. In these primitive societies, killing the aged resulted more often from the environmental necessities than from either the vision of a rosy hereafter or the vindictiveness of relatives. Thus in societies where food is scarce and travel a necessity, the aged members who consume and do not produce and retard mobility are rejected as an unbearable detriment to the community or neglected as an unwanted burden.

Although geriatric genocide is hardly comprehensible to the Western world, this form of treatment of the aged helps form one of the limits of the typology into which our present situation must fit. It is interesting to note that the "civilized" world is not entirely blameless even in the matter of taking the lives of innocent old people. Thousands of senile and harmless aged persons died in Europe and America, accused of "witchcraft" by a society which
needed a victim, and more often than not found the likeliest target in the harmless elderly group.\textsuperscript{4}

In some societies in which the negative aspects of extreme age were recognized, and yet in which the aged held at least a tolerable social position, the honorific suicide was not unknown. Warrior societies such as the Norsemen considered suicide as more honorable than a prolonged and pathetic old age, and old men of the Plains Indian tribes sometimes dressed in their finest clothes and sought an opportunity to die in combat. Even in climatically pressed but less war-like societies such as the Eskimos, suicide was commendable when "life became heavier than death". Voluntary death sometimes took the form of asking to be killed by the aged person's friends or close relatives, a practice which was usually considered an affair of great honor and solemnity, culminating in the ceremonial killing or suicide of the aged victim. In Imperial Rome, it was not unknown for an aged person to kill himself with his family gathered as onlookers. To most societies which countenanced honorific suicide, the act held either a mystical significance of honor and religious import, particularly in respect to the hope of a better afterlife, or was simply a method of allowing an aged person to honorably end an intolerable existence.\textsuperscript{5}

Throughout history, the most prevalent attitude toward
the aged has been one of resignation - the slow decline while waiting death. The attitude toward old age held by the Greeks is formally illustrated in the figure of Geras, the personification of old age who waited with Death at the end of human life. He is considered on one hand to be an evil and malevolent figure, and yet is never really feared, for his nature was too vaguely great to be entirely comprehensible. His representation in Greek art takes the form of ridicule through caricature - holding the inevitable at arm's length in an attempt to avoid accepting it. Perhaps we owe to this Greek god the beginning of our own similarly ironic attitude toward the aged. The inevitability of old age is a recurring theme in Greek literature, and often the waning years appear as punishment. This does not mean that the ancient Greeks had no idea of a hale, vigorous, and worthwhile old age, for reference to the virtues and happiness of old age can be found in Greek literature with no difficulty. They saw prudence, discretion, wisdom, and mature judgement as possible gains in old age, but recognized that old age might also represent an emotional and physical decline. Socrates was loathe to prolong his life lest he became "sand-blind and deaf and dull of wit, slower to learn, quicker to forget". The picture of old Oedipus at Colonus is truly pathetic, where "in the end he comes to strengthless age, abhorred by all men, without company, unfriended in that uttermost twilight where
he must live with every bitter thing". The Greeks were thus more impressed by the unfavorable aspects of the closing years, and tended to see the mental and emotional sides of old age in objective, but nonetheless pessimistic terms. Even in the advanced cultural society of ancient Greece, there is no evidence of societies established for provident and benevolent purposes, institutions for the care of the aged, or pensions, although it is likely that contributions were made by friends for these purposes as the need arose.

The Greek idea of aging is echoed in Roman thought. Cicero, in his essay on old age, states that "...old men of self-control, who are neither churlish nor ungracious, find old age endurable; while on the other hand perversity and an unkindly disposition render irksome every period of life". Cicero's thoughts bring us a little closer to the viewpoint of aging as a social problem. He further points out that the characteristics attributed to the aged are based not only on character, but arise to a great degree from the social situation in which they find themselves. Still, the general view of aging is one of resignation to an inevitable evil. Lucretious sees old age as a time when "the body is shattered by the stern strength of time, and the frame has shrunk with its force dulled; then the reason is maimed, the tongue raves, the mind stumbles, all things give way and fail at once". The tenth satire of Juvenal
gives an equally pessimistic view of the inevitable ills of old age: "...men pray to Jupiter for long life, and do not realize they are asking for a long old age, full of continual evils".\footnote{12}

For centuries after the decline of the ancient world, the views of aging and old people that had been developed by the Greeks and Romans continued to prevail. Old age was regarded as a period of deterioration toward a lonely death, and certain morbid conditions and forms of disability were looked upon as the special province of this time of life.\footnote{13} The architectural evidence of this attitude apparently first manifested itself in the form of the medieval almshouse, an institution conceived as simply the most efficient way of keeping the superannuated out of sight and out of mind. Although officially the almshouse was a communal establishment for charitably keeping the poor on a level of minimum sustenance, the aged, because of their concomitant poverty, were the chief habitués of the establishment.

Resignation to the inevitable decrepitude and melancholy of old age was also commonplace during the Renaissance and Baroque periods. Shakespeare's view of age as "mere oblivion, sans teeth, sans eyes, sans taste, sans everything" might be taken as exemplary of the period, and Burton's \textit{Anatomy of Melancholy} mentions old age as being kin to melancholia in its diminution of spirits and sub-
stance. Beginning in the Eighteenth century, a new concern for the aged citizens began to find expression in the field of medicine. The mental and physical diseases of old age were classified and studied, a new development which at least recognized the fact that the aged were a group needing special attention.

Although the general attitude of the West toward the aged has changed little since medieval times, the aged group has, in the last half-century, gained in number and importance: The "last leaf on the tree" is no longer a laughing matter. The attitude of resignation to uselessness is no longer realistic. An historical approach can at least help us to see the utter futility of the traditional Western approach to aging and the necessity of resolving the present stand-off.

In most societies the aged have fared poorly, but it is apparent that positive attitudes ranging from moderate respect to virtual deification have existed in the past. The Hebrew admonition "honor thy father and mother, that thy days may be long in the land" has been a force in unifying the Jewish family for many centuries. Needless to say, a similar Christian dictum has not had the same overall cultural impact. Examples are rife of primitive peoples who accepted the natural role of the elderly as one of respect, counsel, and leadership. In tradition-based societies,
the old members were the natural perpetuators of tradition, and gained much of their acceptance through their position as wise teachers of the eternal truths. In addition to the aspect of cultural continuity, the aged have enjoyed acceptance because of their religious or quasi-religious importance as objects of ancestor-worship. In the religion of Confucianism, the position of the aged becomes that of virtual deification, and forms the upper limit of expressions of acceptance by society. Within the framework of ancestor-worship, the treatment of the aged transcends respect and approaches reverence.

In the Chinese family the aged patriarch was the executive and financial head of the family, who had the authority to compel all of the family members to turn over to him all of their income. It then became his task to redistribute the family income in an equitable fashion for the benefit of the entire family. The elderly woman ruled the household activities, and directed the rearing of each succeeding generation of children. They also taught the daughters-in-law the traditions of the family, assigned household tasks to them, and saw to it that the family remained a functioning whole.  

It is difficult to place twentieth-century America concretely in the acceptance-rejection hierarchy, or to positively relate it to any previous concepts of social participation for the aging group. Our attitude seems
unique in its irony. Heretofore the aged were forthrightly rejected and persecuted, forthrightly ignored, or forthrightly honored. In the historical context, we can only judge ourselves to be at a "standoff", ironically admitting that we all desire longevity, yet relegating the long-lived to positions as second-rate citizens. The situation becomes more ludicrous as the percentage of the aged in our population grows. The elderly person is no longer a freak, likely to be persecuted on one hand or deified on the other. In a land of plenty, he is no longer a crushing economic burden, nor in our Western culture can he assume an uncontested semi-divine role as a community leader. From the historical standpoint, the position of the aged in twentieth-century America is largely part of the heritage of the Greco-Roman and Judeo-Christian attitude toward aging and the aged. Our attitude is one of age as a mildly oppressive and tolerable condition, in which the aged are begrudged a place of acceptance in some cases, but more often than not, tolerated as more or less useless parasites on the body of society, waiting out their final days.
NOTES

Chapter II: Cross-Cultural Approach to Aging

1 L. W. Simmons, The Role of the Aged in Primitive Society, p. 234.

2 Ibid., p. 288.

3 B. E. Richardson, Old Age Among the Ancient Greeks, p. 70.

4 Paul H. Hoch and J. Zubin, Psychopathology of Aging, p. 11.

5 Simmons, op. cit., p. 224.

6 Richardson, op. cit., p. 80.

7 Hoch and Zubin, op. cit., p. 4.

8 Ibid., p. 4.

9 Richardson, op. cit., p. 58.

10 Hoch and Zubin, op. cit., p. 5.

11 Ibid., p. 5.

12 Ibid., p. 6.

13 Ibid., p. 8.

CHAPTER III

EXISTING LIVING ARRANGEMENTS AND THEIR DETERMINANTS
The position of the aged in America is expressed architecturally in the forms America supplies as environment for the older population. It is difficult to assume a problem without first examining these existing possibilities of living arrangements in order to discover what they offer and in what ways they fall short. There are admittedly positive factors involved in most existing forms, but it is also apparent that the aged individual may cling to an inadequate mode of living simply because he is not aware that another form is or could be available.

It will clarify the problem to review the existing forms and their determinants, particularly in view of the fact that determinants of housing forms for the aged have begun to change rapidly in the last half of the twentieth century.

As medical science brings more and more people into later maturity and old age, a new pattern of independence of action for these age groups is evolving. This new independence, which expresses itself in the determination of an independence of living arrangements, is encouraged by a societal structure marked by earlier marriage, fewer children, earlier completion of child-rearing years, and mobility of adult children in search of economic opportunities. This means that many parents are left alone while still in their prime, still in the labor force, and frequently with a home
of their own to live in from middle age on into old age as a separate generation. Single people, in their search for economic opportunities, frequently grow into later years living alone, or at least with considerable independence. In addition, divorce in America is further changing "living with others" to "living alone".

In the process of rapid urbanization in the United States, a sense of family belongingness is being replaced by one of community belongingness, which is making the individual less dependent on the family. The broad assumption by society of health and welfare responsibilities is also providing more security outside the family circle, a security infinitely greater than that offered by the almshouse and poor farm. In addition, the lengthening period of retirement emphasizes the need for more ways to occupy the older person's time, whereas in earlier times the emphasis was more often on a place to "wait out" those last remaining days.

No one in the elderly group need be without some cash income. This one fact, which has influenced the patterns of living for the aged more than anything else, has come about with the increase of social security payments, pensions, annuities, and state old-age assistance plans. This feeling of economic security has caused present generations of the aging to be more expressive of their wants and needs
than were earlier generations. The growing economic position of the older population obviously will make it easier for the elderly individual to secure independence, even during lengthy illness or temporary disability.

This is not to suggest that the aged as a group are comfortably well off, for this is obviously not the case. Some aged individuals still live at a level of minimum sustenance. There is, however, no reason today to identify old age with poverty. The median net worth of the over-sixty-five population is $8,400 and rising. This accounts, for instance, for the fact that most older home-buyers prefer to pay cash for their houses, but few prefer to make a small downpayment with monthly installments.

Present generations of the aging are indeed beginning to feel the effects of this new economic independence. More important is the fact that payments from the various sources mentioned above are rising yearly. With this even greater rise of economic position, the elderly will in the future be able to completely re-orient their thinking and express their real needs in the realm of environment.

Modern technology is an important determinant of living arrangements for the aged person, in that improved transportation and communication are opening up new potentials for the individual in terms of the location of his household and access to the many advantages offered by various urban
centers. Other technological advances in recent years have served to make independent living much easier for the older person. Air conditioning, washers, dryers, pre-cooked and frozen foods, and improved refrigerators all make it possible for the aged person to live in his own household with a minimum of effort and worry. Most of these technological advances have been successfully integrated into the homes of the old with good result, and there is every indication that the rising economic stature of the aged group will make it possible in the future for more older people to enjoy the independence and comfort possible through these advances.

Investigation of the present living patterns of the older population reveals among other things the fact that the aged population is not as highly institutionalized as is generally believed:

<table>
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<th>Living arrangements</th>
<th>Percent</th>
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<tr>
<td>Living in households</td>
<td>94.28</td>
</tr>
<tr>
<td>Living in quasi-households</td>
<td>5.72</td>
</tr>
<tr>
<td>(non-institutional housing)</td>
<td>(2.63)</td>
</tr>
<tr>
<td>(institutional housing)</td>
<td>(3.09)</td>
</tr>
<tr>
<td>in homes for the aged</td>
<td>1.78</td>
</tr>
<tr>
<td>in mental hospitals</td>
<td>1.16</td>
</tr>
<tr>
<td>all other institutions</td>
<td>0.15</td>
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The figures above serve to substantiate the suspicion that the architect who spends his time programming institutional forms of living in an attempt to solve the total problem of environment for the aged is coming dangerously close to flogging a dead horse.

The truth is that most older people live in households of their own -- with spouse, relatives, friends, or alone. Significant also is the fact that of the over two million persons sixty-five and over not living with families, four-fifths live alone. In a recent study of the living arrangements of old-age assistance recipients, the author points out that individuals receiving old-age assistance live alone much more than persons in the general population, in a ratio of over 3.5 to 1. Households of two persons are nearly a third again as frequent, but households of three or more are considerably less frequent. Reports of other researchers in limited geographic areas also indicate generally small households among older people.

Several conclusions can be drawn from these simple facts. First, it is apparent that older citizens simply do not like the present institutional set-up, and consider it as a desperate last resort. The design of the perfect old-folk's home is imperfect before the fact. It is not a matter of making such institutions nicer, cleaner, brighter, or more efficient, since these measures are of no value when applied
to a basic concept of proven invalidity. The statistics also indicate that the aged with their smaller household size of one or two individuals might best be served with a smaller living unit, whether apartment or detached dwelling. The economic advantages of apartment-type dwellings would seem to be an advantage of some variety of proximate housing for the elderly.

The great American dream in the realm of housing is the detached house, situated on its own plot of ground. Although the general desirability of this sort of living is not the subject of this thesis, the question of its desirability for the particular problem of environment for the aged is pertinent to this investigation.

The greatest single factor in determining the single detached dwelling as a living arrangement for the older person is that of continued residence: the middle-aged couple or individual often continues to live in the same house as they pass from the middle years into the later years. This arrangement has several advantages, the greatest of which is the retention of old community ties and the resulting acceptance involving old friendships and social connections. On first examination, it seems that the ideal situation would then be the retention of the old family home, and the architect's problem that of providing independent houses designed for the change from middle age
to old age. As the situation exists, however, those who have maintained a household big enough for a large family find their quarters not only empty but burdensome. The family house becomes too expensive for their incomes, and too large to keep clean, except at an extravagant cost in menial service. In other words the vision of an uninterrupted transition from middle to old age is more than naive, and to assume that this transition can be completely expressed by the design of a "shrinkable" house is not facing the problem squarely. There are many indications that although the factors of excessive size and cost of the family home might be solved in the strictly architectural sense, the detached dwelling unit, by its nature of "detachment", may not be the ideal living arrangement for the older person.

The single dwelling on its plot of ground, which dominates the American city scene, is a statement of family independence by a mobile population. Since in the case of the older population both family and mobility are often lost, this type of living arrangement loses much of its validity for the elderly. The truth is that retaining the old family house is no guarantee of a full social relatedness through continued friendships and community activities, since friends die or leave, and community ties are likely to weaken as the older person's physical activity is curtailed. Moreover, when friends or community ties are lost, the older person
situated in his detached dwelling is in a poor position to regain them or make new ones. The detached dwelling can thus become an actual social barrier instead of a guarantee of social continuity in the community or neighborhood. For the older person, independence can become a lack of social relatedness, privacy can become isolation, and familiarity can become boredom with his environment if he remains even partially out of touch in a house too far removed from neighbors or community life.

Some new thinking is needed toward the possibility of a solution which will allow the aging individual to stay in his community if he desires without exposing himself to the inconvenience and isolation which may accompany the retention of the family home. The duplex-lifetime house has been suggested as a solution to the inconvenience of the over-large family house. One unit would be the small one-bedroom house for the early and late years; the other a three or four-bedroom unit for the period of family life. The duplex unit not in use would be available for rental at all times, to help amortize the original cost of the larger duplex structure. Measures of this sort are merely palliatives, although they may offer questionable relief from the physical and economic disadvantages of the old family home, since the social implications of possible isolation and withdrawal are still unmet by such solutions. The shortcomings of the family home as a solution for living into the later years
years do not need such programmatic "bandages" as mandatory
duplex ownership to provide for their solution. What is
needed is an entirely new approach, one which will provide
a means of reducing the burden of the larger family dwell-
ing while enabling the aging person to retain close commun-
ity relatedness. What is suggested here is that proper con-
sideration of the older population will greatly affect Amer-
ican town planning through a new set of principles applicable
to solving the problem of the proper place of the older in-
dividual in cities or communities of any type or size.

The understandable but possibly misdirected desire to
retain the single dwelling form of living has culminated in
recent years with the growth of so-called retirement villages,
communities composed entirely of older citizens residing in
independent, detached houses. These developments tend to
be speculative in nature, and are usually situated in the
traditional resort areas of the country. This type of liv-
ing arrangement inherits most of the previously discussed
ills of the usual single detached dwelling, and adds several
ills of its own. What are the positive aspects of the re-
tirement village which might motivate an aging person to
isolate himself voluntarily with a group of his age-group
peers? The appeal of the retirement village to the older
person seems to rest on several diverse factors. The re-
sort atmosphere, which has a certain appeal to members of
any age group, is specially noted by residents of such
communities as one of the prime reasons for their preference of this type of living arrangement. The other factors usually mentioned by residents center around aspects of homogeneity. Thirty-three percent of the residents of such developments list living with other aged people as the biggest single factor involved in their choice. There is no doubt that an environment composed entirely of aged individuals supplies a certain amount of quiet and privacy. Those who desire to get away from children and dogs and live an undisturbed life can find the quiet and privacy they desire among their quiet and privacy-seeking fellows. The retirement village thus offers quiet, privacy, and inter-group relatedness to members of the aged group. What is lacking, of course, is any degree of social intercourse between the village and the community at large. Since the retirement village is a development of the last few years, the well-meaning developers are likely to envision their developments filled with fun-seeking retired persons, willing and able to live in their detached dwellings while pursuing with vigor the varied pleasures of sun, surf, and squash. Residents of such developments are also pictured as equally able to continue active and energetic pursuit of social contacts both with their fellow-residents and residents in areas immediately accessible by automobile. Most of the inhabitants of these developments are indeed able to presently engage in such pursuits because most such retirement villages are at best
only a few years old, and most residents still in their sixties. As the age level of these communities rises, the concomitant curtailment of physical energy may turn these happy havens into mere dying-places for their inhabitants. The most glaring shortcoming of the retirement village is its emphatic statement to society of the separateness of the aged as a group from society as a whole. This suggestion that the aged are unusual or strange only magnifies the total problem of the aged in America. The retirement village can thus be typified by stating that it establishes temporary activity and intra-group relatedness at the price of community relatedness, and fails to make a strong statement that the older individual is an integral and worthwhile part of society.

The retirement resort is an even more blatant statement of the "fun for old folks" philosophy. These institutions are more emphatically isolationist in concept, and are planned for even higher concentration of older residents around the shuffle-board courts. A greater degree of intra-group sociation is established, and a proportionately lesser degree of community relatedness results. It is only natural that the growing group-consciousness of the aged in America should manifest itself in a desire for group living, but it is hardly realistic to imagine that it is necessary to estrange an entire group of people to find a moment's solitude, or spend a quiet afternoon. In addition,
the resort usually supplies all necessities and luxuries, from food to planned activities - a paternalistic attitude of questionable value to the resident. The factors of poor medical planning and high expense can be ignored here, since these are mechanical problems which could presumably be solved if efforts were concentrated in this direction.

Both the retirement "village" and the retirement "re-sort" are architectural embodiments of the rejection of the aged in America. Since few forms exist which allow them to find their deserved place as respected citizens, they escape into the false haven of their partners-in-rejection, substituting hollow recreation for contact with the rest of the population. These developments appear to be an honest but desperate and misdirected attempt to provide the rejected aged of American with something to do with another friendly human being. Even this last justification of these new developments is questionable, since the possibilities of "something to do" in even the most expansive development for old folks is limited in comparison with the opportunities offered by the normal urban environment. The thinking of architects and planners must be directed toward a totally new concept of re-integrating the old into the American community--both young and old will benefit.

The search for acceptable living arrangements has recently led to the development of chains of "retirement
hotels" in some sections of the country. These institutions are usually old hotels which are no longer profitable under normal operation, and which have been specially converted for exclusive occupancy by older residents. Though it would seem that this type of arrangement takes advantage of some older people's affinity for the hotel atmosphere, on closer examination it appears that most of the characteristics which might draw the older person to such an environment are missing. The appeal of the hotel lobby is usually that of continuing activity, with a quiet nook for meeting friends or watching the passing parade. When the lobby is full of nothing but other wrinkled faces, the atmosphere changes to that of a high-rise old folk's home.

Oldsters who choose this form of living are drawn primarily because the hotels are usually conveniently located near bustling business districts. The retirement hotel offers at least some immediate access to excitement and activity, and a place of retreat for peace and quiet. There is, however, precious little chance for normal contact with younger people in this type of segregated set-up. From the sociological standpoint, the retirement hotel can become merely a vertical symbol of the segregation of the "old" from the "young" in American society.

The factor of mobility in America has produced a most unusual form of living for the elderly in the form of trail-
er parks. Although fraught with obvious esthetic disadvantages, communal living in trailer parks has been adopted by a small but growing number of older people. The appeal of trailer park living illustrates one of the unrecognized aspects of aging that makes the retention of the old family home not the ideal solution it might seem. That is, the aged are often perfectly willing to abandon familiar surroundings in preference to other qualities in their environment. One of the greatest appeals of this type of living is that the elderly person has a wide choice of locations if he does not like his surroundings. Many elderly trailer park residents actually move periodically from park to park, perhaps in search of more congenial neighbors or perhaps merely to assert their freedom of movement. Such movement allows for variety through exploration, an important psychological factor. Mobility also gives a variety of relationships which insures that the other person will not be forced to live with the same limited group of people until death.

The first reason given for their choice by residents of trailer communities is that such living actually allows for more intra-group relatedness. Living independently at rather close quarters, with common facilities and intimate spaces, the residents see more of each other and become better acquainted. Although the trailer park is economical and offers independence, it is still a negation of the right and possibility of the older population to a place in the
American community. This type of living arrangement can hardly be taken as an ideal solution for living in the later years, but for the older person with the human craving for independence and excitement, there exist all too few possibilities for a suitable environment.

When the older person finds himself becoming increasingly isolated, less able to establish contact with any portion of the community, and psychologically fearful of his inability to cope with health problems, he often jumps to the conclusion that he must enter an institution which will give him companions and "take care of him". These institutions are all basically similar, and are variously known by such titles as "nursing homes", "rest homes", or "convalescent homes", among others.

Such institutions share these three common characteristics: (1) The relinquishment of independence by the resident in order to gain the care of the institution, including provision of health care, planned activities (if any) and communal food preparation and dining. (2) Congregate residence in an environment exclusively made up of older people, in a building or building group set apart from the surrounding community. (3) Constant supervision by the staff of the institution.

It appears that the concept of the old age home which typifies America's institutionalized aged has progressed
little beyond the poor farm or almshouse. Treatment is a little more humane, though horrifying examples are still brought to light even at the present:

Some time ago an old lady... came to my consulting room for her regular check-up. She is now growing quite old and mentally no longer so alert. It appeared that she had changed her address and had moved into a nursing home and, as it happened, the worst nursing home I know. I said to her: "Why have you done this?" She replied: "It was not my wish, but I had a temperature for a few days and I was somewhat confused. Then my daughter took me to this nursing home in a car." I asked her what she thought of it and she answered: "Terrible." I asked her why she did not leave and then she said: "I cannot very well can I, seeing that the door is locked". During her visit to me she was guarded by a member of the nursing staff and the sturdy cook of the home. 9

It is not melodramatic or over-sensational to state that old age homes are still too often guilty of actual physical maltreatment of residents:

Shocking evidence of inhumane treatment are known to exist in homes located in all parts of the country. In some homes patients strapped to their beds have been found by State inspectors... Complaints sent to local and State health departments reporting that patients were given drugs to induce almost continuous sleep were investigated and found to be true. Many complaints are made of harsh treatment to patients who are incontinent. Some homes are known to refuse fluids to these older people or give them medication to cause dehydration. 10
The specter of the "poor farm" still lingers over contemporary institutions for the aged. A limited amount of artificial light is furnished, and standards of sanitation are somewhat higher, although even this is subject to conjecture if the odors encountered in many institutions are at all indicative.

While still clinging to the common characteristics mentioned above, old age homes vary between two poles in the matter of emphasis: the country poor farm with its charitable intent and barracks-type wards, and the quasi-hospital environment of the infirmary serving all too often as a place to wait for death.

At the risk of an overlong quotation, the objectives and policies of old age homes as seen by an architect versed in the field of social gerontology are quoted here at length.

In terms of objectives and policies the average institution is a charitable home for the person of limited means; it apes, as best it can, the techniques of the subhospital, presumably offering tender loving care (which is actually almost never tender, bears little relationship to love, and is too frequently an antiquated sort of care).

Never having been established on a sound fiscal basis, it characteristically describes itself as a functionally financially poor institution serving poor people as best it can. On the other hand, many institutions established on a sounder fiscal basis have permitted themselves to grow and extend their services without considering the effect on the physical and psychological environment or on economic levels of operation.
The institution...finds itself more and more heavily populated by sicker and older old people and simply accepts this as "the trend". Seldom does it try to determine to what extent it has brought this condition on itself, either through the kind of environment it has provided or through its failure to recognise the medical, social, and technical resources available outside its walls.

Other institutions have interpreted the trend as indication that the institution must itself provide the full range of facilities and services...They have directed their growth and expansion to include some single-family detached houses, some apartments, some dormitories or residence halls, some beds for nursing care, and some protected areas for confused and senile patients...the institution is guilty of over-extending itself.

In a highly developed in-city area, the institution is frequently on a site that has been engulfed by expanding commercial and industrial enterprises, if not by urban decay and blight. In such cases there is less concern about how to integrate residential life into the life of the community and more about how to insulate residential life from the unfavorable immediate environment.

Or there is the fifty-year old institution originally built on the outskirts of the city. It sits proudly back from the street, cut off by a broad landscaped lawn from the residential life about them, and is thus denied many of the latent advantages of its location.

Then there is the institution...located in an almost completely rural area. In such a location, it is difficult to integrate older people with normal community life--indeed, only isolation with other old people is possible.

The old age institution is generally massive—if not monumental—in scale...the institutional control of entrance and egress has been so pervasive that only the building codes with their required number of exits that serve to break it down. Almost never is there an entrance at ground level—almost never is there
development or utilization of landscaped grounds: two and three-story buildings, even where land is abundant are typical; even inadequate elevator service is defended, on the grounds that some individuals are able to climb stairs and want to do so.

Individual quarters turn out to be woefully inadequate at best...rooms are usually small dormitory cubicles with lavatories in the room and barely enough floor space to accommodate the essentials of bed, chair, and dresser. Some institutions have inherited wards that house individuals in the worst old-fashioned hospital style. Large rooms for sitting and social activity have long been the order of the day, but these are empty at almost any hour...kitchens generally contain the most antiquated equipment for food preparation, except where the local health officer may have imposed higher sanitation standards...

The ills of present-day institutions for the aged may be expanded ad nauseum. The picture of these institutions given here is a fair representation of the main alternative with which the older person is faced if he finds his present living arrangements unsatisfactory.

In order to fairly judge the idea of institutional living, however, let us assume that the mechanically and physically perfect home for the aged could be designed. We are then left to consider the aspects of (1) institutional care and the loss of independence, (2) congregate and completely homogeneous environment for the aged, and (3) constant institutional supervision. It will be more fully noted in later chapters that all these factors are not only psychologically damaging to the older individual, but also restrict
any rewarding association with other aged persons or the community at large. What has apparently never been fully realized by architects, planners, sociologists, or gerontologists is that a building or building group which states its purpose as "housing old people" doubly compounds the total problem by insinuating that its residents are different or even inferior. No proper communication or social relatedness can take place so long as there exists the architectural statement that aged as a group are unequal or peculiar. Isolation in any form is therefore both a physical barrier to the old, and a psychological barrier to the community at large, preventing not only social intercourse, but a proper image to society of aging and the aged.

At least one other new development in living arrangements for the aged holds environmental implications. A few communities have recently instituted "foster home programs" with the intent of having younger families "adopt" an elderly person who comes to live in the house with them. In the better planned programs an effort is made to match the family and the older person in somewhat the same manner that young children and foster parents are matched before adoption is allowed. Though it appears that this type of program offers guaranteed family acceptance by its voluntary rather than consanguine nature, it has gained little acceptance because of several inherent weaknesses. First, it inherits both the negative and the positive characteristics of the three-generation family. Second, it introduces the
rather unsavory but necessary pecuniary element: the host family usually expects to be at least partially reimbursed for room and board, either by the older person or the community agency. The fact that the family is literally paid to keep him is not calculated to make the new third-generation member feel himself a natural part of the family.

Even with these limiting factors, the foster home arrangement can be thought of in the same light as the living-with-children arrangement: If the aged member is truly accepted as an indispensable member of the family, if he will not become an economic burden, if he can be comfortably accommodated, and if he can thus lead a full life both as an autonomous individual and a member of the community, the arrangement can be considered as satisfactory.

The existing alternatives of living arrangements available to the older population are, on the whole, inadequate in most important aspects. Present efforts are too narrowly confined to the problem of "housing" the elderly. The problem of housing the aged is only a small part of the total problem of restoring old people to a position of dignity and use, of giving them opportunities to form new social ties to replace those that family dispersal and death have broken, and of extending to them functions that draw on their precious life-experience and put it to new use.
It cannot be overstressed that what is advocated here is not a type of "housing", but a set of principles to be applied to all aspects of environmental design. In order to implement such design principles, the theory of segregation upon which most American communities are zoned must be challenged. Such zoning theories prevent apartments, row houses, and shops from being placed within walking distance of each other, thus making it impossible in many communities to buy a loaf of bread or a tin of tobacco without going miles by vehicular means to the shops. Under such ordinances, it is impossible to give the old (or for that matter the young) the kind of variety that their environment should have.

It is imperative that we press the search for new alternatives by a fresh consideration of both design restrictions and the heretofore unrecognized social, psychological, and physical aspects of America's older population.
NOTES

Chapter III: Existing Living Arrangements and Their Determinants

1 See Chapter IV, "Social Aspects of Aging."

2 "Built to Older People's Taste," (anon.), Business Week, April 15, 1961, p. 47.


4 The term "household" refers to any self-sufficient living unit and does not distinguish between detached houses, apartments, trailers, or houseboats.


6 "Built to Older People's Taste," op. cit., p. 47.


9 F. J. H. Nierstrasz, Building for the Aged, p. 7.

10 Ibid., p. 7.

11 Drake, op. cit., p. 337.

12 Ibid., pp. 578-581.

13 Clark Tibbitts, Handbook of Social Gerontology, p. 578.

CHAPTER IV

THE SOCIAL ASPECTS OF AGING
It has been previously noted that the forms of our environment determine the kind and degree of relatedness which is available to us. With the particular problem of the aged, the questions which must be answered are: What is the social relationship between society in general and the aged, and the social relatedness between the aged in the intra-group sense? The aged require a certain degree and type of relatedness. The forms must be provided which will allow this relationship to take place. From the social needs of the aged person we can draw design precepts to give direction to the search for new environmental possibilities.

One of the phenomena of greatest social import to the aged is a growing group-consciousness, a primary cause of which is the simple numerical growth of the group. The significant increase in the proportion of the aged in the total population is directly associated with the increase in life expectancy. Since 1900, the population of the United States has almost doubled, whereas the number of persons sixty-five years of age and older has more than quadrupled. In 1900 the percentage and number of persons sixty-five or over in the total population was 4.1 percent, or 3,080,000 individuals. In 1950 the proportion of the aged in the population and their number had risen to 8.2 percent, or 12,300,000 individuals. Today the figure stands at 8.6 percent, and
14,400,000 individuals. In 1962, a thousand persons reached the age of sixty-five every day.¹

By 1975, the Bureau of Census predicts we can expect one in ten of our population in the aged group, with about 138 older women for every 100 older men.² In short, the aged segment of the American population is growing much more rapidly than the general population.

This growth of numbers has resulted on one hand in a growing solidarity and group-identification among the aged, and on the other hand has resulted in age-grading of the aged by society as the public recognizes the importance of the aged as a group. There has even been speculation among gerontologists of late that this growing group-identification may constitute an "aging subculture".³ In other words, some people are beginning to think of themselves as part of an aging group, a group with particular tastes and needs, and capable of group rather than individual action, to the point of becoming a powerful voting block.

This increasing group-identification has helped establish in the elderly group a growing degree of generational solidarity, a phenomenon which is important in investigating the degree and type of intra-group relatedness proper to the aged group.

Americans tend to see themselves in generational groups
marked by a high degree of horizontal solidarity. This division into nursery age, pre-school age, pre-teen, teen, late teen, young adult, adult, thus gives a certain amount of desirable group identification within the generation. Group-consciousness affects both society's view of the aged individual and the aged individual's view of himself.

It is apparent that the aged citizenry may legitimately be classified as a "group", but does it necessarily follow that they are a "minority group", subject to the sociological factors involved in such a grouping? In many respects the aged definitely show the necessary characteristics of a minority group. They are subject to categorical discrimination, they have relatively high visibility (i.e., as a group they have visually discernable characteristics), and usually form a functioning subgroup. Stereotypes are held about the group, and discrimination is common. Minority status has always led groups to greater solidarity based upon mutual interdependence for emotional and social support. As there is identified a special aged subgroup of our society, minority status becomes more likely and more meaningful.  

When, as in the case of the aged group, generational solidarity coincides with minority group solidarity, certain characteristics of the group-relatedness can be inferred. Between individuals of equal status and similar roles, solidarity rests upon the things they have in common,
while with individuals of different levels of competence or autonomy (e.g., mother and child) solidarity is based not on similarities but on mutual obligation, a much more demanding relationship. These factors would serve to make intra-group relationship not only rewarding through the sharing of common interests, but also easier, since the elderly would be more likely to find equals among fellow age-group members, and since the horizontal-generational relationship is simply less demanding.

This affinity between older people is also based partly on their common role changes, partly on their physical limitations, and partly on having had common generational experiences in a rapidly changing society. Thus, in certain respects, the elderly tend to interact with each other increasingly as they get older, and with younger persons decreasingly.

Given the desirability and necessity of this intra-group horizontal relatedness, it is possible to draw a basic design concept, upon which to base more particular precepts concerning environmental forms and their relation to intra-group relatedness:

DESIGN PRECEPT I: The aged individual needs forms which allow a rewarding relatedness to other members of his own age group.
Exactly what a "rewarding" relatedness is will vary with the individual, but should be based on a maximizing of communication between the individual and his age-group peers. It is only natural that the growing group-consciousness of the aged in America should manifest itself in a desire for social intercourse within the group, expressed in some form of proximate physical relationship between individuals.

The homogeneity implied by such a relationship is not only desirable, but often of crucial importance to the aged individual. The positive aspects of a homogeneous environment have been extolled by gerontologists:

Although we often speak of heterogeneity as desirable in community life, several studies indicate that homogeneity can have great importance in the community... homogeneity (aims, objectives, and common interests) of the social structure fosters good adjustment of the group and its members. Homogeneity is of crucial importance in group formation and... only very powerful inhibiting factors can prevent social interaction among people of similar status whenever the opportunity arises... homogeneity (economic, occupational, and educational) fosters the formation of primary friendship and interest groups, which in turn facilitate good adjustment...

On the other hand, it is true that... homogeneity in the immediate living environment might justifiably be sacrificed in order to fulfil other needs.

But, is it necessary to sacrifice the valuable factor of homogeneity in order to gain a relationship with others
outside the homogeneous group? The basic assumption of mutual exclusiveness between inter- and intra-group relatedness must be questioned.

If this interaction within the aged group implies some kind of proximate living arrangement as a possibility, it emphatically does not necessarily imply a withdrawal from society in the form of institutional living. The ideas of intra-group and inter-group relatedness are not mutually exclusive for the aged group, despite the existing forms of institutional living, which not only severely limit their social relationships with each other, but also isolate them from society as a whole. Although members of the oldest part of our population do need and deserve to be socially related with others of their own group, the aged can hardly afford to let this group-consciousness become a symptom of estrangement from society:

Even if it could be assumed that architectural forms could be created for isolated groups of older people which would allow them to perfect their intra-group associations, the forms would still be only a partial answer.

Something beyond the perfect old folks home is needed to fulfill the social functions of the older individual: consideration must be given to the older citizen's relationship to society as a whole. Any observation on the inter-group social aspect of aging must begin with the simple observation
that the older person is usually less involved in the life around him than when he was younger. In gerontological terminology, this phenomenon is defined as "disengagement", and does not imply any withdrawal from society. The process of disengagement is based on an increased self-interest, and is usually accompanied by a new relationship to society characterized by greater distance, an appearance of self-centeredness which involves a lesser sense of mutual obligation toward society, and a transferral of much of the aged person's inner cathexis to his own inner life--his memories, his fantasies, and his image of himself as someone who was something and did things. This inner-directed aspect of aging is important, and is intimately bound with the psychological aspects of the aging process of the individual. The environmental implication should be stated here, and qualified further by the psychological aspects:

DESIGN PRECEPT II. The aged individual needs forms which allow privacy and the opportunity to be alone.

The aged person, however, may be too often alone. Aloneness is too often forced on him to an excessive degree, resulting in isolation instead of privacy. Thus sufficient aloneness is not the major problem. The especial viciousness of the extant alternatives for old-age housing, even the most luxurious, is lack of social interaction and stimulation from the community at large. The absence of meaningful human re-
relationships, especially those involving responsibility, is disorganizing to the psyche at any age.

Our present forms of environment for the aged have not only disallowed any real contact between the aged and the community, but even worse, they have expressed through the isolation of the aged population the statement that the aged are not even considered a part of the community. These related problems point to the fact that the aged must be physically integrated into the community, both from the view of social relatedness, and the image of the aged as a necessary part of the community. The precepts drawn from these related aspects are undeniably the most important principles of planning an environment for the aged.

DESIGN PRECEPT III. The aged individual needs forms which allow a rewarding relationship to society as a whole, and which express the acceptance of his age group as part of the community.

The existing alternatives of housing the aged population express either overtly or covertly the isolation of the aged from the rest of the community. No matter how well designed, the housing unit which announces "this is where the old people live" is a statement of social inequality and thus a barrier to communication and social intercourse between the elderly and the community. The worst possible attitude toward old age is to regard the aged as a segregated
group. Are they to be removed, at a fixed point in their life course, from their relatedness to society and their normal interests and responsibilities, to live in desolate idleness, relieved only by the presence of others in a similar plight? Rather, let us ask by what architectural and planning forms can we restore to the aged the acceptance and respect that they once enjoyed in the three-generation household at its best. The American critic Lewis Mumford cites exemplary cases of well-intended solutions which were doomed at the outset:

At some point in conceiving a good habitat for the aged, we must of course come to an architectural solution; but we must not for a moment imagine that...beauty and order and convenience alone are sufficient. One of the most generous quarters for the aged I have seen is the old Fuggerei in Augsburg,...composed of one-story row dwellings, giving privacy to each old couple, with a handsome chapel and a fountain. But this "city for the aged and poor" is set apart from the rest of the town; though it has beauty and order, it lacks animation; at best it is only a handsome ghetto. The objection against this solution was indignantly put to me by an old man in another comely quadrangle for the aged near Manchester: a modern building set in ample grounds looking inward on a spacious grassy close; also with a little chapel where the dead rested before burial. At first glance, the peace and beauty of this spot seemed "ideal" --but the inmates knew better. They now had, alas! only one occupation: remaining alive. When the bell tolled, it tolled not only for the departed: it ominously summoned those who were left. "All we do here", said my informant, "is to wait for each other to die. And each time we ask ourselves: 'Who will be next?' What we want is a touch of life. I wish we were near the shops and bus stations where we could see things".9
The problem has been well stated by several gerontologists, among them Dr. Dasco at New York's Goldwater Hospital:

"...no matter how good a time they're having they are in a form of exile. They should be kept in the community, baby-sitting, counseling, or whatever, doing whatever they are able to do as long as they can...they'll keep a sense of usefulness and stay young longer".10

The problem of the segregation of the aged in institutional housing has been "viewed with alarm" by governmental officials seeking to improve the plight of the aged, but little constructive has been done. Governor Nelson Rockefeller in his report on housing for the aged in New York stated:

"...I have often been stirred by seeing how much older people like to mingle with others. The aging who see nothing but other wrinkled faces are often starved for the sight of young people and children."

These statements might be taken as maudlin suppositions if they were not supported by research on the willingness of older people to live in the neighborhood of younger families and children.

In a 1952 survey among a random sample of 868 older people, 96 percent expressed willingness to live among younger people with no children, and 80 percent expressed willingness to live in neighborhoods with young children. Curiously, the relatively small group of objectors was found...
among the sixty to sixty-nine year age group. While 60 percent of the sample under the age of seventy had no objection to young neighbors with or without children, 84 percent of those over seventy expressed such toleration. Toleration is probably a less adequate interpretation of these results than the hypothesis that the older people in their diminishing strength felt a greater security in the nearness of younger people.\(^{11}\) It has also been observed that although the old person thinks that children refuse him needed peace and quiet, he more often craves their excitement, and courts their affection at every chance.\(^{12}\)

Although in previous times the three-generation family has given social acceptance to the older generation, the three-generation household is a waning institution in twentieth-century America. It has been suggested that friction between younger relatives and the older person over the rearing of children and the clearer recognition of the aging process by the older person are the basic problems which make the third generation an addition of doubtful value to the American home. Gerontologists also suggest that harassment, as to how to stay young and healthy, and the constant contrast between the health and vigor of the two generations may also be a major contributing factor.\(^{13}\)

It is unfair to dismiss the three-generation household as a complete sociological failure as have several authors.
L.P. Gardner in reporting on a study of aged persons living with relatives, found that the relationships between children and their aged parents produced frustrating conflicts mainly centered around the "older person's interference in family affairs and personal habits." Such statements seem narrow, and ignore the fact that intra-family relationships are affected by many factors: ethnicity, religion, health, economics, and population density.

A recent study in Pennsylvania revealed that there was a definite tendency for older persons who lived in their own households to be better adjusted than persons who lived in the homes of their children. Although this may be generally true, it is unfair to condemn all such family situations as instruments of maladjustment among the older members. Such sign of maladjustment among the older members of three-generation families is also attributable to a set of complex factors involving a decline in health and income or a change in marital status -- factors which are independently related to adjustment.

Kingsley Davis points out that three variables are likely to produce generational conflicts in any society: The age differential between parent and child, and the advent of decreasing socialization with advancing age, and the intrinsic differences between young and old on the physiological, psychosocial and sociological planes.
Even though these negative factors do exist, there are several considerations which make it necessary for the members of the older generation to live with their children. The first of these considerations is economic — when the older person is not financially able to have a home or rent a place in which to live. Second is the matter of poor health. Even if the older person were able to afford a household, he would not be able to take care of himself or the property. Health and economics are, of course, not the only reasons why aged parents live with their children's families. In many close-knit family groups, the third generation is an indispensable part of the home. Many well-adjusted and autonomous older individuals prefer to live with their grown children and their grandchildren. There is reason to believe, however, that even in the most ideal three-generation household, the family would find itself replenished if the grandparents, though not under their feet, were near at hand. Perhaps from the standpoint of the grandparent, even close proximity to their children is not necessary. It must be remembered that closeness is a function of time, not distance. Elderly parents living across town or in a different community may today be "closer" by car than they would have been fifty years ago living on the same block. In a recent study at Cornell University, aged respondents gave the following answers when asked what they considered children should be expected to do in relationship to their
parents: (Figures indicate percentage who agree)\textsuperscript{18}

"Children should visit their parents frequently"................................. 84
"Children should write their parents often"..................................... 82
"Children should take care of their parents when they are ill"............... 61
"Children should 'help their parents'"......... 44
"Children should ask their parents to visit them often"
........................................ 27
"Children should live close to their parents"................................ 12

The point does not need to be belabored. It is obvious that members of the older generation need a wholesome relationship to their adult children, even more than to the community in general. What must be reiterated is the fact that the decline of the three-generation household is not necessarily a bad thing from the standpoint of the aged individual. In our mobile society, wherein the young are encouraged to leave home and become independent at a very early age, the elderly must gravitate toward an environment which offers them an opportunity to relate to other members of their own age group and the community at large in ways which will replace the feeling of belonging that the three-generation home once provided.

The greatest problem in integrating the aged into the community while providing a proper relationship to the older individual's children is, then, the provision of a proper
"visiting" atmosphere for the children. In the usual nursing home solution, the children are made to feel as if they are visiting a sick (if not deceased) member of their family, isolated in such a way that they not only are refused privacy with their parents, but also unable to enjoy "doing things" with them in any normal sense. In most existing situations the guilt-ridden children approach a visit as a gratuitous and expiatory act, giving their aged parents a relief from monotony while salving their own consciences for having put them in such an unsavory environment. An alternative solution must be evolved to supply the proper form for this new parent-child relationship:

DESIGN PRECEPT IV: Planning for the aged individual must provide forms to allow the proper relationship between him and his family.

This view of the proper relationship between older parents and adult children is reinforced by a recent National Opinion Research Center report:

Although the three-generation household may be less important than it has been on the American scene, older people are not physically isolated from their children...most older people with children are close to at least one child... almost nine of every ten older people in the U.S. who had children had seen at least one child within the week preceeding the National Opinion Research Center interview.19

A new possibility is needed, a new form of environment for the older population which will integrate them into the
life of the community and express this oneness with the community in the realm of planning. It must provide a high degree of relatedness between members of the aged group, give opportunity for privacy, and allow the aged individual to receive his relatives properly. These are social problems badly in need of answers. The architect or planner who ignores them will, at best, provide comfortable exile.
NOTES

Chapter IV: Social Aspects of Aging

1 James E. Birren, Handbook of Aging and the Individual, p. 284.

2 Ibid., p. 284.


5 Paul H. Hoch and J. Zubin, Psychopathology of Aging, p. 57.

6 Rose, op. cit., p. 123.

7 Tibbitts, op. cit., p. 588.

8 Hoch and Zubin, op. cit., p. 58.


10 "Next to Tahiti," (anon.), Newsweek, June 26, 1961, p. 88.

11 James E. Birren, op. cit., p. 442.

12 "In A Dutiful Family, Trials with Mother," (anon.), Life, p. 18.

13 Tibbitts, op. cit., p. 463.

14 Ibid., p. 280.

15 Ibid., p. 463.

16 Ibid., p. 464.

17 Mumford, op. cit., p. 194.

18 Adapted from: Tibbitts, op. cit., p. 478.

CHAPTER V

PSYCHOLOGICAL ASPECTS OF AGING
It is difficult, if not impossible, to compartmentalize the various aspects of aging. The ramifications of psychological phenomena become enmeshed with those of other aspects. For example, the social impact of isolation is likely to blend with the psychological occurrence of futility, and the physiological inability to climb steps may prevent a visit. There are a few psychological phenomena of aging, however, which suggest design possibilities and deserve at least some mention.

The aged person is likely to be stereotyped as one who engages mainly in time-killing activities: spit-and-whittling, rock-and-knitting, or sit-and-staring. Although it has been previously noted that these activities are often evinced by lack of social intercourse, the question of the psychological desirability of variety and stimulation for the aged is still a valid one.

The need to "strike root" in a familiar domain seems to be a universal trait of all men. There is a particular need in the aged group for the security and sense of belongingness of familiar surroundings. This security and familiarity can be provided by the older person's own household and neighborhood, where the constellation of contacts is familiar and provides easy association, and where the familiarity of the physical environment provides a sense of identification.
DESIGN PRECEPT V: The aged individual needs forms which will provide a sense of familiarity and personal identification.

To deny the aged individual forms with which he can easily become familiar and comfortably identify is to completely bare him to the transiency and ephemeral qualities of contemporary life with which he is ill equipped to cope for extended lengths of time.

It is true that older people are physically and emotionally less able to directly engage in the variety of activities involving youthful bodily or psychic energy. The old are likely to be rejected because they cannot "participate" in the more strenuous life of younger people. Boredom is likely to result. Since psychologists and philosophers have devoted entire systems to the prevention of boredom, its disorganizing effects on the individual do not need elaborate proof. It is safe to state that boredom must be counteracted if the well-being of the older individual is to be established.

One of the chief means of preventing such boredom is variety and stimulation from the elderly person's environment:

While the individual needs familiar surroundings, accustomed ways of doing things, and sight of old faces, he needs at the same time a variety in his background and maximum environmental stimulation within the limits of his tolerance. Where old patterns and experiences have been discarded, new ones must be
introduced in such a way that they are expressly suited to his capacities and interests.1

The prevention of boredom enters the realm of environmental design, and the principles for governing such designs can be formalized:

DESIGN PRECEPT VI: The aged individual needs forms which will provide variety and stimulation in his environment.

This variety and stimulation can be evidenced not only in the strictly spatial sense, but also in the proper planning for "activity". When the older person is doing something of real content, he is not usually bored. There is danger that the architect who senses this will be satisfied with the provision of game facilities for the aged. Although the realm of play provides a vital means of establishing an equality necessary for communication, games alone will not establish purpose in the lives of the old.

Ordinary games are not going to fill up your life or brain. Unless you have something pretty absorbing or creative, you're going to be bored when you drop your main occupation.2

In giving form to an environment for the aged, the designer must therefore provide for a variety of activities for the meaningful occupation of the older person's time. Fulfilling activities which provide content instead of mere muscular activity include such realms as sociability, mental games, and art, and more
importantly for the planner, the realms of exploration. Max Kaplan has noted these values of environmental exploration:

(1) Contacts with new people, seen as masses or secondary relationships;
(2) New acquaintances, who come to life as meaningful additions to the...friendship vocabulary;
(3) New physical or natural objects or scenes: cities, landscapes, buildings, paintings;
(4) New experiences or adventures: touring Paris or Paducah, shopping, etc.
(5) Contacts with new cultural values: family life, ideas about food, religion, etc. 3

Without forms to allow such experience, the experience cannot take place. Planners can doom the older individual to boredom or, with proper consideration of psychological factors, enable him to enjoy both familiarity and challenge in his environment. Again: Familiarity and variety are not mutually exclusive for the aged group and must both be provided if the older person is to achieve the fullest possible life this thesis axiomatically assumes to be his birthright.

The other psychological factor which has been largely neglected in existing living arrangements for the aged is that of the desire for independence.

Although it is true that the aged person needs and wants security, it does not follow that he needs or wants to have everything done for him. Since the aged have been
mature and responsible adults, imbued with the national ethic of self-reliant individualism, the result of patronizing care will almost inevitably result in some degree of personal deterioration. Often the only alternative offered the aged person is to either fend for himself and face poor nourishment, bad housing, and dubious medical care, or enter a benevolent environment where all these items are provided and with no explicit responsibility or service asked in return. For an elderly person with a strong sense of social obligation, this can be a demoralizing adjustment.

Independence and the right to ownership are intimately related. When his environment deprives him of his right to ownership, both personal and social maladjustment are likely to occur:

Since man is a social being who needs recognition from his fellow men, as his sphere of activity becomes more limited, he naturally will attach increased importance to the things he owns—his home, his room, his furnishings, his books, his knicknacks. When deprived of these he must find satisfaction in dreaming and talking of the accomplishments of his past.4

When deprived of the right to influence most of the conditions of their lives, the aged are likely to enter the pattern of senility.5

The social significance of independence and right to ownership is that inhabitants of such protected environments
often have surprisingly few friendships with their fellow-residents. Friendship, as any other human relationship, is built on reciprocities. Those who, at the outset, lack physical strength, good health, and many possessions, often have relatively little to exchange with each other. What little they have might still be negotiable, except that in an environment where the important benefits of food, social and medical services, and shelter are provided, what can be given to or gained from one's neighbor is minuscule. In fact, the energy of the elderly person is likely to be turned toward the problem of securing his own share of benefits from the authorities. Such a drive is more frantic the less the feeling that personal merit insures this receipt.

Planning for the elderly must, then, recognize these basic psychological needs of the older population:

DESIGN PRECEPT VII: The aged individual deserves forms which express his right to independence and ownership.

By providing a proper form to express these psychological needs of the older person, his integrity can be enhanced, and his value as an autonomous and responsible member of society prolonged.
NOTES

Chapter V: Psychological Aspects of Aging

1 Clark Tibbitts, Handbook of Social Gerontology, p. 589.

2 "Practical Ways to be Old and Happy," (anon.) Life, July 27, 1959, p. 79.

3 Tibbitts, op. cit., p. 414.

4 Ibid., p. 589.

CHAPTER VI

HEALTH AND PHYSIOLOGICAL ASPECTS OF AGING
It is in the realm of physiology that our preconceptions of the aged individual are likely to be damaging and unfounded. The term "old" is likely to conjure up a stereotyped image including a cracked voice, tottering gait, and thick spectacles perched on a wizened nose. In short, we are likely to think of aging in strictly physiological terms, and be satisfied when we have supplied a physically adequate environment. The view of aging as a period of physical degeneration is far from true.

In a comprehensive survey of older people in the Kips Bay - Yorkville area in New York, researchers reported the general health pattern to be surprisingly high:

Close questioning of our aged sample revealed a sizable number free of both reported physical illness and comparatively mild consequences among those reporting current illnesses.¹

...it is gratifying to note that most aged people in our country are in a physical condition enabling them to pursue the most varied kinds of activities. The vitality of individuals who have reached their sixties and seventies has astounded many of the physicians who are responsible for their care. It is interesting to note that of the population over the age of sixty-five about 69 percent live in their own independent households and manage to care for their needs without any kind of custodial supervision. One physician well known for his pioneering work in geriatrics made the significant comment that our concept of old age was distorted, in that people in their sixties could be considered at the very prime of life and should be thought of as capable of making a substantial contribution on through their seventies and even early eighties.²
Illness was found to be generally of little consequence in the older person's life.\(^3\)

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No serious consequences</td>
<td>44%</td>
</tr>
<tr>
<td>Keeps person from doing things</td>
<td>18%</td>
</tr>
<tr>
<td>Keeps person from work</td>
<td>13%</td>
</tr>
<tr>
<td>Keeps person at home</td>
<td>13%</td>
</tr>
<tr>
<td>Keeps person from seeing people</td>
<td>4%</td>
</tr>
<tr>
<td>Keeps person from all aforementioned</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

It is also apparent that the popular view of aging as a time of mental degeneration must be modified. Senile symptomatology in the above test group was reported strongly present in only one out of twenty cases. It is also significant that even though these tests were conducted in urban areas, few of the older people show signs of the emotional wear-and-tear associated with life in a large city.\(^4\)

The general health status of the aged individual is simply better than is generally recognized, both in the physical and mental aspects. Although it is true that the incidence of illness increases somewhat in old age, it cannot be said that illness dominates old age.

It is apparent that our present emphasis on nursing institutions needs to be re-evaluated in the light of these considerations. Recent developments in medicine have influenced the living arrangements of the aged, and will enable the older individual more and more in the future to gain freedom from the necessity of equating good medical care with loss of independence in a nursing institution.
Medical techniques in general have begun to point more to the restoration and rehabilitation of the ailing person in the home, with increasing application of these techniques to the problem of medical care for the older population. The recent but rapidly developing philosophy of rehabilitation for the old, with its understanding of the values of milieu therapy, not only fosters but demands the use of the independent living environment of the individual's own household. Such advances are encouraging non-institutional living and extending the idea of independent living into the later years.

Of importance to the planner, too, is the fact that medical science is concerning itself with the ratio existing between medical needs of the community and resources for meeting those needs. In order to utilize specialized services and equipment to the fullest, clinics and hospitals put more emphasis on treatment on an outpatient basis. People become accustomed in middle age to seeking medical service in the office of a physician or in a clinic, only occasionally getting brief periods of intensive treatment in a hospital. The individual will then find it natural to extend such patterns into old age, and seek out the service which he requires, while continuing to reside in his own household.

It is probable that it is lack of any other choice,
rather than preference for highly specialized medical care, that draws the old person into the nursing or rest home environment. An alternative is needed between the complete lack of medical care which older householders usually face, and the stultifying array of medical and para-medical services usually offered in the nursing establishment. Experience in such institutions indicates that what appeals to the aged resident is not an elaborate medical program, but the ready availability of assistance in case of accident. Particularly if he is living alone in an independent household, he wants to be sure that if something happens to him someone will quickly discover his plight and take the proper measures.

The existing alternatives are also senseless in that they are usually specialized. Recent investigations imply a criticism of present emphasis on different kinds of institutions for the aged which offer special services in response to specific needs. Thus, the old-age home is considered to offer social aids, the nursing home medical assistance, and the mental hospital psychiatric care. It is impossible, however, to compartmentalize mental, physical, and social needs in any individual. It follows that institutions for the older population might better orient themselves toward comprehensive care rather than emphasizing one particular type of service.
In planning for medical services for the aged group, ease of access is of great concern. If the services are too intimately integrated with living spaces, the services will excessively regiment the individual. If the facilities are, however, too difficult to reach, even slight disability on the part of the older person will prevent their proper use. From the standpoint of the public, the grouping of numbers of older people around central medical facilities may present to the community an impenetrable barrier.

DESIGN PRECEPT VIII: The aged individual needs medical, counseling, and household services near at hand which will properly serve his needs without overpowering the aspects of independence or proper social relatedness.

Ideally then, it may be stated that the position of the medical for older people must approach that of the comprehensive clinic, planned so as to be easily accessible to the resident without becoming overpowering in its care and lessening the individual's independence or relatedness to others. Easy voluntary access to medical service would eliminate one of the older individual's greatest problems: Under present conditions, the independent but isolated elderly person who suffers a minor physical or emotional ailment often desperately enters a nursing institution for constant medical care, and even though the illness may
have required only a few day's treatment, finds himself fearful of leaving this paternalistic environment. He is then likely to enter the pattern of senility, isolated among similarly desperate elders, simply because there existed no easy access to proper medical counseling, which he could visit when the need arose.

Desire for medical attention is not the only factor which often forces the older person into the nursing home. Even during the shortest illness, maintaining a household can become an impossible task. During such illnesses, the aged person needs short-term household help, but often must trade his independence for years on unneeded care. This problem could be remedied if older citizens had access to inexpensive and temporary household assistance, including a simple meal service and help for house-cleaning chores.

The matter of nutrition in general and dining in particular becomes quite important to the older person. Most older people enjoy light snacks and lunches, although they usually do not need as large main meals as younger individuals. The average older person's diet is simple, but needs variety. More importantly, even though the food is simple and little, eating comes to assume a major part of the daily life of the older person. The environment for dining must therefore be pleasant, and the preparation facilities convenient and safe.
Our advancing technology has allowed us to do away with one of the major impediments that has heretofore made congregate living and communal living for the aged synonymous. With the advent of new techniques for the preparation of food, the relative efficiency of communal dining has diminished to the point of becoming irrelevant. Modern production is centralizing the kitchen beyond the limits of the small community via manufacture of prepared, instant, or convenience foods. With this development, the older population is able to maintain the semblance of an independent household complete with kitchen activities and private dining.  

Since dining is one of the most effective means of social contact through reciprocity, the architect should provide for the possibility of entertainment through dining in the older person's domicile. Also, since food requirements for the older person are usually small, food storage, particularly refrigerated or frozen storage, becomes important to the household. Dining is both a factor of health and social life, and deserves attention beyond mere physical accommodation.

The architect will also do well to study some of the basic physiological aspects of aging and draw some fresh design implications from them. It is unnecessary to dwell too long on these physiological factors. Rather than investigate the relative heights of grab-bars, the architect
would do better to mind the fact that three steps up to an older person's door can prevent a visit.

Although retirement and leisure usually mean that time has less urgency for the aged person, dwindling energy reserves mean that facilities of the home and means of accomplishing daily tasks should be organized for maximum conservation of energy. The aged person will have difficulty reaching, lifting, pulling, bending over, and getting up and down. Though some exercise is valuable, too much introduces excessive fatigue and hardship and even the abandonment of routines and activities.  

These considerations are usually satisfactorily met in existing housing designed for older people by the inclusion of lower cabinets, higher electrical outlets, and chairs designed to facilitate ease in sitting and rising.

As age advances even slight impairment of sight, hearing, memory, and balance may increase the chance of accidents crippling or killing. Most accidental deaths in the aged group occur in the household, and are the result of falls. The death rate due to falls among the sixty-five and older age group is twenty-eight times that of the forty-five to sixty-five age group. The second largest accident killer is accidents associated with fire, where the death rate of the aged group is three times that of the middle-age group.
The architect can introduce a wide range of safety measures to cope with these particular problems of the aged person's environment. Avoidance of slick walking surfaces, both interior and exterior, scatter rugs, and high thresholds can help eliminate falls. Steps can be both tiresome and dangerous to the aged person. Ease of entrance and egress can be a great positive factor to the older person who might hesitate to leave his domicile because even a few steps lie between him and his neighbor's house. Sturdy furniture with arms to facilitate rising, without projecting sharp angles can increase self-confidence in the older individual. Facilities such as open gas heating and cooking can be eliminated, and convenience-outlets placed so as to avoid wires which might stretch across the older person's path.

The ambiance of climate and its effect on well-being has been a concern of people regardless of age. The desire of the older individual for more warmth and freedom from drafts is generally recognized. It is also known that the environment for the older person must avoid extremes in humidity, and excessive air pollution. American technology has placed easy control over these climatic factors at the disposal of those responsible for the planning of the aged person's environment.
In the realm of audial environment, older people are disturbed by excessive noise. The older person is generally equally disturbed by excessive quiet, particularly if the person has poor eyesight and must depend on hearing for his cues. Some older people may, on the other hand, wish for greater intensity of sound over the radio, television, or intercommunication system because of slight deafness.

These two aspects of the audial environment of the aged are not necessarily in conflict. The implication is that the aged need variety in their audial ambiance as well as in other aspects. A high degree of sound isolation will be proper between the living space of the aged person and the outside world, with provision for as much or as little audial excitement as he may desire. He should have access to the sounds of nature and man, and equally easy access to the silence of his room for the meditative moments.

Although we have come to recognize the value of proper illumination for the student at school and the adult at work, we have rarely extended these standards into the household or the institution for the aged. The health-giving values of sunlight have long been extolled, and most older people seem to seek it. As eyesight begins to fail in old age, inadequate illumination may adversely affect not only efficiency but also mental and physical health. The aging person needs a higher footcandle level than the student at school, with
source and distribution that will properly relate the brightness contrast of the viewed object and the background.

Although low-level illumination may inspire a feeling of romance in younger people, the aged person is likely to find it annoying and prefer the chandelier with its downlight upon the dining table. Moreover, since the eyes of older people are slow to adjust to changes in light intensity, the brightness contrast between adjoining surfaces or spaces can spell the difference between relaxation and tension, between seeing and not seeing.

We might infer that color and light could be used to great advantage in helping the older person to distinguish between forms and surfaces such as the door handle and its location on the door, the light switch that is luminous or that contrasts in value with the surface on which it is mounted. Avoidance of glare from windows and avoidance of brightness contrasts between spaces will act as planning considerations. Adequate lighting could replace grab-bars in many areas with good result.

Investigating the physiological aspects of aging reveals that the aged group deserves new alternatives in its choice of living-forms. Medical counseling and household services must be situated so as to be readily available when needed, yet allow maximum independence to the older individual. It is also apparent that such apparent inconsequentials
as dining facilities can be an important asset to the aged person. The planner must provide for comfort, convenience, and safety in his solutions as a part of the total picture of a meaningful environment for the aged.
NOTES

Chapter VI: Health and Physiological Aspects of Aging

1 Bernard Kutner, Five Hundred Over Sixty, p. 129.

2 Ibid., p. 217.

3 Ibid., p. 130. The data are indicative of the consequences to the lives of those older people who reported any chronic ailments whatsoever. Forty-seven % reported no such illnesses.

4 Ibid., p. 132.


6 Ibid., p. 587.


8 Tibbitts, op. cit., p. 586.

9 Ibid., p. 586.

10 Ibid., p. 586.
CHAPTER VII

APPLICATIONS
The provision of a suitable environment for the older population of America demands immediate and large-scale action. Although sporadic architectural solutions may provide "housing", the real problem of returning the aged to the community calls for broad application of design principles based on the rights of any individual to an autonomous yet socially fulfilling role in society regardless of age.

No effort can be considered successful unless it first recognizes these planning principles:

I. The aged individual deserves forms which allow a rewarding relatedness to other members of his own age group.

II. The aged individual needs forms which allow him to be alone.

III. The aged individual needs forms which allow a rewarding relatedness to society as a whole, and express the elderly group's acceptance as part of the community.

IV. Planning for the aged must provide forms to allow a proper relationship to his family.

V. The aged individual needs forms to provide familiarity and a sense of personal identification.

VI. The aged individual needs forms which express his right to independence and ownership.

VII. The aged individual needs forms which provide variety and stimulation in his environment.

VIII. The aged individual needs medical, counseling, and household services near at hand which will serve his needs without overpowering the aspects of independence or social relatedness.
The design precepts in this thesis obviously cannot solve the environmental problems of every person in America over age sixty-five. There will always be the chronically ill, who belong in general hospitals, and there will remain a small percentage of the genuinely senile, whose only recourse may be the nursing establishment. A small number will continue to seek such solutions as the retirement community. Since there will no doubt be more development in the fields of old-age homes and retirement communities, these forms will continue to meet the needs of a small percentage of the older population. It would be unrealistic to profess categorical enmity toward these forms. This thesis does submit, however, that institutional housing, retirement villages, and similar approaches can never solve the real problem of the return of the elderly group as a whole to a rewarding position in American life.

The problem is vast, and deserves more than palliative solutions. While three percent of the older population is institutionalized and an even smaller percentage utilize collective forms of retirement living, the overpowering majority, neither senile or seeking "retreat", cling to environments which suit them poorly. Our cities are unfit for the old. Some solution must be evolved which will let the older person function as a part of community
life whether he retains his old home or desires to move into new surroundings. What must be demonstrated is how the planner or architect can accomplish this aim through the application of the evolved design principles to a real problem.

It must be reiterated that since the desired environment is not only for the elderly but for people of every age, there must be no easily-read programmatic solution which would make it seem that the *raison d'être* of the development is the housing of the aged. Any obtrusive statement would be self-defeating. To say the solution should not be obtrusive, however, is not to say that it need be formless. Any proposal cannot be considered successful unless it offers tangible and attainable forms through which the aged individual may achieve a worthwhile life. It will not suffice, therefore, to speak only of warmth or coziness as a goal for planning. Proposals must be embodied in forms through which the aged can demonstrably maximize their social relationships, psychological well-being, or physical convenience. The investigation of a building-type for the aged has here been foregone in favor of a broader approach. The question to be answered is: what are the design characteristics of a community which considers the aged as one of its indispensable elements?
There exist three basic alternatives for the planner in determining the relationship between the older person and the community at large. Where shall the planner begin to search for the basic statement in form which will embody the aim of oneness of young and old? This elemental statement of relatedness through form must become the sound armature upon which the planner can model the other diverse factors of an environment suited to the older population.

Ill. 1: Complete Withdrawal from the Community

One of the alternatives available to the planner is that of forcing the complete withdrawal of the older population from the community. (Ill. 1) This extreme is embodied in proposals such as retirement resorts and villages which serve to isolate the older resident in entirely separate communities. (Ill. 2)

This is an emphatic architectural statement of the separateness of the aged from society. Such proposals are the embodiment of the rejection of the older populace, sweetened but little by the aspect of relatedness between
members of a homogeneous group.

Illustration 2: A retirement village in Florida.

The planner may also choose to bring the older group into proximate relationship with the community. The social situation may be improved by designing buildings for the aged which are within reach of normal community life. (Ill.3)

But these forms, the "old folks home", the nursing home, and even the isolated household can serve as a barrier to community relatedness through emphatic age-grouping, paternalistic care, and lack of ownership.
Illustration 3: isolation within the community.

These forms are the formal statement of the prevailing ironic attitude toward the aged: We are not quite ready to say that the older person is to be banned to a separate community, nor are we apparently willing to accept them into the life of the community as a whole. To use a biological analogy, these institutions represent the aged as foreign bodies encysted within the tissue of an organism which neither rejects them as destructive or assimilates them as a part of the whole. (Ill.4)
If the end of alienation for the aged is truly desired, one must eliminate as inadequate the forms which bespeak rejection or irony. By bringing the older resident into proximity to community life, the nursing institution or the old family home eliminate the isolating stigma of distance, but still serve as a barrier through age-grouping, paternalistic care, and disfranchisement.

The most logical first step, then, is to plan for the dispersion of the older people as naturally as possible throughout the community. (Ill. 5) To avoid coming full circle and equating "dispersion" with an attitude of laissez-faire, it must be remembered that overcoming the hiatus of concentration will not alone suffice.

It has been noted that the older person needs some form of living which will express his need for socialization both within and outside his age-group. This thesis
proposes that this may be accomplished in such a way that both young and old can profit.

First, dispersion of the old within the community must be accomplished while generally maintaining the normal age distribution of the general population. The present extremes of age distribution are illustrated by the virtual absence of older people in suburban areas and exclusive residency of older people in retirement villages. These extremes must be rejected in favor of an age distribution which approaches the national average, if a true picture of the aged group is to emerge. A strict adherence to the present ten percent average will not be possible in every case. It would be unrealistic to assume that fluctuations would not exist, but any large-scale organization of habitations for the elderly which upsets this proportion should be avoided. This is only to say that given the chance to develop new residential areas or redevelop older ones, the planner should strive for a natural age distribution within the area.

Second, some form of dispersion must be adopted which will not negate the older person's need for nearness to others of his own age group. In other words, some form of planning is needed to express the fact that intra-group and inter-group relationships are not mutually exclusive for the aging group. The most straightforward
expression of this fact is the use of the inobtrusive-
ly small group as the unit of placement, rather than
scattering individuals at random in the development.
Such an arrangement would allow the older person to have
age-peers as next-door neighbors, without living in an en-
vironment composed entirely of other older people. The
small group cannot be exactly defined any more than can
natural age distribution. The group is small enough
when it loses the characteristic of being a specific
building, floor, neighborhood, street, or area where "the
old people live".

If this thesis submits as desirable small groupings
of the elderly, it does not suggest the desirability
of communal living. The independent household is the
only architectural expression of autonomy for the older
person. It not only provides him with a strong symbol
of equality, but also allows him an opportunity for pri-
vacy, independence, ownership, and familiarity—all impor-
tant aspects which depend largely on the independent house-
hold for their formalization. The older person can re-
treat to the quiet of his room without the intrusion of
nurses or the grating "convenience" of communal dining.
He will have the pride of maximum independence, and be
able to possess and relate through reciprocity. He
will have the right to retain his own familiar possess-
ions in a household of his own.
Although this emphasis on ownership might be distasteful to a more socialistically inclined nation, the fact remains that in America no individual can fully participate in life at the national or community level if disfranchised of his right to possession.

The concept of dispersing small groups of independent older people within the community is still not a statement of a specific planning form. To develop a physical form to encompass the community for men of all ages, the planner must leave the symbolic, social, and psychological realm and concentrate on a physical act: walking.

ILL. 6 Vehicle-Oriented Planning
But vehicle-oriented planning (Ill. 6) is a poor choice for planning an environment for the aged. As age advances, the automobile presents formidable problems to the older person as either driver or pedestrian. The typical gridiron street pattern, with traffic separating residential, shopping, and public-use areas often seriously circumscribes the older person's constellation of contacts.

The septuagenarian has the ambit of the five-year-old. Moderate walking distances, free from vehicular obstruction, can open a new world to the older citizen. Walking as a voluntary and leisurely activity is not only good exercise, but is also a social act. The social aspect of walking can perhaps be foregone in suburban communities of younger families, where sociation is within the family, and broader contacts are by automobile.

Simply stated, the older person should ideally be within reasonable walking distance of all he desires. Distances should vary commensurately with the importance of the goal: other people, including both young and old, should be very near, specific pedestrian goals such as parks, playgrounds, and outdoor sitting areas might be more distant, while shopping and medical facilities might be farther.

The emphasis on pedestrian circulation would also indicate that existing residential areas could be "opened up" to allow residents of any age pedestrian access to other
areas. Thus, though the older person might choose to retain the family home, he would enjoy greater "closeness" in accessibility even though distance remained unchanged.

Though disrupting vehicular traffic and emphasizing pedestrian traffic can free the older person to a great extent, there must be an objective upon which pedestrian ways can center. The planner L.K. Hilberseimer has proposed that pedestrian ways be oriented towards schools set up in green spaces—a logical center for a community of young families with children. (Ill. 7) For the older citizen this means that he may take a stroll, but cannot go anywhere in particular. The community is centered upon a building, one which is of little meaning in social relations, personal identification, or everyday use to the adult populace. There is little need to
rationalize the school as a "community center", for this is rarely true.

By orienting pedestrian traffic toward a varied public space rather than a school building, the adult and older residents gain an objective which can be meaningful to them both socially and personally. This is not to deny the place of the child in the community, or the value of large green spaces.

Ill. 8 The Public-Use Oriented Plan
Protected play areas should be near, for children are an important part of the older person's life also, but they should not be allowed to dominate the community at the expense of a more adult outlook. The proposed development utilizes existing schools, located to the north of the development area within ten minutes walking distance.

In advocating such an orientation, the planner must overcome the bucolic vision of "the house by the side of the road" which lingers in the public mind. The term "retire" is often taken too literally. Older people are likely to retire from life as well as their work. Old age is thought of as a time to get away from it all, a time of retreat from the cares of the world. The obverse is more nearly true. Given pedestrian-oriented planning which keeps traffic from bounding his world at his front porch, he must then be practically forced to join the life of the community, even as a spectator. A more urban character is almost necessary to provide wider loyalties, as opposed to the isolationist tendencies of a more pastoral environment. The proposed mall space should never intimidate, but should widen the world of the resident, and particularly make available the necessities of life to the older population without crowding around the source and shutting out the world. The inward-oriented community developed here escapes the parochial by centering on activity and flux of people rather than greenery.

Since the proposed mall might tend to lose animation when shops close, the space should be defined by a variety
Considerations in Planning the Central Space

of buildings, including apartments which would maintain the proposed distribution of small groups of older citizens. The addition of high-rise residence units adds to the flux of people through the central space. (Ill. 9)

Before focusing more finely on the proposed solution, it is necessary to just describe the area of development, and demonstrate how various possibilities have been utilized within the framework developed so far.
The area of Houston chosen for the demonstration is that bounded by the Southwest Freeway, Bissonnet Avenue, Main Street, and Graustark Boulevard. The selection of this site is neither presumptuously large nor disadvantageously limited, and allows the application of the evolved principles to an area which might realistically be developed in the future.

Montrose Boulevard, which bisects this predominantly residential area, is lined with a variety of commercial, civic, and religious buildings. The streets which cross Montrose form a well-established residential area, comprised mainly of older single-family homes, and a few two-story apartments. The general character is verdant and relatively quiet, interrupted only by the broad expanse of Montrose Boulevard.

The general development of the area to achieve the aforementioned characteristics begins with modifying the street pattern into a separation of vehicular and pedestrian traffic, and centering the pedestrian flow toward the central area. (Ill. 10, 11) The existing sidewalks are used as pedestrian ways, while rear yards are left undisturbed as private areas. The revised traffic pattern becomes that of east-west cul-de-sacs penetrating into the area, usually terminated by parking-service areas to serve the buildings in the central space. Montrose Boulevard becomes a central pedestrian mall, entered at the north by a parking space be-
neath the elevated freeway, from the south from public trans-
port or by underpass from a parking lot off Main Street, and
from the east and west via pedestrian ways and parking lots
on the residential streets. (Ill. 12) The resulting plan
of the area (Ill. 13) must be examined, and its adherence
to the established principles noted or reiterated.

The sterile uniformity of many residential develop-
ments and renewal areas is particularly oppressive to the
older population. Formal variety and functional heterogeny,
however, are dangerous directives for planning. Pursuance
of variety as an end rather than a means can lead to saccha-
rine quaintness one one hand or chaos on the other. It must
suffice here to acknowledge the danger, and state that design
of the scheme as a visual whole, and a creative but modest
approach can avoid both syllabub and sterility. At no point
should architectural excellence be betrayed.

One of the basic factors in determining the basic lay-
out of the central area is designing for activity and a flux
of people within the space. Apartments dominate the north-
ern end of the mall, while shops, public transport, and the
museum at the opposite end draw pedestrian traffic toward
the south and through the mall space. (Ill. 14)

A variety of building types are available in the central
space. Existing buildings have been retained where they fit
into the overall scheme visually or functionally. Single-
family residences, filling stations, and vacant lots have been replaced by buildings appropriate to the revised scheme. (Ill. 15) Conservative surgery on the existing area has been performed, as well as filling-in of needlessly vacant land. Retention of handsome older buildings need not be a betrayal of contemporary planning principles, and can be a significant factor in establishing familiarity and a sense of belonging for the older populace. Such an approach would offer a new possibility between completely new developments and "clearance" by challenging the idea that large-scale developments must replace either vacant land or slums.

Ill. 15: Key to Plan
E. Existing Buildings
A. Added Buildings
This heterogeneity of building types expresses itself in a variety of forms, uses, colors, and textures which may be experienced at a pedestrian scale. (Ill. 16) A variety in profile and vertical scale is also utilized in an attempt to escape the one-level uniformity of the usual suburban scene or the high-rise sameness of most renewal projects. (Ill. 17) This variety manifests itself spatially also, in varying the aspect of the central area from openness to enclosure, with visual breaks through the mall providing vistas into the surrounding residential area. (Ill. 18) Focussing more closely upon a particular part of the central area can show more clearly how some of the precepts have been realized.

In a typical residential group, the older citizens occupy small groups of specially-designed apartments dispersed among those of younger residents. Small shops such as a coffee shop, delicatessen, package store, and newsstand are included as an integral part of the group. (Ill. 19) Circulation is brought through the group, rather than around it. The aim is to provide an inner-directed and identifiable neighborhood, and yet have human "to-and-fro," the variety of the passing scene, and the opportunity of meeting others. Pedestrian traffic is brought not only through the group, but expands into the enclosed area toward the shops and sitting areas, forming a "circulation eddy" in
the mall space. (Ill. 20) A change of level is utilized as a quiet center in the busier surrounding area. Level change is treated as a goal, a place to achieve, and never as a part of the required circulation paths. Such a residential group (Ill. 21) would be a familiar and identifiable neighborhood for both old and young, where inner-directedness and enclosure are enlivened by shops and forced circulation into the area.

Even in smaller details of the central area, the idea of islands of quiet and stillness in a busy circulation path can be used. Such insular seating arrangements are used as goals for pedestrian traffic, and as pockets of quiet for rest along the mall. Even at this small scale the juxtaposition of static domain and dynamic scene can afford at least vicarious participation in the life of the community. (Ill. 23)

The proposed redevelopment meets the health and medical requirements of its older citizens by utilizing two existing clinic buildings. There is no reason why the older residents cannot come to these centers for check-ups and other medical services as they have in the past. In this way the older person is not oppressed by an ever-present sub-hospital aura, nor will he be forced to watch his fellows dwindle with each visit of the ambulance. When older people are grouped in order to take advantage of instantly available medical or nursing services, the resident is likely to correctly sense
that his existence is death-oriented. The life-oriented health needs of older citizens are thus met by: 1. Easy voluntary access to community medical facilities, 2. Close proximity to other people who can summon help if needed, 3. A community nursing and household service, to provide care during short-term disability.

When older parents are a self-sufficient part of a normal community, children and grandchildren will be encouraged to visit them. The older person will be able to receive them into his household. This can hardly be imagined in a situation where dining, sleeping, or other facilities are communal.

The general aspect of the site has been changed from that of automobile orientation to human orientation. (Ill. 24-27) A well-executed solution based on the principles embraced by this thesis should recognize not only the right of the elderly to a respectable place in the community, but the right of every citizen to a visually satisfactory environment. It must be one which will both challenge and comfort, and one which will allow for every degree of relatedness from aloneness to mixing with a busy crowd. At least a word must be said about the place of work for the older population. Once the formal statement of unity of young and old is made, many barriers against the aged would fall. In a mixed community such as the one proposed, many opportunities for both voluntary and paid service would be open to
the aged. Although there should be a quiet spot for a game of checkers, leisure need not occupy the older person entirely. As the public becomes aware of the fact that the older person is a necessary part of the community, it will also become apparent that the valuable experience of older people should be utilized more fully. Work could range from baby-sitting for grandmothers, to secondary administrative duties for experienced but older men. The older group could also become a great source of voluntary and capable workers in community service projects.

Everything that makes the aged more independent and confident of their position in the community increases their capacity to love and be loved. It is only by providing an environment in which gifts of love may more easily be interchanged that old age can be kept from shrinking until only a dismal waste is left. To say this, however, is to say that there is no easy shortcut to improved care of the aged: to do well by them, we must give a new direction to the life of the community and the nation. If we fail here, we shall, in prolonging human life, only prolong alienation, futility, and misery.
Ill. 10 Existing Street Pattern
Ill. 12 Separation of Pedestrian and Vehicular Traffic
Vehicular...Dark Arrows
Pedestrian...Light Arrows
Parking...Dark Areas
III. 13 Plan of Development Area
Ill. 14 Plan and Building Uses
a. Apartments
c. Church
e. Community Services for the Elderly
h. Hotel
k. Children's Playlots
l. Lodge-hall
m. Medical
p. Parking
r. Existing Residential Areas
s. Shopping
Ill. 16 Elevations
Ill. 17 Variety of Profile and Vertical Scale
Ill. 18 Spatial Variety
Ill. 19 Plan of Typical Residential Group
Ill. 20 Circulation Within the Residential Group
Ill. 21 View into Residential Group

Ill. 22 Existing View
ILL. 23 A Form of Insular Seating
Ill. 24 View to North from Mid-site
Ill. 25 Existing Site of Ill. 24

Ill. 26 Existing Site of Ill. 27
Ill. 27 View to North from Bissonnet Avenue
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