

THIS IS OUR WORLD:
PERSPECTIVES OF SOME ELDERLY PEOPLE
ON LIFE IN SUBURBAN DUBLIN

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By

Mary Horkan and Audrey Woods

NATIONAL COUNCIL FOR THE AGED
REPORT NO.12

This Report has been prepared by Mary Horkan and Audrey Woods of the
Social Science Research Centre, University College, Dublin.

for

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FOREWORD

It is regrettable that today in Ireland old age very often brings with it a loss of status. This is partially due to a lack of understanding of ageing and partially to a lack of appreciation of their own potential for making a positive contribution to the society in which they live by the elderly themselves. It is important that elderly people have the opportunity and are encouraged to participate in the life of their communities as fully as they desire. Not least should they be allowed to speak for themselves and record their own perceptions of life and the world around them. This study, *This is Our World: Perspectives of some Elderly People on Life in Suburban Dublin* gives such an opportunity and the National Council for the Aged is very glad to present it as a contribution to what it is like to be elderly in Ireland today.

The study is based on a series of interviews with a selection of elderly people living alone in suburban Dublin and describes their perceptions of what life is like for them. The study highlights some of the issues facing older people in Ireland today and helps our appreciation of the individuality and dignity of all old people. The authors' detailed treatment of social change, loneliness, isolation and the dangers and difficulties experienced by many old people, will, the Council hopes, serve to heighten public awareness of some of the problems faced by them. If old people are to continue to live in the community as they would wish, those concerned for their welfare, whether professionally or as relatives, neighbours and friends, must take greater cognisance of their experiences.

The Council would like to thank the authors, Ms. Mary Horkan and Ms. Audrey Woods of the Departments of Social Science for preparing this report on its behalf. It congratulates them and all their colleagues in University College, Dublin, who assisted them in providing such a clear picture of the quality of life of some elderly people living in suburban Dublin. Without the whole-hearted co-operation of the elderly interviewed, the study would not have been possible and the Council wishes to express its deep gratitude to all those who participated.

Finally the Council wishes to thank its own staff, Mr. Bob Carroll, Secretary, Mr. Michael Browne, Research Officer, and Ms. Jennifer Leech for their contributions to the production and publication of the report.

Mr. L. J. Tuomey,
Chairman,
National Council for the Aged
Fenian Street,
Dublin 2.

September 1986

PREFACE

“You are as young as your faith, as old as your doubt, as young as your self-confidence, as old as your fear; as young as your hope, as old as your despair.”¹

The National Council for the Aged has been conscious for some time of the need for a platform from which elderly people speak not only to policy makers and service providers but to the public at large. In this context the Council published in 1984 *The World of the Elderly: The Rural Experience*, which related the experience of elderly people living alone in a rural area. The present study, *This is Our World Perspectives of Some Elderly People on life in Suburban Dublin*, is the second in a series of publications concentrating on the quality of life of old people living in different settings. A third volume, *It's Our Home: The Quality of Life in Private and Voluntary Nursing Homes*, is being published simultaneously. All three studies rely on old people's own accounts of how they experience their life situation. In view of the increasing numbers of old people living alone, particularly in suburban areas, the Council is very pleased to present these subjective experiences which it hopes will promote a more positive attitude to the elderly and to ageing in our society.

The quality of life of elderly people is affected and shaped by societal attitudes and values and by the practices that exist because of these values and attitudes. Much of the sociological literature on ageing has drawn attention to the fact that 'old age means a loss of status in contemporary society'.² This low image of the elderly has been accepted by society as an inevitable consequence of advanced age. Walker³ expresses the view that this is due to the domination in social policy analysis and in popular discussion of the 'life-cycle approach to need' which views periods of need as the natural consequence of age itself. Townsend⁴ has referred to the creation of dependency among elderly persons in developing countries as a result of the social policies that are being pursued in relation to the elderly in these countries.

Seligman,⁵ an American psychologist, has developed the concept of 'learned helplessness' which results from people being forced into situations of dependency without reference to their abilities or coping mechanisms.

Chamberlain commenting on this issue states that: "It seems to me that the image of ageing that we project is a depowering one. We convey the subtle message that ageing increases helplessness. We allow ageing people to accept that certain people e.g. doctors, lawyers, priests etc. have an automatic right to tell them what to do. We are slow to encourage the acquisition of skills that make for less dependence on others. We tend to foster a reactive rather than proactive style in older people so that they become less inclined to do things for themselves."⁶

While it may be possible to substantiate such views of ageing in today's world it may not be very helpful to engage in too much generalisation. The Council suggests that elderly persons' experiences of ageing should be viewed along a continuum. At one end of this continuum are older people who are relatively satisfied with their lives, having good health, adequate incomes, appropriate housing and a range of family and social contacts. At the other end of the continuum, are what might be termed the vulnerable groups of the elderly - those in poor health with bad housing, inadequate incomes and likely to suffer from loneliness and isolation. While it is likely that younger old people, on the one hand, and the very old and those living alone, on the other, fit more easily at one or other end of the continuum, this need not necessarily be the case. For example, living alone does not of itself necessarily imply loneliness or isolation⁷ and failing health or inappropriate housing may be features of younger elderly persons' lives as well as of elderly persons' lives.

When looking at the elderly population it is important to avoid the two extremes, one which places undue emphasis on the negative aspects of ageing and the other which romanticises and oversimplifies old age. Any stereotype of elderly people as a homogeneous group with special needs is unhelpful. The heterogeneity of the elderly population must be constantly emphasised. Berghorn *et al.*, in a study of the urban elderly in the United States conclude that: "Old people have at their disposal differing amounts of money or other economic resources, have different feelings of self-worth, interact with friends and neighbours with varying degrees of frequency and closeness, belong to differing social classes, and live in diverse housing conditions".⁸

There is an enormous variation between individuals in the rate of ageing, with persons of the same chronological age manifesting markedly differing levels of physical fitness, mental functioning and capacity to cope. All of these factors are obviously influenced by earlier life histories and

experiences. While the ageing process has a certain biological component, which contributes to some of the physical and mental decline, it is also strongly influenced by environmental and social factors. It is also important to recognise that physical decline in older persons may be produced by disease as well as by ageing *per se* and the two processes should not be confused. Differences in historical backgrounds inevitably produce a considerable variety of life-styles. For example, Whelan and Whelan refer to “striking variations in adjustment [to retirement] across the different socio-economic groups” and again “In general, respondents from the higher socio-economic groups, from larger organizations and from the public sector tend to retire under much more favourable conditions than do others.”⁹

A number of studies¹⁰ on elderly persons in Ireland have indicated a wide range of social and environmental factors such as housing, social contact, -income, transport and access to services which affect the quality of life of elderly persons. These factors are, however, inevitably related to the ability and capacity of the individual elderly person to make the best out of the circumstances in which they find themselves. In addition, Power refers to the impact of a cumulation of factors, as in the case of housing, where: “it would seem that it is not so much the lack of a particular amenity, like a bathroom or kitchen sink, that can make living alone seem difficult, as the cumulative effect on an old person’s morale of various concerns and needs in regard to housing.”¹¹

The quality of life experienced by elderly persons and their levels of satisfaction and dissatisfaction with their situation depend not only on external social and environmental conditions but also, and perhaps more importantly, on their ability and capacity to cope. This capacity to cope is shaped by their earlier life experiences as well as by their present disposition.

The Irish Report on the European Values Study² shows a general level of satisfaction with life among elderly persons. For many, pensioner status provides greater security than they experienced in earlier years. In this context it must be recognised that some older people have been used to hardship in the past and have relatively low expectations as a result. There remain substantial numbers of old people who remain particularly poor and vulnerable. The categories most easily identified are those dependent on old age pensions for 70% or more of their income, the elderly living alone and those over the age of 75 years. Some elderly persons who feel satisfied with life may also feel isolated from society. For example, Daly and O’Connor’s study of the rural elderly living alone refers to a feeling on the part of some of their respondents that they do not fit in to the mainstream of their communities:

“They feel marginal in that they do not see themselves as playing an

important part or making an important contribution to local life. They are ill-informed about community events and have a generally poor self-image. All of these factors act to reduce the elderly person's ability to cope with old age and living alone."¹³

Housing, income, health and welfare policies for the elderly, like social policies for all age groups, tend to develop from compromises among contending interests, ideals and purposes.¹⁴ The policies that eventually emerge are usually the result of a long process of discussion and negotiation. It is likely that the elderly as a group or as individuals play little part in this process. The experience of ageing appears to be shaped more by social policies relating to the elderly than the other way round. This is likely to be true of policies on employment and on retirement, on pension schemes and policies on health, housing and social services for the elderly. Indeed, it may be that the forces which shape the policies that affect the quality of life of the elderly are largely untouched by the experiences and views of elderly persons themselves.

It may also be that there is an inherent difference between ageing as it is perceived and articulated by society in general and ageing as it is experienced and articulated by individuals who are themselves old in that society. Masterson refers to the needs of "persons as subjects in an age of almost unlimited technological expertise."¹⁵ Comfort¹⁶ points to the need to develop an attitude in society where an older person comes to be seen not as old first and a person second, but rather as a person who happens also to be old. To do this requires a positive perception of an individual's life experiences and a related ability to accept the more negative aspects of any deterioration in mental or physical functioning that may have occurred with time. Berghorn and Schafer use the term 'ageing' to include both the process of growing old and the experience of being old.¹⁷ They state that: "it is, after all, a person who ages, and no one is simply a biological or economic or intellectual being."¹⁸

Thus any effective analysis of the social problems confronting elderly persons must seek to distinguish the stereotypes from the real subjective experiences of individual elderly persons. Surveys of older people have tended to concentrate on measurable needs and the extent and nature of services provided. These studies make an important contribution to the development of more adequate social policies for the elderly. The Council believes, however, that such studies need to be complemented by qualitative studies which focus on the subjective experience of elderly persons in our society.

Reference is frequently made to the "problem of ageing" with older people tending to be seen as passively awaiting rather than actively shaping their own destinies. Most elderly people will, however, have developed over

the years resources and strategies for dealing with life's problems and Will continue to use these strengths to the end. They have a sophistication about living which can be most instructive to younger age groups. In this sense it can be said that by systematically conversing with older people, as this present study does, we can not only learn about older people but we can also learn from them.

The Council recognises that there is much to be done in Ireland to create a greater awareness of both the process of ageing and of the variety of ageing experiences. The integration of elderly people with the mainstream of society and the avoidance of dependence by older age groups can only occur through a recognition by both young and old of the need to redefine our understanding of ageing. This process of redefinition can be informed by access to the variety of individual subjective experiences of ageing that occur in our society. The present study presents an interesting and useful cross-section of such experiences of selected elderly persons living alone in suburban Dublin. Through these experiences we can glimpse both the variety of social, environmental and economic circumstances in which they live and the variety of ways in which they cope with these circumstances. The Council is pleased to publish *This Is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin* and expresses the hope that our understanding of the world of the elderly in our society will be more adequate as a result of the study.

National Council for the Aged

September 1986

Notes

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Bernie Leahy acted as research assistant on this project during its design, pilot study and fieldwork stages. Until she left to take up another appointment in June 1984, Bernie's enthusiasm, expertise and empathy made a very valuable contribution to the study.

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We accept responsibility for the content of the report and any errors and omissions therein.

Mary Horkan and Audrey Woods

Social Science Research Centre,
University College Dublin.

“The direct involvement of the aged in the formulation of social and economic policies may sound slightly absurd to some people. But this is an indication of the extent to which old age, and even late middle age, tends to lead to segregation, disengagement and dependence, and to a loss of the proper democratic procedures for securing consensus and the rights of minorities.”

D.B. Bromley

INTRODUCTION

This qualitative report is based on interviews carried out during the Spring, Summer and Autumn of 1984 on behalf of the National Council for the Aged.

The approach adopted in the study is based on the belief that services and structures which respond appropriately to the needs of elderly people can only be achieved by incorporating their own perspectives into the policy process.

National surveys, such as those carried out by the ESRI (Rottman *et al.*, 1982, and Whelan and Vaughan, 1982), and under the auspices of the Society of St. Vincent de Paul (Power, 1980) and the National Council for the Aged (1984), have provided general pictures of the social and economic circumstances of the aged in Ireland. A summary of the available demographic and other research data relating to problems of poverty and inequality of the aged has been compiled (Gilligan, 1981). General policy implications have been identified and in some respects action has been taken.

Surveys based on total populations or on large representative samples are ideally suited to the identification of the characteristics of a population and to the description of social patterns, trends and tendencies. Qualitative research is concerned with the impact of influences which impinge on people's lives and not with establishing the statistical incidence of such influences. Qualitative research is recognised as the appropriate method by which understanding of the meaning and purpose which people attach to their activities can be achieved and the implications and ramifications of the less superficial and more sensitive aspects of human behaviour can be explored.

“Because qualitative techniques are not concerned with measurement they tend to be less structured than quantitative ones and can therefore be made more responsive to the needs of respondents and to the

nature of the subject matter. Typically qualitative methods yield large volumes of exceedingly rich data obtained from a limited number of individuals...” (Walker, 1985).

A method of data collection frequently used by qualitative researchers is depth interviews during which the participants are invited to share their perceptions and perspectives about their lives in order to illustrate the texture of their experiences. Depth interviews can cast light on previously unidentified aspects of people’s lives and often include a life-history dimension which enables the reader to perceive the respondents’ present situation as part of a process of adaptation to changing aspects of the life-cycle.

The qualitative research approach also uses perceptions of and information about the context of data gathering to enhance the interpretation of material. During fieldwork qualitative researchers record details about the contextual aspects of participants’ lives - related to both their physical environment and to their social and emotional mood and tone. The inclusion of such data complements and adds richness of texture to the recorded conversations and facilitates the emergence of composite pictures of the participants.

In the early 1980s the National Council for the Aged considered it appropriate that qualitative research should be undertaken so that the priorities and needs of a vulnerable group among the elderly population, those who live alone, could be identified and understood. In 1984 “*The World of the Elderly: The Rural Experience*” (Daly and O’Connor) was published by the National Council for the Aged. Based entirely on the expressed opinions of the respondents, this comprehensive qualitative study illustrates the character of life experienced by some elderly people who live alone in rural Ireland.

The task of the present qualitative study is to record and to reflect on the character of the lives of forty-five people, aged sixty-five years and over, living alone in the inner suburbs of South Dublin. The objectives of the study are:

- to present a picture of the world of the elderly as perceived by elderly people themselves
- to allow their perspectives to be incorporated into long-term policy-making
- to identify ways of improving the situation of elderly people living alone.

The material on which this report is based was collected, recorded and analysed in a variety of ways which are described in detail in the Appendix.

The report consists of seven chapters. Chapter 1 describes the social and demographic characteristics of the elderly people who spoke to us and the portraits presented in Chapter 2 depict in detail the varied life-styles of our respondents. Preliminary analysis of the data collected during fieldwork resulted in the identification of four key themes which are presented in Chapters 3 to 6. These themes are: "Life has changed"; "Life can be lonely and isolated"; "Life can be dangerous"; "Life can be difficult". Each chapter is a forum where the elderly people express their feelings about the theme in question and describe their attempts to cope with the challenges posed by their situation. Through the extensive use of the respondents' own words, these chapters illustrate the texture and quality of their lives. To enable the reader to appreciate the significance of the illustrative quotations, respondents' characteristics which pertain to the particular theme under discussion are included. Chapter 7 reflects on the issues raised in earlier chapters and responds to their policy implications. A Bibliography is included, which lists the books and articles to which reference is made in the report. An Appendix gives a brief account of the research methodology.

CHAPTER 1

DEMOGRAPHIC AND SOCIAL CHARACTERISTICS OF THE PARTICIPANTS

In this chapter we present an outline of the demographic and social characteristics of those with whom we spoke. These characteristics influence and in turn are influenced by their ideas, attitudes and feelings which are presented in later chapters.

Thirty-six women and nine men participated in the study. The age distribution is wide, and includes fourteen people in the sixty-five to seventy-four age group, twenty-five in the seventy-five to eighty-four age group and six in the age group over eighty-five. Three women in this latter group are over ninety years of age.

With the exception of one respondent looking after his wife who is confined to bed, all the respondents live alone. The length of time spent living alone varies from under five years to over thirty years. Whereas none of the men have lived alone for more than fifteen years, fourteen of the men have done so, and six of these have lived alone for over twenty-five years. Twenty-nine of those interviewed are widowed. All but one of the fifteen single respondents are women. In general, the thirty people who have been married have small families and ten of these have no children. Only three respondents have more than four children. In this context, it is interesting to note that those interviewed tend to come from larger families, twenty-six of them originating from families with more than four children.

Of the forty-five people interviewed, twenty-six have a chronic health ailment (the most frequently mentioned being arthritis), and twenty-two experience a physical disability (the most frequently mentioned being failing eyesight). Some respondents experience both the above kind of problems and ten have no health or disability problems. The interviewers' assessment of the mobility, cooking, and overall coping capabilities of those interviewed indicates that altogether twenty-one people are limited in at least one capability and thirteen people are limited in all three.

Nearly two-thirds of the respondents reached at least second-level education on leaving school. None of those interviewed is currently employed, although five of the women worked until they were over seventy. Slightly more than half the respondents rely on one source of income only. In the case of seventeen of the respondents this sole source of income is a social welfare pension. The respondents are very aware of their entitlements to statutory benefits and of the advantages of these benefits, and almost all who are entitled avail of them. With the exception of four women who are members of the Church of Ireland, the participants in the study are Roman Catholics.

The types of housing occupied vary from one-roomed bed-sitting rooms and two-roomed chalets to flats and houses. The houses, in which just over half the respondents live, vary in size between three and eight rooms. Almost half of the elderly people own their homes. With the exception of four chalets and one flat rented from Dublin Corporation, the rented accommodation is in the private sector. Whereas only three of those interviewed occupy accommodation which is under ten years old, more than half of them occupy dwellings over fifty years old and one-third live in accommodation which is over one hundred years old. A large majority of the respondents have running water, a hot water supply, handbasin and indoor flush toilet in their homes for their own use.

When the interviewers evaluated the decor and condition of the accommodation of those interviewed they found that while over half of the homes are well-maintained and well-decorated, and another eight could be described as fairly-well maintained, one in five of the respondents live in dwellings which need much repair and redecoration. Five of these respondents live in rented accommodation and four own their homes. Three of the four people who own homes in need of repair have a social welfare pension as their sole source of income, while the remaining woman lives on the interest from investments. Generally, the homes are clean and tidy, but nine respondents occupy dirty and untidy rooms. The dwellings of four of these people also need repairs. Five of those whose homes are dirty and untidy are limited in their physical capabilities.

Thirty-one of those interviewed have lived for a minimum of twenty years in their present homes, and fourteen of them have been over forty years in the same dwellings. While eleven of these elderly people live on busy suburban main roads, thirty-four live in quiet squares, avenues or cul-de-sacs. The secluded nature and relatively low traffic density generally indicate the distance of these latter areas from services. Consequently, the location of nearly two-thirds of the elderly people means a good ten-minute walk to the shops, church or bus-stop for the fittest of the respondents.

CHAPTER 2

ELDERLY PEOPLE WHO LIVE ALONE IN SUBURBAN DUBLIN:

PORTRAITS

“What is clear is that all people have a right to grow old in the way that they have grown up - in an individual way in response to their own genetic inheritance and internal environment against their own individual, particular, environmental background of experience.” (Brearley, 1977, p.13).

Ageing is a process in which we are all involved. Relevant interacting variables in the process include physical, social, intellectual and emotional aspects of living. The ageing process does not affect people homogeneously. An objective of this study is to identify and elaborate on the diversity and richness of the lifestyles of those who so generously contributed their ideas, attitudes and experiences.

The people who spoke with us have in common their aloneness, their attainment of the age of sixty-five years and the experience of having lived through similar temporal and social eras. It could be tempting, especially for those who do not have direct contact with elderly people, to use these characteristics as a basis for stereotyping, categorising and distancing them. That this temptation should be resisted will be evident from the following portraits which illustrate both the variables which impinge on the lives of the respondents and how these variables interact with individual differences in temperament, personality, health, adaptability to change, and familial, occupational and social experiences.

To preserve the anonymity of the respondents, fictitious names are used throughout this chapter.

1. Miss Adams

Miss Adams, formerly from the centre city area of Dublin, has lived for the past three years in one unit of a privately run complex of flats for the elderly in a Dublin suburb. A main meal is available in a central dining-room if required and a nurse calls every morning to check on her well-being. Her flat is centrally heated and has all modern conveniences. Her physical needs are well catered for, and she has someone to rely on if she is taken ill suddenly.

Yet Miss Adams is not content. The main reason for her decision to move to her present home was her increasing incapacity to look after herself due to failing eyesight. She has never come to terms with this move. She dislikes the flat and in spite of all its many advantages, she considers it to be of a lower standard than the housing others of a similar age tend to have. The loss of her former neighbours is paramount in her dislike of her new life. Her major preoccupation is "getting back to town". Loneliness and nostalgia for the old days are the dominant themes in her conversation:

"Life is lonely cut off from my friends". Miss Adams sees change only in relation to her own life and does not have many opinions about the world in general. She looks upon the suburbs as virtually a rural area and misses "the hurly-burly of people coming and going, and how if friends were in town they would always drop in for a cuppa". She finds her friends do not visit her now that she has moved so far from town. She would advise people never to live alone unless it was absolutely essential, yet she makes little effort to overcome her loneliness. She is visited regularly by members of a voluntary organisation, but otherwise has little social contact as she tends to isolate herself within her flat and does not mix with the other occupants of the complex.

At "not much over sixty-five", she does not consider herself old. She was very happy when she was working but was forced to retire because of the death of the owner of the firm for whom she worked as a secretary. She feels she would be working still if he had lived. She has a retirement pension and an annuity from the firm and does not appear to worry about money. She says she has many needs, yet only specifies a move back to town when asked to elaborate.

Miss Adams' present well cared for existence appears to be of little consequence, when she remembers all the friends of her old neighbourhood and the busy days when she was working. Even the comparative security of her surroundings means little to her, in spite of the fact that her old flat was broken into. She has not adjusted to her present life, is in no way content with it, and appears to think it is not worth while making an effort to overcome her loneliness.

2. Mrs. Butler

Mrs. Butler is seventy-nine and lives in a quiet square, off a busy suburban road. Her house, which is rented, is not well maintained, the windows needing to be repaired and painted. She is very aware of her rights as a tenant and at the time of the interview was involved in a court case with her landlord over a recent rent increase. Mrs. Butler is a very merry person who sees no point in worrying and describes herself as having "one leg in the grave and the other won't go in!" She considers her health to be better than that of other elderly people even though she is very frail and her mobility is limited due to arthritis. She is afraid to go out by herself. Although she is often lonely, she always tries to laugh it off, and finds that it helps to take a glass of sherry or a bottle of stout.

Her satisfaction with her happy married life is reflected in her present attitude. She was married for forty-four years, still misses her husband very much and enjoys talking about their life together. "There are so many memories here ... when I look at his picture it takes me back." It was a "mixed" marriage; she is a Catholic and her husband was a Protestant. Their two children were reared as Catholics. Her one regret is that they now live abroad. Her nearest family member within the country is a niece with whom she has monthly contact. However, she is very friendly with her neighbours whom she sees daily. She finds people visit her more now that she is on her own. Meals-on-wheels are delivered to her five times a week and a Home Help comes in daily to look after the house and garden. The Public Health Nurse visits monthly.

Mrs. Butler has a contributory widow's pension and although she considers herself to be less well off financially than others of her age, in general she thinks that the social welfare pension provides adequately for the elderly.

She feels young people have little respect for the elderly, do not believe in helping their parents and have not got much interest in religion. She thinks the changes that have occurred are not for the better. Too many married women are working and this is the major cause of unemployment. Mrs. Butler's home has been broken into twice and she is conscious of the need to keep all doors and windows locked. She can call her neighbour by knocking on the wall, but complains of people who gain access to a house by pretending to be from the health boards, and then rob you".

People should plan for old age, she says, and take out insurance policies because "you don't feel the years flying in". Mrs. Butler says that all her needs are catered for. One of the bonuses about being over sixty-five, she feels is that there is less work to do, since "someone else does it for you!"

Mrs. Butler is quite limited in what she can do for herself, but is managing to live on her own because of the network of support given to her

by statutory and voluntary organisations and a large circle of neighbours and friends. Her happy disposition has been a major factor in helping her adjust to living alone.

3. Mr. Collins

Mr. Collins is eighty and has lived for the past eight years in one of a group of chalets provided for the elderly by Dublin Corporation. His wife died nearly seven years ago. Although his health is not very good as he suffers from bronchitis and has breathing difficulty, Mr. Collins leads a busy, if rather solitary, life. He goes into town frequently and sometimes arranges to meet his only daughter there. He also uses his Free Travel Pass to go around the country in summertime, or to visit the locality where he was born and reared, and this he enjoys very much.

Mr. Collins keeps himself very much to himself, even to the extent that he says that he “has” to visit his daughter’s home at Christmas. He glories in his ‘independence’ and keeps his contact with the neighbours to a minimum. He feels that he has little in common with them and would not describe them as friends. He fears they might become a nuisance and call too often so he does not encourage visiting. Yet it is upon his neighbours he depends if he is ill. Indeed, he attributes his success in getting into hospital recently to a neighbour who, seeing his poor condition a few hours after he had been sent home from hospital with a diagnosis of ‘very little wrong’, insisted on calling an ambulance for him. This time he was admitted as an in-patient, although he says that the doctor on duty suggested that Mr. Collins was blackmailing him!

Mr. Collins enjoys reading very much and uses the local library extensively. Radio programmes about current affairs are a source of great interest to him. He dislikes going to the nearby Old Folk’s Centre, because he says that he cannot find anyone there with whom he can have a good conversation. He feels someone should do something about putting people with similar interests in touch with one another. He is not interested in Bingo or any of the activities that go on in the Centre. Anyway, he says there are too many women there! He occasionally goes into town at night to a Charismatic Movement meeting which he enjoys because he meets people to whom he can chat, and with whom he feels comfortable.

Mr. Collins receives meals-on-wheels three times a week. While he dislikes the content of these meals and prefers to cook for himself, he enjoys the contact with the people who deliver the service, whom he describes as his most frequent visitors. Although his chalet is very sparsely furnished and he refers often to better times when he owned a house, Mr. Collins seems very happy with his accommodation, finding it much less expensive than the privately rented flat he occupied with his wife, after selling his house.

Mr. Collins thinks these are good times. There are no poor people nowadays, he feels, only spongers, and people complain too much. He retired voluntarily from running a small business when he was sixty, and is very happy with the security of a regular weekly income in the form of a non-contributory old age pension. He thinks living alone is not safe, even though he would not live with anyone. He has occasionally left his door or window open at night through forgetfulness and this worries him. He feels there should be some way of alerting someone in times of illness even though he has a telephone. There is never enough time to do all he wants to “‘Putting in time’, or ‘filling in time’ are very stupid remarks,” he considers. The only time he feels lonely is in the evening when he would like someone to talk to. Although Mr. Collins still misses his wife and worries that he might not be able to alert his neighbour if he becomes ill during the night, he says this is the best period of his life, as he is now free from housing and financial worries.

4. Miss Dunne

Miss Dunne is seventy-five and occupies a very small bedsitter with a bathroom attached, in a suburban area where most of the houses contain flats. The house in which her bedsitter is situated is very run-down and in need of repair. Miss Dunne is a very lonely person, who, although retired for more than nine years, is still finding it hard to adjust to living on her own after a lifetime spent in employment where she was resident, and where she could avail of domestic help. She is also a very reserved person who has difficulty in making friends at this stage in her life. All the family members of her generation are dead. During her working years the nature of her work seems to have provided enough social contact for her. Now that she is on her own she has little social contact and does not consider herself sufficiently gregarious to survive in her new environment. “Living in an urban area is not too bad if you are the type of person who mixes well. Unfortunately I am not.” However, she thinks that it is preferable to living in the country, which she perceives as being very hard, especially now, because of the recent attacks on old people. Although she thinks that a bedsitter is quite a good idea, because at least she can hear people coming and going and does not feel completely cut off from them, she seems anxious to move into special accommodation for the elderly, not necessarily a nursing home, but somewhere she could meet people of her own age with similar problems.

Apart from a niece who calls “now and again”, Miss Dunne really has no visitors as her bedsitter is too small to entertain in. She does not consider the neighbours as friends because “there are only young people here. An old person is a nuisance to them. I don’t fraternise with them”. She would

have to depend on herself if she fell ill as “nobody has time to help”. She is very active and goes out every day to shop and into town, but she finds that the weekends pass very slowly. Her main pastime is watching television. She now regrets the chances of getting married which she turned down when she was young. She envisages that she would not be in her present lonely position if she had not done so.

Miss Dunne finds it difficult to come to terms with various aspects of modern life. She says people are not so friendly and keep more to themselves than in the old days and “there is not the openness there was long ago”. Young people are very rough nowadays, in Miss Dunne’s opinion. In her youth, they were shy, quiet and more retiring. Now they mature much earlier and know everything about sex and contraception. They ignore their parents’ advice and have no consideration for old people.

However, Miss Dunne thinks that young people are not unique in this. In her opinion nobody is concerned about the elderly. She herself often has to help old ladies to cross the street because no one else will. As for the Government, Miss Dunne has no time for them. She considers that they do nothing for old people. She has been trying to get a medical card for a long time without success. She finds it very difficult to manage on her pension as the rent for her bedsitter is very high, and she has no fringe benefits except Free Travel. Although she is careful with money she cannot afford a sufficiently nourishing diet and has to do without meat most days. Because of this situation she is afraid she will become ill: hence her preoccupation with getting a medical card. She would like some kind of dining club in the area where people in similar circumstances to herself could meet one another and get a cooked meal at a reasonable price.

Miss Dunne attributes much of her loneliness to her reserved nature and would not encourage others to be as distant as she is. “You should go out and go into a shop and talk to people. You’ll feel better afterwards”. Miss Dunne thinks that one good thing about being over sixty-five is that one can rest after a lifetime of work. The worst part is getting very tired and how one’s memory deteriorates.

Miss Dunne appears to be someone who would benefit from participation in an active retirement course, but her reserved personality makes it difficult for her to overcome the hurdle of joining such a group.

5. Mrs. Egan

Mrs. Egan is seventy-five years old and, although a stroke has left her with little use of her left side and she has also had a colostomy operation, she feels as well as when she was fifty. She is an extremely independent and active person and quite content now that she has come to terms with living alone. She lives in a centrally-heated ground floor flat in her own house,

which is situated in a quiet road off an urban village. She has one son who visits her weekly.

Although Mrs. Egan does not worry and says cheerfully “God provides for us all,” she is a great believer in planning. Shortly after she married, her husband was taken seriously ill and she converted her house and took in lodgers “to provide for old age”. “Life should be tranquil when you are old” says Mrs. Egan, but a comfortable old age needs preparation. It is also important to be able to buy a grave and provide for burial. People should look ahead and not squander money on foreign holidays. After a very frugal life, Mrs. Egan is now more comfortably off, enjoying the benefits of a contributory widow’s pension and an income from the upstairs flat.

To live alone successfully, according to Mrs. Egan, also needs planning and a lot of common sense: she recommends that people should be careful about answering the door; should make as many friends as they can; should get to know their neighbours and should keep up their interests as “keeping active keeps you young”. Mrs. Egan recognises that people have to expect a certain amount of restriction as they get older, but feels it is important not to get into a groove and to keep their independence as long as possible, because “being put into a nursing home makes people morbid”. She has not the time to do everything she would like. She goes into town frequently, bakes brown bread, gardens a little and is always busy. She went to Knock twice last year which was a great challenge. She is a very organised person, and believes that “when you get old you need to do things in order – otherwise you will end up doing nothing”.

Mrs. Egan does not mix very much with other generations, “I only meet my own vintage,” but she feels that young people have not got the same ideas as her generation. They have little knowledge of religion and do not practice it, and moral standards have deteriorated very much. There is no such thing as honesty now, and there is great injustice in society. Although she shops for her next-door neighbour, who calls her “my guardian angel”, Mrs. Egan does not receive any regular visits from the people in her neighbourhood and thinks that she would not be missed if she was out of sight for a day. Mrs. Egan considers that her friends who live some distance away are more dependable. She also feels that the clergy should visit the elderly more often. In Mrs. Egan’s opinion the standard of living is too high nowadays and people expect too much. She has all the physical comforts she needs and is content. If she received a legacy she would give it away, as she does not approve of luxurious living. She feels that social services have greatly improved and that they incorporate a more caring and kind approach towards the elderly nowadays.

Mrs. Egan is a person who believes very strongly in the idea of self-help.

She has overcome adversities with which most people would understandably find it very difficult to cope. Her unusually strong personality is the chief resource upon which she draws in order to maintain her independence and to live alone successfully.

6.Mr. Foley

Mr. Foley is seventy-one and finds his tiny bedsitter claustrophobic, having lived in a house all during his married life. He misses his wife very much and went to pieces after her death thirteen years ago, when he drank too much and needed tranquillisers. He seems to have been very dependent on her and can do little for himself. He cannot cook and eats twice a week at an Old Folk's Centre and often at a Dining Club in town, where he can get a meal at a reasonable price. He misses his work as a clerk very much and spends most of the day out because of the limited space in his bedsitter, rarely coming home before 7p.m. He enjoys going into town, where he goes to Mass and visits the new shopping centres where there is always something to see.

Mr. Foley has three sons, only one of whom lives in Ireland. His only daughter died a few years ago. She was still in her early twenties and her death, he says, nearly finished him altogether. His son in England wants Mr. Foley to go over to live with him and his family, but he is reluctant to leave Ireland because his son who lives here is not in good health and is unemployed. Mr. Foley likes to meet this son every weekend.

Mr. Foley has a retirement pension and those of his children who are in a position to do so, help him out financially at times. He feels that old people are very well provided for, but that they need to be told about what is available. He thinks that there is much more information given to people in Northern Ireland and England about their rights and what services exist for them.

He is very nervous and dislikes the house he is living in, not only because he would like better accommodation, but also because, with one exception, the other tenants in the house are young and there is a very rapid turnover in occupancy. Occasionally there are wild parties which frighten him as he thinks there may be violence. He would love one of the special chalets for old people but has been told the waiting list is very long. The Public Health Nurse took him to an Eastern Health Board home for elderly people to see if he would like to put his name down for a place. He is very wary about taking such a step because, although he thinks it is a lovely place, he would have to share a room and he is very reluctant to commit himself to such a situation. He considers that he is very introverted compared with other people and that this is a great drawback. He is still a countryman at heart. He looks back longingly at the old days when everyone knew everyone else

and you did not have to make an effort to get to know people.

Mr. Foley is very tolerant of young people and their ways in general and thinks the majority are very sensible. "They are more cautious nowadays. They watch what they drink and they don't waste money." He does not mind them living together before marriage even though he himself would not have done so. When he meets them in the pub he finds most of them very willing to talk to him, especially the girls. He is very dependent on the only other tenant in the house who is of a similar age. He says that he hated going to the Old Folk's Centre by himself, but now that his neighbour comes too, he enjoys it much more. On a few occasions recently the two of them have gone to the pub at night for a drink and he likes this very much. Sometimes he goes to the Abbey Theatre on a Monday night, when he can get in free. He does not know what he would do without television. He really loves it and says it is almost an addiction, "I know I should read more and not watch so much T.V., but it's very tempting."

Although Mr. Foley is quite mobile and able to get around very well, he is not in very good health and is visited twice a week by the Public Health Nurse. He suffers from a circulatory disease, angina and a very unpleasant skin complaint. He finds the lack of private bathroom facilities particularly awkward because of this skin complaint. Mr. Foley worries a lot and looks much older than his age. He is afraid of getting really ill and having nowhere to go, and he dreads the idea of dying. His son's bad health is also a source of worry to him and he worries about the threat of the bomb hanging over the lives of young people, especially his grandchildren. He thinks it is very difficult for them to have to live this way.

In spite of his various ailments Mr. Foley does not consider himself to be old. He feels that as long as you can get around you are not old. Someone asked him recently to join the St. Vincent de Paul Society and he might do so. But he is very lacking in confidence, and gets very depressed.

He really needs the security of an environment where he could maintain some independence and yet be certain of care if he became ill. He also needs the company of people of his own age. He seems to enjoy any contact he has, but because of his shy disposition he finds it hard to make the effort to develop any such friendships.

7. Miss Grant

Miss Grant is eighty-four years old and is retired from the Civil Service. She has no relatives living. Although disappointed that her failing eyesight has curtailed her once very active life, when she played golf and enjoyed socialising with a large circle of friends, she is very cheerful and not at all bitter about the way her life has changed, but does regret that she has to depend so much upon others. She also misses reading which was a favourite

pastime and she would love her sight to improve.

Miss Grant owns a semi-detached, centrally heated and well-maintained house, in a square which she is delighted to see is returning to a family-occupied area after a period in which flats were more predominant. She enjoys the sounds of children playing around and finds her neighbours very kind and concerned and generous with their help to her, "I feel like I'm a child again - they look after me so well". She is very dependent on others because of her bad eyesight. It takes her all day to do little chores around the house. She receives meals-on-wheels three times a week and has a Home Help on five days. The Public Health Nurse visits occasionally. Her social contact is very good. She goes to an Old Folk's club twice a week and neighbours and friends constantly call to see how she is, although she misses many old friends who live some distance away and who now find it difficult to travel at night.

Although she considers a lot of changes are for the better, she does not like present-day attitudes towards God and spiritual things. She feels that "Faith is a great thing. God was very good to me", and wonders how people manage without it. She trusts in the Lord to look after her. If she feels lonely she does a job of some kind around the house. People nowadays have got too much too soon in Miss Grant's opinion, yet she has great sympathy for young people because of unemployment, and thinks there is a lot of good in them. She finds them very unmannerly and helpful. Miss Grant sees people living on their own as being targets for criminals. "The Courts have been too lenient with criminals and should have made an example of them in the beginning - now it has got out of hand."

Miss Grant finds that most of her pension goes on medical expenses and the upkeep of her house, and says it is difficult to manage as she is not eligible for any fringe benefits except Free Travel of which she is unable to avail.

Miss Grant depends completely on a wide support network in order to live alone. She is extremely grateful for the help she receives and although she regrets her lost independence, she accepts her situation with equanimity.

8. Mrs. Hogan

Mrs. Hogan is a widow in her mid-seventies whose two children, her only close relatives, are married and live in England. She considers that the locality in which her owner-occupied terraced house is situated has deteriorated in recent years.

Mrs. Hogan likes to keep herself to herself and is a philosophical and adaptable lady who enjoys the company of her dog and her budgerigar, to

whom she talks affectionately. On become widowed at age sixty, Mrs. Hogan commenced a new phase of her life by getting a job. She believes that this move helped her to cope with feelings of bereavement and loneliness. She does not feel safe and thinks it is definitely not safe for any elderly person to live alone.

Mrs. Hogan has very few visitors and never visits other people. She feels loneliest at week-ends when she observes cars driving into the area, collecting other residents and driving away. Mrs. Hogan has contact with her immediate neighbours on whom she believes she could rely for help in an emergency. Her daily programme is taken up with routine activities related to her own and her pets' survival. She finds plenty to do between housework and shopping but never goes out at night-time and would be terrified to do so.

Mrs. Hogan is thrifty and a good manager who has "never had a lot but has always had enough". She is happy that she owes no money but the prospect that she might get into debt bothers her. She worries that a future re-introduction of rates on dwellings would make it impossible for her to cope. She has enjoyed good health until recently when she had a 'bad turn', the cause of which was being investigated by her doctor at the time of the interview. Mrs. Hogan would like to improve her home but really cannot afford to do so. On the whole she considers that the elderly are pretty well looked after.

9. Mr. Jackson

Mr. Jackson is a charming eighty-seven year old widower who was always delicate and retired from running his own business in early middle age. Despite suffering from poor health during most of his life, Mr. Jackson describes his early childhood, youth and married years as very happy ones. Mr. Jackson's family was well-off financially. Part of his childhood was spent with his two brothers, both of whom are now dead, in the large country estate which his father bought so that he could participate in hunting, shooting and fishing. Photographs from this era hang on the wall of Mr. Jackson's sitting room and depict a life style very different from his present one. He has lived in a terraced four-bedroomed house for over two decades. He now uses only the downstairs rooms regularly, one as a bed sitting room and one as a parlour. He and his wife, who had no children, had previously resided in a large elegant house, but when his wife's health deteriorated, they moved to this smaller house to make life easier. Mr. Jackson was sad to leave his former home about which he speaks nostalgically, but feels the move was worth while because he thinks that it added years to his wife's life. Since she died over ten years ago his life has been transformed. He says "my world died with her". He derives great

comfort from the knowledge that they “never had a cross word in all those years”.

Subsequent to his wife’s death, Mr. Jackson’s health deteriorated and he has spent several periods in hospital since then. His chest was always weak and he suffered several bouts of pleurisy. Mr. Jackson also has a bad heart condition, suffers from arthritis and has very weak eyesight for which he is currently receiving treatment. Referring to his extensive medication, he describes himself as a “walking chemist’s shop”. Mr. Jackson has a cheerful disposition and a lively mind which links together past experience, present events and plans for the future. His conversation is wide ranging and anecdotal. Particularly vivid are his accounts of involvement in the struggle for independence, his description of the 1913 strikes, Easter 1916 and the Civil War. He contrasts these regretfully with the absence of nationalistic feeling and the lack of a practical patriotism in Ireland today and the prevalence of greed among workers which he identifies as the cause of strikes presently “crippling the country”. Mr. Jackson is not, however, someone who takes refuge in the past as a substitute for involvement in the present.

He takes a keen interest in current affairs and in the lives of his grandnieces and grandnephews whom he sees quite often. He proudly showed photographs of several family weddings he had attended during the previous year, together with an invitation to a forthcoming one to which he looked forward with cheerful anticipation.

Mr. Jackson feels the public in general are “full of kindness to old people”. A Home Help comes twice daily. She tidies up, cooks lunch and returns in the evening to prepare his tea. He could not manage without this help. Despite his many health problems, Mr. Jackson spends a lot of his time outside his house. Almost every morning he takes the bus into town to Mass and walks about before returning for lunch. After a rest in the afternoon he sometimes makes a trip to the seaside or he might attend Mass again. Mr. Jackson is deeply religious and expresses particular devotion to Our Lady. He speaks with great enthusiasm about pilgrimages to Knock, nine of which he has attended in the past four years.

In addition to visits from his Home Help and relatives who call quite often and whom he also visits quite frequently, he is on friendly terms with a number of his neighbours – several of whom called during the interview. His friendly presence, gentle sense of humour and sympathetic disposition seem to draw people to him. He also clearly communicates his enjoyment and appreciation of social contact.

Despite his mobility, cheerful disposition and extensive social contact and support, Mr. Jackson often experiences loneliness, especially when he returns to his empty house. His feelings of loneliness are exacerbated by the

fact that his home has been broken into several times. He now has steel wire on the back windows.

Despite his frequent loneliness, Mr. Jackson has a stoic disposition. He “never expected to live to the eighties”. He considers his health is better than that of his contemporaries because “I’m a fighter and I won’t give in”. He would like to take a trip to New York but the air fares are too high. As the interview ended, with a conspiratorial twinkle in his eye he enquired “How would you like to help me steal the Crown Jewels?”

10. Mrs. Kavanagh

Mrs. Kavanagh is a seventy-five year old widow who suffers from poor health and experiences a lot of pain. She feels “isolated, lonely, abandoned and rejected,” in the end-of-terrace cottage style house which she owns. Mrs. Kavanagh, who was about to attend hospital for out-patient tests the day following the interview, has not been outside her house for almost a year. She believes that people generally are selfish and lacking in respect towards old people. However, she hastens to add that she is not against young people most of whom are “respectful and very good”. She sees the young and the elderly as two marginalised groups in Irish society who suffer exclusion and are denied opportunities of contributing to society. “Young people growing up are having to develop hard hearts to cope with a hard world where family life is deteriorating.”

Mrs. Kavanagh enjoys her T.V. and takes a keen interest in history, current affairs and sport. Much of her life has been dominated by health problems. She spent thirteen of the twenty-six years of her marriage providing nursing care for either her husband or their only child. Her husband’s final illness involved Mrs. Kavanagh nursing him “day and night for four years”. Mrs. Kavanagh considers she has had a “sad, sorrowful, suffering life,” but insists that she loved to “bring care and comfort to sick people”.

Mrs. Kavanagh’s early working life was in a clerical job. However, on becoming widowed in her late fifties, she decided to seek employment caring for people who were ill. She speaks with great affection and nostalgia about some of the people she looked after. The irony of her own situation does not seem to have occurred to Mrs. Kavanagh but her own sadness and disillusionment can perhaps be best understood in the light of her past life experiences. Mrs. Kavanagh’s own health is now very poor. She suffers from “everything under the sun”. particularly distressing is severe and painful arthritis which restricts her mobility.

Her present circumstances would not appear to constitute a just reward for a lifetime of hard work and devotion. She has a Home Help who comes in twice daily and without whom she could not manage. Perhaps not

surprisingly, Mrs. Kavanagh's account of her daily routine is interspersed with references to her morning gargle, dietary fibre and her medication. Incorporated into this routine are periods devoted to religious duties and to prayer which she describes as her favourite pastime.

Mrs. Kavanagh feels that the most devastating experience of her life was the break-up of her son's marriage some years ago. For a time after this event her son and his two children came to stay with Mrs. Kavanagh and she was happy to make a contribution to their lives. When they left she experienced heartbreak and "shed rivers of tears". A deeply religious person, Mrs. Kavanagh believes that the only thing which helped her survive this experience was prayer and trust in God. Nonetheless, she speaks of having been recently near desperation and of contacting the Samaritans. They helped her to contact a voluntary organisation, of whose members' visits and support she speaks with great appreciation.

Mrs. Kavanagh's present ambition is to improve her property with a view to selling it at a good price so that she can move to a "less lonely place." She is wary of the procedures involved in such a move as she has had unsatisfactory experiences with auctioneers and builders in the past. Due to its very poor state of repair although the two rooms in constant use are in a good state of repair and clean and tidy, the other two rooms are uninhabitable because of seriously defective roofing – Mrs. Kavanagh feels she cannot offer it for sale. She feels trapped, yet, because of impressions gained from a recent television documentary, a move to residential accommodation does not appeal to her.

CHAPTER 3

“LIFE HAS CHANGED”

Evidence of social change abounds in an urban setting. It is here that the pace of living accelerates rapidly, there are major changes in the physical environment, and the population tends to alter in its composition. All cities experience these phenomena in varying degrees, and it can be said that Dublin, in this century, has experienced major social and economic upheaval. The portraits presented in Chapter 2 illustrate how some people perceive and adapt to change. The changes witnessed by the participants in the study serve both as a background to and as an integral part of their life experiences. This chapter presents their perceptions of and attitudes and reactions to change.

The theme was raised early in each interview when respondents were invited to identify some of the changes they had observed during their lifetimes and to describe their reaction to these changes. The majority approached this topic with interest and enthusiasm and many illustrated their accounts with lively anecdotes about “the way life used to be”. The main areas with which they associate change are: the physical environment, standards of living; social patterns; the behaviour of young people and the pace of life.

Changes in the physical environment

Most of the people who spoke to us dislike the alteration that has taken place in their physical environment. The disappearance of “green fields”, the replacement of old buildings with character by “cement blocks”, and the prevalence of high-rise flats have spoiled the “lovely atmosphere” of the city where they once enjoyed living. They have become disenchanted with Dublin and consider the centre of the city to be a “horrible place where nobody wants to go any more”. As one respondent says:

“Dublin is becoming the slum of the future. I’m about forty years living here. I think it’s deteriorating with take-aways and billiard saloons. There’s too many conversions of family houses to bedsitters, spoiling the atmosphere of the locality.”

They consider that changes in their immediate neighbourhoods have a direct impact on their lifestyles. The transformation of areas where most of the houses were once owner-occupied family residences into flat-land, where the turn-over in occupancy is very rapid has affected their levels of social contact and reduced the availability of help in times of need.

“It’s now flat-land here. Flat-land lets down the neighbourhood. The area isn’t kept up as well. You can see clothes hanging out of windows. I don’t know the neighbours, they’re all strangers. People have moved or are dead. Business girls come in and out of their flats and never bother making conversation.” (Single woman, mid-seventies, rented house).

“I don’t know the neighbours that well. You could be dead or alive. People never go in and out of each other’s houses. There’s no neighbourliness now.” (Widow, early seventies, rented house).

“There’s no such thing as a good neighbour nowadays. People are friendly enough and will stop in the street for a chat, but they’re not really interested in you. None of the neighbours knew that my sister had died.” (Widow, early eighties, flat owner).

Change in the composition of their neighbourhoods also means a reduction in their freedom of movement and creates feelings of insecurity for many of those who spoke to us.

“There’s a rough crowd here now. You have to be careful all the time and you cannot leave doors open as you once did. You are afraid to visit each other’s houses at night because you are uncertain who you will meet around the area. Are they neighbours you don’t know or curs coming around to mug you”? (Single woman, aged eighty, house-owner).

“I regret the way freedom is gone. Old people have to be careful as to what they do now because of muggings. For children too, it was safer for them in my day.” (Bachelor, mid-seventies, special accommodation for the elderly).

“The area has changed a lot. Once there were no flats. Now speculators have bought up property and a different type of person has moved in - some very odd.” (Widower, late seventies, house-owner).

Other disadvantages which they associate with the transformation of “lovely residential areas” into flatland are “traffic up and down all the time”, “a lot of noise at night with people coming from pubs”, and “when the houses are not kept up, it brings rats.”

Changes in the standard of living

While they enjoy the various comforts of modern day life, many of the people interviewed feel that the rise in standards of living over the years has caused expectations to become too high and “people do not know the value of money any more”.

“The standard of living is too high and children have too much. The wheel has gone full circle and we must go back. We can’t keep up such high standards. People have disimproved and their expectations are too high with foreign holidays and the like.” (Widow, mid-seventies, two pensions).

“If they want a thing now they go and buy it. We had to make do. We made everything practically for ourselves. There is no such thing as hand-me-downs. It’s not a good thing. They don’t know the value of money. Young people waste a lot of money.” (Widow, early nineties, social welfare pension and the rent of a flat).

“There’s too much money spent on elaborate toys for children now. The simple games we played were much better. Children’s expectations are too high now. It’s hard to satisfy them.” (Bachelor, mid-seventies, social welfare pension and small investment income).

In spite of the rise in the standard of living, people are still not satisfied, and do not seem to be any happier. In fact, “they were happier and satisfied with less.”

“People have not enough to do in their leisure time. They are looking for more and changing things unnecessarily.” (Widower, early eighties).

“Workers aren’t satisfied with what they get. They are too greedy - greed has changed things for the worse.” (Widower, late eighties).

Many people feel that the materialism created by the higher standards of living is reflected in modern-day attitudes and behaviour.

“People keep to themselves now. The majority are into themselves and don’t want to get involved. For the few good people there are double the amount of clannish selfish people. You have it in the Church also. If you haven’t money they don’t want to know you.” (Widow, early seventies).

“When you are in trouble people are not concerned about you; they’re completely indifferent; they find it a liability. People only want to do things if they are being paid.” (Widow, late sixties).

“They have so much money now, far too much. They’re short of nothing – It makes them selfish, all that money.” (Widow, early eighties).

“People haven’t got the same understanding today. They didn’t go through what we old people did, when poverty was a known thing.” (Widow, late seventies).

“People were religious and God-fearing. Amongst the populace there was much more understanding than what prevails in the present age. There is turmoil everywhere now.” (Widow, mid-eighties).

However, a small number are pleased with the security of modern day life and the better working conditions.

“I remember when Dublin was a city of slaves, with girls working and boarded in by employers for 2/6d a week. It was scandalous! Now labour conditions have improved and workers are treated better. It’s good to have the dole and pensions – Dublin was a very poor city with people selling from door to door and with barrows.” (Widower, late eighties).

“I’m glad the old days are gone mainly because of the poverty there was then. There’s no poor now.” (Widower, early eighties).

Several mention the improvement in services for the elderly.

“There’s a great change now in looking after the elderly. They don’t throw them aside. They didn’t have the facilities that there are now. Nobody called on the elderly. Young people too have a better life with cars to go to dances and discos in.” (Single woman, aged eighty).

“The social welfare is a wonderful improvement. It has improved a great rate. There are more caring services for elderly people. Things have improved a lot.” (Widow, late seventies).

Change in social patterns

Some people we spoke with feel excluded because of their age from taking part in social occasions and television is blamed for a general deterioration in the quality of life.

Family socialising in homes has stopped due to T.V. Talking, having friends in and social and musical evenings were how we used to enjoy ourselves.” (Widow, early eighties).

“Life was much better before. There’s nothing left very much to enjoy unless you are young. Dances before were for all age groups and everybody mixed together.” (Widow, mid-seventies).

“Attitudes and manners are different. We were brought up by the Ten Commandments. People steal. There’s no responsibility. People don’t seem to care. They’re not taught about fairness and honesty. Everything is learnt from T.V.” (Single woman, mid-sixties).

“I see very few changes for the better. Nowadays there’s no home life. There are eating houses all around Dublin. There is not enough discipline. The behaviour of children is very bad, especially in Church. They have too much freedom and no respect for their parents. If there is no respect for parents there is no respect for anyone. What a child sees on T.V. is a way of life.” (Widower, early eighties).

Changes in the behaviour and attitudes of young people

Some of those interviewed approve of the young people of today.

“The changes are for the better. I like the approach of young people towards the aged. More of the young people are better now than they were in my day. They’re very helpful and thoughtful.” (Widow, early eighties).

And some people recognise that young people “have it tough enough in some ways”.

“I wouldn’t like to be young again. I wouldn’t like to be looking for a job today.” (Widow, early seventies).

However, a large majority of those interviewed disapprove of young people’s behaviour and moral standards.

“Between drugs and drink - a lot of girls drink, and find boyfriends in pubs. It’s the cause of pregnancies - girls getting drunk. I don’t believe the Government should care for unmarried mothers. It encourages illegitimacy. Men have got filthy and say it’s women’s fault. Everything was done in a posh way before. Men have no respect for girls now.” (Widow, early eighties).

A lack of proper religious instruction and a decline in the practice of

religion are identified as factors associated with a lot of “the evil around today”.

“Young people don’t believe in the same things or even the same ideas. They have no religious knowledge. The general practice of religion is low. Young girls are sex maniacs. I’m aggrieved about moral standards. They have changed. Pregnancy outside marriage was the biggest sin in our day. Marriage during Lent, etc., was forbidden. Moral standards have disimproved. Sexual morals, injustice and there’s no such thing as honesty.” (Widow, mid-seventies).

“It’s a terrible permissive society now. They feel different about the sanctity of marriage, wife-swopping, and all in favour of divorce. I was thirty-five years married and very happy. Respectability has gone out. There’s a lack of religion in teenagers – they don’t go to Mass – it’s awful.” (Widow, early eighties).

Some of the elderly people, while not agreeing with modern behaviour, consider that a more balanced approach to the subject of religion is appropriate.

“Young people are not as intent on religious duties as we were. I don’t blame them. It was hammered into us. They’re not as tied down to religion as we were in the old days.” (Widow, mid eighties).

“I feel the Church is driving the young away. They are bored at Mass, it’s too long and tedious. Many don’t go to Mass or the Sacraments.” (Single woman, late seventies).

Change in the pace of life

Many of the people who spoke to us find “everything is too fast now.” They preferred “the old days when the pace of life was easier.” They were used to the old ways and find it hard to adjust to so many changes.

A small number approve of all change and take the philosophical attitude that “progress is important and everyone should move with the times.” They welcome the absence of hypocrisy and the readiness to discuss issues which were once unmentionable.

Summary

Nearly all of the elderly people interviewed view life as very different now compared with earlier times. They are conscious that changes have occurred in social attitudes and behaviour, in the physical environment, in the pace of life and in the standard of living. A very small number feel that

life has not really altered over the years.

A large majority of those with whom we spoke have some regrets about the passing of the old ways. Although improvements in the standard of living appeal to them, particularly the increase in social welfare benefits, they feel that the pace of life has become too fast; that there is too much as they used to be. They dislike the increase in violence and the attendant emphasis on money and that people are not as friendly nor as neighbourly as they used to be. Over three-quarters of the elderly respondents feel that a change in religious outlook on the part of young people plays a major role in creating an alternative world to that which they experienced in their youth. Their ideas and standards are not those of today's young people who are much freer and less inhibited by their religious upbringing.

A small number of respondents are glad that the old ways have gone. They consider there is nothing to be gained from the old days and are pleased to be part of the modern world.

Having explored some perceptions of and reactions to change, the next chapter elaborates on the themes of loneliness and isolation which emerged as of great personal concern to many.

CHAPTER 4

“LIFE CAN BE LONELY AND ISOLATED”

Loneliness and isolation were topics which emerged as of great interest and concern to a large majority of the participants in this study. They are topics about which many expressed strong opinions and poignant feelings.

Loneliness

While it should be emphasised that twelve of those interviewed say they never feel lonely, it is a cause for concern that a large majority experience loneliness to some degree and nearly half identify loneliness as the major disadvantage of living alone and would agree with the respondent who says “loneliness can get you in an awful state.”

Why people are lonely

The absence of company and desolation following bereavement are the factors most frequently associated with loneliness by those who spoke to us. Although this feeling can be alleviated to some extent by going out to work, visiting relatives, and talking to neighbours and friends, these elderly people say that there is really no compensation for the loss of the marriage relationship, and nearly all of those who are widowed accept some loneliness as an inevitable part of their lives.

“How could I be happy without my husband? He was the loveliest man. The last ten years have been so lonely and miserable. We were sweethearts always.” (Widow, early eighties, housebound, no children living in Dublin).

“When you’re left on your own after forty-four years with a husband you liked - it’s lonely. There’s a miss, a loneliness.” (Widow, late seventies, feeble, two children living abroad).

“There’s no one to talk to, no one to welcome you home, and no one to throw you out occasionally.” (Widower, late seventies, very active, one child).

Loneliness is also attributed to factors associated with ageing. Some of those who spoke to us find that people are unwilling to listen to them ‘cause they are old. Others find that the loss of certain faculties causes loneliness. “I feel lonely now that I can’t read any more.” Having nothing to do or to look forward to except the prospect of dying makes others feel

“Here’s another day. You just sit and wait to see if anybody comes.” (Widow, mid-eighties, inactive, no children).

“I’m lonely because there’s nothing in the future. I think that’s it all for. Another day is another day nearer to the grave, just the house and the garden to do.” (Widow, early seventies, very active, eight children).

“The grave, you think of it every night, what circumstances you’ll go in.” (Widow, early seventies, fairly active, no children).

When people feel lonely

Those interviewed seem to feel lonely at night time in particular. During the day most respondents have some social contact, but night time brings seclusion and darkness and is the time when “loneliness is worst, and you are sound and start wondering...”

“The person next door works at night so loneliness is strongest then.” (Widow, mid-seventies, very feeble, one son living abroad).

“Having someone in bed beside you for fifty-two years, it’s lonely to have to go to bed alone.” (Widower, early eighties, very active, no children).

Week-ends, returning to an empty house, and “especially in winter” are also mentioned as times when people feel lonely.

“If I’m not well and at week-ends, when the people in the other Hats go home, I feel very lonely.” (Single woman, late sixties, feeble).

“You feel very lonely at times. It comes in waves. Coming back into the empty house and when I think she’s gone, there’s a gap.” (Widower, late eighties, very active, no children).

While special occasions, when memories of loved ones predominate, are identified as very lonely times, simple everyday occurrences such as

“having a meal on my own” also give rise to loneliness. A very small number feel lonely all the time.

“I’m always lonely since my wife died two and a half years ago. The bottom feel out of my world. I have no interest in anything now. I just live from day to day.” (Widower, late seventies, very active, one child).

Coping with loneliness

Those who spoke to us cope with their feeling of loneliness in a variety of ways.

Those who can get out of the house find it a successful way of coping.

“I have a cup of tea and go out to Mass and meet friends. I get out.” (Widow, early seventies, very active, eight children).

“Getting out is best when you feel lonely. I’m going to see a friend tonight.” (Widower, late eighties, very active, no children).

While you must “fill in the time” by “doing something”, communication of any kind such as phoning friends, or writing letters, or praying, is seen as the best way of counteracting feelings of loneliness.

“You must fight your loneliness yourself. Ring up a friend and have a chat.” (Widow, late sixties, very active, no children).

“Only prayer helps me to go on at all.” (Widow, mid-seventies, very feeble, one child).

“I read the paper thoroughly. I just have to get rid of it by saying a few prayers.” (Widow, early eighties, fairly active, three children).

Having a pet for companionship helps others.

“The dog is the only thing I have to talk to. I bring the dog out. I listen to the News.” (Widower, early eighties, very active, no children).

Some people are less successful in finding alternative activities and just endure the experience.

“I put up with it. There’s nothing I can do. I get fed up and go off to bed early.” (Widower, aged seventy, fairly active, six children).

“There doesn’t seem to be anything to help cope. I seem to sit in a daze when feeling lonely.” (Single woman, late sixties, inactive).

Those respondents, one in four, who are never lonely have a very positive attitude towards life. Some believe in keeping busy either physically or mentally and feel that life is there to be lived, so a person should “get on with it”.

“I’m busy as a bee and not a bit lonely.” (Single woman, aged seventy, very active).

“No, I’m never lonely. I have so many hobbies.” (Widow, aged eighty, very active, one child).

Others consider themselves to be by nature solitary or spiritual and not to have need of company.

“I’m a loner all my life, an only child. I’m not a lonely person. I like to see people but I like my own company too.” (Widow, early eighties, housebound, no children).

“I never feel lonely. I have God with me.” (Widow, early seventies, very active, no children).

Although most of those who spoke to us consider that urban living is very lonely, they feel that life in a rural area must be much worse.

“Urban life is lonely with people you don’t know. Girls are at business all day and don’t know you. But rural life must be terrible, desperately lonely.” (Single woman, late seventies, very active).

Isolation

Feeling isolated is another experience which elderly people living alone may experience and over one-third of those who spoke to us express sentiments similar to one respondent who feels “out on a limb with no one to turn to.”

Why people feel isolated

Bereavement is also a major factor associated with feelings of isolation. Those who have had a very long and rather self-contained relationship with their marriage partner seem to find themselves particularly isolated on the death of a spouse.

“You feel you’re completely on your own when your husband dies. You feel different.” (Widow, early eighties, fairly active, three children).

“There’s no one to talk to living on my own. I had a lovely husband and we didn’t go out much. Now I’m ten years alone. I don’t mix a lot.” (Widow, eighty, housebound, no children in Dublin).

Some of those who spoke to us are also very aware that their “generation is dying out” and that “as you get older, your own contemporaries drop off like flies.”

“I’m eighty-four and most of my friends are dead. Most people die among their late seventies so I hear a lot of friends of mine are either dead or dying.” (Widow, mid-eighties, inactive, three children).

“I’ve no family, so I’m totally dependent on my friends, but as you get older, friends keep dropping off.” (Single woman, late seventies, very active)

Decreasing social contact is another factor which contributes to the isolation of the elderly. Nearly all of those interviewed have fewer visitors than formerly, and a small number feel that “nobody ever comes near you to talk to you or see how you are.” Difficulty in keeping up with remaining friends is the reason usually attributed to the decrease in the number of visitors.

“When you haven’t got a home and have only a bedsitter, it’s very hard to keep up with people.” (Single woman, late sixties, feeble).

“My friends are all on the north side of the city and it’s too difficult for them to get across nowadays. It’s not safe on the buses at night.” (Single woman, mid-eighties, feeble).

Retirement from work was “a terrible blow” for some people and is also associated with feelings of isolation. Nearly half of those who worked regretted having to give up their jobs on reaching retirement age. Some saw it as a way of life around which they had built up an identity. Others missed the company of fellow workers.

“You cannot have a full day’s work again. Being a single woman, my office work was the way that I lived.” (Single woman, aged eighty, feeble).

“Not working any longer is a terrible drawback for some, if they are dedicated to their jobs. People need something to do - and the company. You miss going in every day and meeting people.” (Single woman, mid-eighties, feeble).

Isolation as a source of worry

Some of those who spoke with us express certain worries which they associate with their isolated situation.

“It’s a bit worrying if anything happened to you and there’s no one to call on.” (Widow, early eighties, very active, no children).

“Who will take care of my affairs when I’m gone? Who will get rid of my bits and pieces?” (Widow, early nineties, feeble, no living relatives).

“I’m afraid of dying in my sleep. I wouldn’t like it if nobody found me.” (Widow, early eighties, housebound, no children).

Coping with isolation

Although most of those interviewed find time passes quickly enough and do not run out of things to do, their favourite pastimes involve mainly sedentary and solitary activity which tends to reflect the solitary nature of their lives. In terms of preference reading is the favourite pastime, “when I read I seem to be living outside of this world,” and those whose sight has deteriorated talk about their disappointment at their inability to continue reading. Watching television, gardening, knitting, listening to the radio and letter-writing are other pastimes enjoyed by the elderly people who spoke to us. However, respondents are very conscious of a need for company both outside and inside the home:

“The community don’t mix. They’re very distant and keep to themselves. Neighbours could do a little to help. They could knock at the door to see if the old person was O.K. I’d love to be in a community place where you could mix like a human being and not be sitting like a dummy all the time.” (Widow, late seventies, inactive, one child).

“I would love a constant companion who was likely to come in a few times a week.” (Single woman, aged eighty, feeble).

Specifically mentioned as people of whom the respondents would like to see more are family members and the clergy.

“The priests of the Church don’t come. I could be dead and gone a hundred times.” (Widow, early seventies, very active, eight children).

“I’m twenty-four years living here and priests have never visited me. Priests should visit more.” (Widow, early eighties, housebound, no children).

The need for company is reflected in the type of advice those interviewed would give to people beginning a life on their own. “You should get to know your neighbours well enough so that you can drop in on them at any time” and “you should force yourself to get out and mix with people”. Those who are housebound should try to keep in touch with friends by telephone and should encourage people to call to the house. To develop an interest which will involve other people so that “you will not live in a blank world,” is also recommended.

“People should keep up with family and friends and try not to get

isolated. They should try to become involved.” (Bachelor, mid seventies, very active).

Contributing to the community

Nearly all of those who spoke to us feel that it should be possible for elderly people to play a part in the community in which they live.

“Old people could contribute if they were asked to do things.” (Widow, mid-eighties, fairly active, three children).

“Old people could contribute if they don’t cling on to the past, if they don’t want young people to stay the same.” (Widow, late sixties, very active, no children).

Some people suggest ways in which the elderly could contribute. “There’s lots of ways old people can help - with voluntary work and sales of work.” (Widow, mid-seventies, very active, no children). “I work with the elderly in the parish and I was active in setting up a social club for the elderly.” (Single woman, aged seventy, very active).

“Old people have something to offer. Knowledge gained over the years through experience is important.” (Widower, late seventies, very active, one child).

However, many feel that attitudes towards elderly people and towards the value of any contribution by them, militates against their desire to participate and reinforces their feelings of being “left out from life in general.”

“Young people don’t think the elderly can contribute. Long ago families lived nearer to one another. Families have got more selfish now.” (Single woman, late sixties, feeble).

“I cannot help thinking about a statement I heard made by a scholar: ‘Nowadays old people are consigned to the garbage can much too soon.’” (Widow, mid-eighties, feeble, four children).

“Life is so speeded up, there’s no use for the elderly now.” (Widow, mid-seventies, very active, no children).

“We are the new leper colony in Ireland.” (Widow, mid-seventies, very feeble, no children living in Ireland).

A very small number do not feel the need to become involved.

“It’s a good thing to be involved – but some people, because of their nature, can’t get themselves involved. I don’t get involved with people much. Personally, I’m not one for going to clubs and things like that. It often leads to pettiness. It’s better to be on my own than in controversy.” (Widow, mid-seventies, feeble, no children living in Dublin).

“I got used to living alone and I feel I don’t want to be disturbed out of this aloneness. I have to get used to it.” (Widow, mid-eighties, fairly active, three children).

Most of those interviewed consider that feelings of isolation must be even greater for people living in rural areas.

“Rural living is very isolated unless you have a neighbour who has a car or have a car yourself.” (Widow, mid-seventies, very active, no children).

“I wouldn’t like the country. It’s too isolated, no sounds or lights.” (Widow, aged ninety, inactive, two children).

“In a rural area you are very much apart from other people. Here even though you don’t communicate, people keep an eye on you.” (Widow, mid-seventies, very active, no children).

Summary

Living alone, loneliness, and isolation are three different experiences and are not necessarily co-existent. Although in the light of alternatives presently available to them, all except three of the people who spoke to us would choose to live alone, a large majority do experience feelings of loneliness and nearly half describe it as the major disadvantage of living alone. Bereavement is the factor most frequently associated with being lonely. Those who have been widowed accept loneliness as inevitable. They feel that the death of a spouse is an event from which you never fully recover. However, nearly all those who spoke to us have devised ways of helping themselves to cope with the problem, only a few find that nothing helps. Night time is when loneliness is experienced most often, and when the loss is felt most keenly. Nearly all of those interviewed consider that rural life must be even lonelier than city life.

Over one-third of those interviewed experience feelings of isolation in addition to loneliness. Once again bereavement, together with decreasing social contact and retirement from work, is associated with these feelings. Respondents are worried by their isolation and have difficulty in coping with this problem. They are very aware of the importance of social contact

for people living alone and they express their need to become more socially Integrated. Most of the elderly would also like to contribute to and participate meaningfully in the community in which they live and they regret that “people have cast them aside too soon.”

The awareness of danger and the need for home security emerged as causes of great concern to many respondents and their views about these matters will be presented in Chapter 5.

CHAPTER 5

“LIFE CAN BE DANGEROUS”

Matters of safety and home security concern many people in the 1980s. A large majority of the people we spoke with indicated that these aspects of their lives are a source of concern and worry. Several respondents identified these as the primary issues about which they would warn or advise people who are setting out to live alone.

The people who spoke to us varied widely both in how they perceive and define situations which constitute a threat to their safety and security and in how they cope with these situations. Only two people feel it is quite safe for an elderly person to live alone and two-thirds of the forty-five people interviewed feel it is never safe for an elderly person to do so.

Old people living alone are vulnerable

Vulnerability, “old people are a target for criminals,” tends to be attributed to a variety of characteristics of modern society such as:– increase in the level of vandalism “even in the best of localities”; the prevalence of prowlers and of break-ins and a lack of social concern.

“People are afraid now to bother about others. It’s self preservation for us all now.” (Widow, late sixties, homeowner).

“There used to be respect for the elderly. Now there’s less respect and more trouble. They feel able to attack the old. These people are on drugs and need psychiatric help.” (Single woman, mid-sixties, rented bedsitter).

“Old people should always have somebody living with them. They seem to attack old people, the poor old creatures.” (Single woman, late sixties, rented bedsitter).

Feelings of vulnerability emerged clearly during the interviews:

“Living here I feel very isolated and lonely. I’m afraid to open the door at night. It’s not safe to go out or to walk up to the local village. The guards told me I’m a sitting duck for muggers.” (Widow, aged seventy-five, house owner).

“I wouldn’t live in a house on my own. I’d be afraid of burglaries, thrashings and killings. I leave two electric lights on all night, every night and bolt the door. But do I feel safe?” (Widow, aged eighty-five, rented flat dweller, partially sighted).

“An elderly person alone, especially if they are feeble shouldn’t open the door. My nerves are very good. I’d stand up to anybody. I don’t feel in danger. I wouldn’t mind them coming in messing up the place so long as I wasn’t here.” (Widow, late seventies in special accommodation for the elderly).

Coping with insecurity

Their great preoccupation with security issues is clearly reflected in the kind of advice those interviewed would give to people who were starting to live alone.

The need to develop “security consciousness” was emphasised by many, as was the need for caution in relation to “who you admit to your dwelling”; “what you say to people about your social and financial circumstances”, and “about your movements, for example, if you are going on holidays”. A particularly vulnerable situation is that of elderly people answering the door to occasional callers and at night time.

“You need to be wary of people knocking. Opening the door and talking to men, you could be caught that way - until you get to know people you have to be very careful.” (Widow, mid-seventies, house owner).

“You need to warn people to hide their money. They should have a chain on the door. People need to be educated about this. It has to be learnt before you are too old. Don’t keep money in the house and there should be a neighbourhood watch around here.” (Single woman, aged seventy, rented flat).

“They should put a chain on the door. Make sure you have a couple of friendly neighbours and see that they have a key of the house. They should not tell too many people they are going to be away. Nowadays people breaking-in knock on houses on each side- if both houses are empty they break-in the middle one.” (Widower, late eighties, house owner).

“Allow no one in whom you don’t recognise. Secure your house as much as possible. Always leave a spare key available in case of emergency. I bury one in the garden and mark the place.” (Widower, late seventies, house owner).

“When people in the other flats are gone at week-ends, and at night time I’m unable to open the door. It’s too dangerous.” (Single woman, early seventies, rented flat).

“It’s reasonably safe [to live alone] if you’re careful. But you need to lock up properly, don’t answer the door at night and don’t have much money around.” (Widow, late seventies, house owner).

Problems involved in security

Several people who spoke to us recognise that the security precautions they have taken may militate against them in the event of their being taken ill, especially at night.

“It’s not really very safe to live alone, you may be taken ill. If you are bolted and barred up, how would people get in to you if you were sick. With the doors bolted, if I fell down how would I get up? I would be left without help and without somebody to fall back on.” (Single woman, late seventies, house owner).

“I feel safe and lock all doors – kitchen and bedrooms. But if anything happened to me nobody could get in.” (Widow, early seventies, rented house).

Experience of violence

Among those interviewed were people who had themselves been the victims of burglaries. Others had friends or neighbours who had experienced violence.

“I was able to live quietly on my own. Then the place became infested with robbers – there’s no law. Robbers drove me out of my own house.” (Widow, early eighties, flat dweller).

“You need to make sure the house is well locked up. I was burgled the other month. It’s not safe. You never know who’s going to burgle. I’ve been burgled three or four times over the years. If I won £1,000 I’d get the house made burglar-proof.” (Widow, aged ninety, house owner).

“Since I was broken into I’m always on the alert. Don’t wait for someone to attack you - you attack them.” (Widow, early eighties, house owner).

“We’ve got an awful area at the back. A woman on the road was getting a job done on her house. She was attacked and beaten up and had to hand over the money. Another woman was attacked and had her nose broken and £30 taken.” (Single woman, mid-seventies, house owner).

Experience of attack has heightened their awareness of the need for adopting measures which will reduce the likelihood of break-ins or will raise the alarm in such circumstances.

“People should have protection for themselves as regards the house – I have had to have bars put across my kitchen window. People are afraid to go out at night now. So there’s much less visiting. I’ve got a mortice lock on my door, bars on my kitchen window and I lock my bedroom door- so I feel safe.” (Single woman, late seventies, rented house).

“You can easily be attacked - I have a lot of milk bottles up in my bedroom. If anything happened I am ready to throw them out the window. When they smash on the road people from the houses would come to investigate.” (Single woman, mid-seventies, house owner).

“It’s not a bit safe. You have to be very cautious, you need some protection. I did feel safe with my alarm but it took the Gardai 30 minutes to come when it went off.” (Widow, late sixties, house owner).

Factors which help to reduce feelings of insecurity

Some of those people who spoke to us identified aspects of their situation which help to reduce their feelings of insecurity.

“The civic guards are living in my street and that’s a great help.” (Widow, early eighties, house owner).

“Although it’s not safe to live alone and there’s a terrible lot of robbers, I feel safe with the dog and there’s a big labrador on the other side of me. So I’m surrounded by security.” (Widower, early eighties, rented house).

“I certainly don’t think it’s safe. I hear about dreadful things happening to elderly people. I feel safe, because there are two strong young fellows downstairs but if they go, I would not be so sure.” (Widower, early seventies, bedsitter).

Almost two-thirds of those interviewed identify the telephone as an effective method by which they can summon emergency help.

“It’s not really safe for an elderly person to live alone nowadays. If you have a telephone you’re all right but it’s dangerous to live alone without a telephone.” (Single woman, aged seventy, house owner).

“The telephone is wonderful.” (Widow, nineties, house owner).

However, having access to a telephone does not always guarantee security.

“I’m afraid to go out at night to use the telephone outside the flat. Awful things go on in houses.” (Single woman, late sixties, rented bedsitter, with access to a shared telephone).

Others have devised methods of summoning emergency help from their immediate neighbours, such as knocking on adjoining walls.

An interesting anomaly to emerge in this study is that although over two-thirds of those interviewed feel it is generally unsafe to live alone, almost two-thirds feel safe living alone themselves.

“It depends on where you live. Around here they wouldn’t break-in so I don’t worry about it.” (Widow, aged eighty, rented house).

“I shake holy water when I go to bed and if they come and beat me up they will, locks or no. I don’t see any point in worrying. I put my trust and my luck in God.” (Widow, early seventies, house owner).

In spite of their feelings about security risks in suburban Dublin, over two-thirds of those people who participated think their situation is preferable to that of elderly people living alone in a rural area, whose situation they identify with extreme vulnerability.

“I’d be a bit nervous now [of living in a rural area]. Up to recently I wouldn’t have thought about it. But it’s very isolated and with the things happening lately, it’s not very nice.” (Single woman, mid-eighties, house owner).

“Better to live alone in a semi-detached in contact with people - you can knock on the wall or run in next door. (Widow, mid-seventies, in special accommodation for elderly).

“In rural areas, if you took ill at night, the distance neighbours have to come is too great. You’d have no neighbours near you to give you a hot drink.” (Widow, nineties, house owner).

“I wouldn’t live in a country place, there’s more danger, it’s more isolated and the police and hospitals are so far away.” (Widow, early seventies, flat dweller).

“You hear of terrible things going on in the country. It’s not so lonesome here. You’re near some help if you need it.” (Single woman, late seventies, house owner).

It is a cause for concern that a sizeable minority cannot identify an effective method of attracting help in an emergency and that one elderly person in five never feels safe.

Summary

The views expressed in this chapter clearly illustrate the vulnerability experienced by these elderly people who live alone. Understandably, many are preoccupied with security and safety issues. One in five of those interviewed have directly experienced burglary or attack. The importance of access to a telephone and its role in alleviating feelings of insecurity are mentioned by a majority of respondents.

Some worry about the appropriateness of the measures they have adopted in order to feel safe. They are concerned that, as a result of making their dwellings inaccessible to unwelcome intruders, they themselves are equally inaccessible to those who could help them if they experienced sudden illness or an emergency.

It is interesting to note that despite their feelings about safety and security over two-thirds of those with whom we spoke consider they are more secure and less vulnerable than elderly people who live alone in rural areas.

In addition to loneliness and isolation and danger which have already been discussed, social attitudes, and aspects of health, finance and housing significantly influence the life styles of the elderly people with whom we spoke. Their views on these matters will be presented in Chapter 6.

CHAPTER 6

“LIFE CAN BE DIFFICULT”

Participants in this study identified the influence of social attitudes to ageing, aspects of health and disability, and financial and housing matters as sources of difficulty in their lives and their views about these issues are presented in this chapter.

The influence of social attitudes to ageing

The people who talked to us recognise that social attitudes, both their own and other people's, influence how they react to the difficulties and challenges which face them.

“You're as old as is the spirit – I'm seventy-five – I consider myself old. The woman across the road is much older than me, but she is wonderful – out to Mass every morning. She does her shopping and everything – I don't consider her old. It's the person more than their age. It all depends on the individual – some can sit down at sixty-five and say 'It's all over' and others say 'let's get up and enjoy it'.”
(Widow, mid-seventies, fairly active).

“Now that I've come to terms with old age and living alone – this time is as good as any.” (Widow, mid-seventies, very active).

“On the whole the general public are very kind to the elderly.”
(Widow, mid-seventies, active).

Many respondents find it difficult to cope with the treatment they receive from others which they believe reflects the low esteem in which elderly people are held and is indicative of a decline in respect for older people.

“Being older means having to do everything for yourself. The younger element don't regard the elderly at all. Only for the abuse

and hardship they give them.” (Widower, aged seventy, very active).

“When I was young, old people were very much respected. Now you fear when you’re old because of the awful things happening to them.” (Single woman, late sixties, feeble).

“The general public are very rude. They would knock you down and show no respect.” (Widow, late seventies, fairly inactive).

“On the bus people are blinking hopeless. They push old people and the conductor says: ‘That’s another one for the knacker’s yard.’” (Widow, early seventies, very active).

“There’s no respect for old age. You have to stand up in the buses. Getting up in the bus and giving your seat is a thing of the past.” (Widow, mid-eighties, very active).

“Some people are very nice. Some don’t give a hoot and nearly knock you off the path.” (Widow, mid-eighties, fairly active).

“In my day everyone helped the old, nowadays many slur old people or ignore them.” (Bachelor, mid-seventies, very active).

“People seldom think or stop to help elderly people who may be handicapped and need humanitarian treatment.” (Widow, mid-eighties, feeble).

Aspects of health and disability

Almost half of those who participated in the study are limited in at least one physical capability and many comment on the crucial role which health or its absence plays in their lives. While many respondents are philosophical about the changes which senescence brings others express a degree of resentment about the dependency which tends to accompany it.

“If you have health, it’s O.K. It’s dreadful to depend on somebody. It’s worse to be put in a home and put sitting against a wall. God help you – it’s horrible.” (Widow, late sixties, very active).

“At all times I’ve been independent. Now it’s difficult since I prefer to live on my own and make my own decisions as long as I possibly can. Now whilst physically well, I’m handicapped in more ways than one.” (Widow, mid-eighties, feeble).

“I spent most of yesterday on the oxygen. I suffer from asthma. I’m not able for exertion.” (Widow, mid-seventies, feeble).

“As long as you have your health and plenty to do – life is fine – but

if not, it can be very difficult. If a person is not able to look after himself properly - to wash and dress himself..." (Bachelor, mid-seventies, very active).

"If you have all your facilities you can do What you like and all the things you didn't have time to do when you were working. The thing is I can't do things I used to walking on a stick." (Widow, early eighties, housebound).

"Unless you have help you can't exist properly. I really can't live here because I can't walk." (Single woman, aged eighty, feeble).

Some people spoke of the difficulties they find in coming to terms with physical deterioration and about how decline in mobility or a debilitating condition can give rise to feelings of disappointment or frustration.

"I want to run and climb mountains but have to rest a bit with a bad heart." (Single woman, aged seventy, very active).

"I'm a bit handicapped – can't trot up and down ladders." (Widow, aged eighty, very active).

"If it wasn't for my knees I'd run the marathon." (Widow, early nineties, feeble).

"When your sight goes the bottom falls out of your world. I was a good reader." (Single woman, mid-eighties, feeble).

"My sight is not good. It aged me not being able to do things. Otherwise I'd be the same as when I was forty. If you can't do the same things you always did, you feel you are growing old and resent it. My spine was injured so I'm unable to do a lot of things. I had to sell my house. It was too big to manage when I got ill." (Widow, mid-seventies, very active).

Financial and housing matters

The people who spoke to us vary in the degree to which financial and housing matters affect their lives.

Some respondents consider they are well situated financially.

"When you are older you are finished with the worries of life – the pension is good now – substantial enough to keep a couple going." (Male, married, mid-seventies, social welfare pension and two occupational pensions).

"With the pension put in my hand I'm really lucky." (Widower, early eighties, social welfare pension and Living Alone Allowance).

Others recognise both positive and negative social policy aspects of their financial situation.

“The government looks after people now better than years ago. But the trouble is tax. They give you the rise in pension but take it off in tax. Pensioners shouldn’t be taxed.” (Widow, early eighties, social welfare pension and Living Alone Allowance).

One lady who is outside the eligibility limits for a medical card and is consequently ineligible for a range of fringe benefits describes her situation succinctly:

“If I hadn’t a few bob I’d get everything – as it is, I get nothing.” (Widow, early eighties, house owner).

However, attitudes of dissatisfaction with their financial situation are clearly expressed by a number of those interviewed, and some identify specific areas which are problematic for them.

“I’m not better off or able to live better now even though living standards have changed. I have a pension. It’s so expensive now if you are going to live within the pension. It’s difficult to save.” (Widow, mid-eighties, occupational pension).

“You have to watch the expenses all the time. I have a small pension but I manage.” (Widow, early eighties, pension from another state and rent from flats).

“Government should not discriminate over household incomes. No old person should pay income tax – food is expensive.” (Widow, early eighties, social welfare pension and Living Alone Allowance).

“Money was better 10 years ago. Things were not as expensive. The price of butter is dreadful.” (Widow, mid-seventies, occupational pension and Living Alone Allowance).

“House expenses are running high for me.” (Single woman, mid-eighties, occupational pension).

“My rent is going up.” (Widow, late seventies, social welfare pension and Living Alone Allowance).

“With the cost of living nowadays, it’s cheaper to live than to die.” (Widow, nineties, social welfare pension and rent from flat).

Some of those people who spoke with us experience difficulties associated with housing repair.

“There’s nothing I can do – I’d like a comfortable home, free from damp and draughts. I have no bathroom. I got in a new supply of copper pipes at the end of the hall and a toilet installed but the workmen were con-men - there is damp all over the walls and the rain pours in the back and front doors. My home is in a desperate state. Then I had a visit from an auctioneer about selling the house. It was a misfortune. He talked about a builder who might come and do repairs. This man came and put some of his material including hard cement in my back garden and shed and I couldn’t get him to take it away. I wrote and took the feet from under him, ‘I’ll have it removed and put at your door’, – but it’s still there.” (Widow, late seventies, house owner).

“The only thing is I find workmen horrible to deal with. I got an architect and I got a new floor put into this sitting room - there was woodworm in the floorboards. The workmen didn’t put proper filling underneath it and then they put in the concrete but now it’s all uneven ... People take advantage when you’re old and living alone. The people next door came and asked if they could extend out the back and I said, ‘Yes’. But then they took over the whole width of the back wall and cut light off from my back room.” (Single woman, late seventies, house owner).

Summary

One of the difficulties experienced by the people who spoke to us is the low esteem in which they perceive elderly people are held. The unpleasant treatment some people have experienced is indicative of an increasing lack of respect for people of advancing years. Many find it hard to come to terms with deterioration in their capabilities which tends to lead to increased dependency and sometimes to a sense of frustration. Difficulty is experienced by some people in meeting essential expenses and in trying to save. For others, house repair and maintenance is problematic, not just because of the costs involved, but also because they feel they may be taken advantage of by unscrupulous people who wish to exploit them.

The next chapter reflects on and suggests responses to some of the policy issues raised in this and in previous chapters.

CHAPTER 7

REFLECTIONS AND RESPONSES

“Being old is not a crisis. Indeed many people in their sixties, seventies and eighties regard this period of their life as rich in terms of experience and full in terms of relationships. But some experience retirement and ageing as stressful and crisis laden.” (Murgatroyd and Woolfe, 1982, p.72).

The challenging task which faces the community, policy makers and service providers is the identification and development of strategies of support and intervention which recognise and respect the strengths and resources of elderly people living alone, as well as their needs and vulnerability.

This chapter will reflect on policy issues arising from the study and will suggest and discuss possible responses.

The influence of social attitudes in the lives of elderly people

The desire of the people who spoke with us for involvement and integration in the community and the difficulties they experience in trying to establish a satisfactory social role are issues which emerge clearly from the study. This recurrent and pervasive theme indicates that the role and status of these elderly people are influenced both by their own and by other people's attitudes and perceptions.

Robert Butler (1975, p. 12) defines ageism as a ‘process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin colours and gender.’ He considers that ageism involves a wide range of phenomena including stereotypes and myths, outright disdain and dislike, or simply avoidance. This process tends to result in elderly people being marginalised in society and being denied roles on an equal basis with members of other age groups.

According to Beattie (1976, p.627) ageism “discounts the value of older persons and subtly raises barriers to the availability of resources and services required by them. It excludes the aging from continuing participation in and contributions to social life.”

Midwinter (1984, p.33) has described how social processes operative in the United Kingdom lead to the relative deprivation and exclusion of elderly people from active and constructive participation in everyday life. Since “old people play out the part which they perceive, not without reason, that society has cast for them”, Midwinter believes “there is much to be done to persuade both society in general and older people in particular that this role is morally wrong and socially harmful.”

No comparable analysis has been undertaken in this country, but the results of such an exercise should be extremely interesting.

In his paper “Ageing in Schools and Colleges”, Dr. James Chamberlain (1984) refers to the neglect of the topic of ageing in school curricula in this country and illustrates, with data from school texts, some negative and depowering images and stereotypes of elderly people which tend to convey messages of helplessness and dependence. He suggests that these negative elements need to be balanced by an emphasis on empowerment which implies openness to change, self-accountability, self-directedness and pro-activity, and he recommends as a beginning that we “help young people in our schools to understand what ageing means and educate them to an interpretation of ageing which incorporates notions of growth, greater experience, enhanced ability and self-reliance.”

A recent example of the kind of neglect of which Dr. Chamberlain speaks appears in the “Exam Desk” column of the *Irish Times* (Murphy, 1985, p.9). When commenting on the Leaving Certificate Examination papers, the President of the Association of Home Economics Teachers – which subject is identified in the heading as “a subject for ‘real life’” – is reported as saying that a question on the behaviour and discipline of pre-school children was “very relevant for future parents”, but a question on retirement was “a pretty remote issue for pupils”. A similar lack of enthusiasm for themes relating to elderly people has been observed by the authors in university undergraduates’ selection of project topics.

A marginal interest in elderly people is again identifiable in the prioritisation of workloads adopted by social workers in community care programmes. Gilligan (1980) reports that community care workers tend to be heavily involved in child-care and family work and to have only superficial, if any, contact with elderly people. A more recent report (Department of Health, 1985,4.5.1) confirms the persistence of this trend. Similar tendencies are evident in studies of the expressed caseload preferences of Local Authority social workers in the United Kingdom.

(Howe, 1980; Neill *et al.*, 1973; Neill *et al.*, 1976; Holme and Maizels, 1978; D.H.S.S., 1978).

The theory of social disengagement, which contains ageist elements, considers the adaptation by elderly people to their social role and suggests that a process of mutual adaptation occurs between the elderly person and society. With increasing age, the individual tends to reduce involvement and to withdraw from social roles, while simultaneously, society exerts fewer demands. It has been claimed (Cumming and Henry, 1961) that this process results in a mutually satisfactory accommodation between the individual and society. More recently it has been recognised that disengagement is not a necessary part of the ageing process but sometimes tends to occur involuntarily and to be related to the social circumstances of the ageing person. A recent study (Murphy, 1985, p.115) suggests a link between disengagement and “being unable to adjust socially to living in a new neighbourhood or to be living in straightened circumstances.” Other factors which have been seen to combine with ageing and to result in disengagement are lack of opportunities for continued involvement (Atcheley, 1977), and a socially induced “decline in aspirations and opportunities” (Bosanquet, 1978, p.12).

It can be argued that an essential prerequisite for the development of a society in which positive images of and attitudes towards elderly people can be fostered, so that their needs have a good chance of being met and that their contribution may be appropriately recognised and utilised, is the provision of an educational campaign directed at all levels and age groups, which will ensure an understanding of normal ageing and the creation of a positive attitude to old age. We strongly recommend that the National Council for the Aged, in conjunction with educationalists and agencies such as the Health Education Bureau, should promote such a campaign in order to counteract the effects of the processes described above.

We suggest that such a campaign should be conducted at both a theoretical and practical level; theoretical, in the sense of the ethos and content of courses and curricula in various educational fields, including the media, and practical, by providing opportunities (a) for the involvement of elderly people within the community, which will offer them meaningful roles, and (b) for the development of new skills, which will allow them to define new roles for themselves and to cope with the challenges posed by this stage of the life-cycle. The relevance of developmental activities, based on the principles of self-help and mutual aid, is exemplified by the work of the Retirement Planning Council (Shannon, 1984) and by the recent expansion of the Active Retirement Movement (O’Donoghue, 1985) in this country.

Midwinter (1982) has explored the feasibility of promoting the self-

actualisation of elderly people through participation in educational experiences tailored to suit their needs. When a campaign such as that suggested above is being designed, his deliberations deserve serious consideration.

Social integration – the role of the voluntary sector

The contribution of voluntary organisations in responding to the needs of elderly people, in particular in meeting their needs for social contact and for services, was much appreciated by participants in this study. In addition, the voluntary sector offers tremendous potential for positively promoting the active involvement and participation of elderly people. It has been suggested that “there is too much emphasis on ‘helping’ the elderly, when many might be encouraged to play a greater role in helping themselves” (Carroll, 1984, p.139). We agree and would add ‘and helping others’.

Perhaps it is being rather idealistic to suggest that the vacuum created by the lack of an “overall policy framework for the development of personal social services in Ireland” (National Council for The Aged, 1983, p.25) can be viewed as an opportunity within which the voluntary sector can develop and experiment, rather than as a constraint. The voluntary sector can further respond to the developmental needs of elderly people for role and status and the challenge of meaningful activity.

A substantial majority of our respondents indicated their willingness to contribute to the community but few could identify ways in which they might do so. For true integration and development to occur, the involvement of and by elderly people must include opportunities for participation at decision-making levels.

We are aware that many elderly people already derive great satisfaction from their involvement in organisations within the voluntary sector. However, the potential for social development of and by elderly people within that sector seems to be under-developed. This point is reinforced by the expressed attitudes, opinions and wishes of those who spoke with us, many of whom feel they lack opportunities for involvement as active participants in meaningful contributory roles. Such involvement could help to counteract the loneliness which many respondents experience.

We do not suggest that every elderly person would seek such involvement. But for those who do so, opportunities should be made available. The integration of elderly people within the voluntary sector can, we suggest, be achieved through the use of vision and imagination and a readiness to recognise a diversity of talents and a willingness to be involved. The pioneering work of Kilkenny Social Services in this area has set a headline which many communities should follow (Kennedy, 1981).

Safety and security in the lives of elderly people

Security is mentioned by four out of five respondents as the predominant issue about which they would warn someone who was starting to live alone and in discussing aspects of their own safety and security, their security-consciousness reemerges. Respondents use varied methods to reduce the likelihood of a break-in and one in five respondents have themselves experienced such incidents. An anomalous aspect of the findings is that although just over two-thirds of the respondents feel it is unsafe to live alone, an ever larger proportion feel safe themselves – an example of the courageous and philosophical way in which they tend to cope.

The practical implications of this anomaly are vividly illustrated by this research experience. Although the people we spoke with are preoccupied with security and seem to be aware of the potential dangers of strangers calling to their homes, the interviewers noted that none of those interviewed asked them for any proof of identification. On occasion interviewers were left alone for up to ten minutes, while the person being interviewed was occupied elsewhere. In one instance a man, who had himself been employed in a security-related occupation, left the interviewer alone in the house, while he attended to some workmen who wished to get into his neighbours' house for which he had the key.

These observations strongly suggest that elderly people need to be encouraged to practically apply their awareness of the need for security in their own lives. We recommend that any educational campaign such as that mentioned earlier should concern itself with this issue as a matter of urgency.

A number of those who spoke to us express worry about the methods they have adopted to ensure their safety and recognise that, although these methods are intended to deter unwelcome intruders, they also act as barriers which exclude the kind of helpful intervention which would be welcome in the case of an accident, an emergency or a sudden illness. It is a matter of urgency that resolution to this dilemma be sought and found.

Community alert and community alarm schemes which are already in existence throughout the country have proved advantageous. It is hoped that such schemes will expand and continue to improve the quality of life of elderly people who live alone. Another recent development in several areas of Dublin is the Neighbourhood Watch Scheme, the possibilities of which are worth investigating in relation to improving the welfare of elderly people living alone.

Other methods of providing contact and promoting security are the opportunities offered by C.B. radio and V.H.F. radio.

The importance of easy access to a working telephone for elderly people, particularly as a means of summoning help in an emergency, has been

advocated by Power (1980, p.127) who calls for inter-departmental co-operation to ensure “the free and speedy installation of telephones in the homes of all old people living alone”. Re mentions that preference should be given to designated high-risk categories. We unreservedly endorse this recommendation. Most of our respondents who have access to a telephone are confident, as a result, that they can summon help in an emergency but one-third of those who spoke with us lack this source of security. The case is further argued by Daly and O’Connor (1984, p.103), who also identify the telephone as a life line in the case of an emergency and recognise how beneficial its availability could be for elderly people who live alone. “The use of this facility”, they suggest, “could readily be integrated into the current health care network”. We agree with this observation and stress that installation of telephones in the homes of elderly people living alone can be justified not just on humanitarian grounds – it must also be seen as a worthwhile investment in primary health care which will pay economic as well as social dividends.

The role of the health services in the lives of elderly people

“There is now general acceptance that good health care is not merely an absence of sickness but a general state of well being”, and it has been acknowledged that the health services must play a “lead role in promoting the health care of elderly people” (Robins, 1984, p. 1). Health care is concerned with prevention and treatment of illness and disability and also with promoting the welfare and positive health of the whole person. It, therefore, needs to be concerned with aspects of the lifestyle of elderly people, such as counteracting the effects of the “belief that one is no longer capable of contributing anything of value” which “more than anything leads to physical and psychological deterioration” (Robins, 1984, p.6).

Whether those who need care within the present structure of health services actually receive it, is an interesting question, particularly in relation to elderly people. Tussing (1981, p.227) mentions the “important and shocking results” of a survey (Walsh, 1980) of an elderly and evidently poor population in North Dublin.

Among the 105 people who were called upon by doctors and, with their permission, given a free medical examination, there were 173 undiagnosed and treatable illnesses. In addition, there were a large number of cases of previously diagnosed conditions not currently being treated or controlled. Tussing identifies the strengthening of primary and community care and improved outreach to elderly and disadvantaged populations as urgent objectives for the health services.

The issue of outreach is a serious one for the provision of community health care. At present there is no statutory method of ensuring that the

Public Health Nurse can know about the existence of people over sixty-five years who might be at risk and in need of a particular service. The wide variety in levels of health and disability among respondents in this study, who range in age between sixty-five years and ninety-two years, and the vital role which social service support plays in the lives of over one third confirms the necessity for an up-to-date register of elderly people containing data on their health. We recommend as a matter of urgency that a thorough investigation be carried out to explore methods by which means data relevant to the compilation of such a register can be made available to Public Health Nurses. A possible solution to this problem is Carroll's suggestion (1984, p.143) that "a thorough and systematic surveying of the elderly at community level on a regular basis" be carried out. He considers that the relevant agencies, both statutory and voluntary, should be able to collaborate in the completion of such an exercise.

The importance of access to medical care in the lives of elderly people cannot be exaggerated. It is inappropriate that access should be determined by one's ability to pay for such care in later life. The implementation of the recommendation made by the National Council for the Aged (1983, p.4) that "All persons aged seventy-five years and over should be granted a medical card", would help to alleviate the problem experienced by people in this study who have difficulty in coping with the financial demands resulting from medical and pharmaceutical expenses.

The important role played by community care support services in the lives of respondents emerges clearly in this study and because of the projected increase in the number of elderly in the population (National Council for the Aged, 1985, Appendix I) such services need to continue to expand. It is evident that the Public Health Nursing Service is of central importance to the welfare of elderly people. In addition to providing a nursing service, the Public Health Nurse is also involved in the establishment and maintenance of liaison between the elderly person and a range of community based support services. Without the support provided by these services one-third of the respondents in this study could not continue to live alone in the community.

We support the principle of liaison between the Public Health Nursing Service and voluntary organisations at an operation level in each community care area. However, it can be suggested that involvement in detailed aspects of liaison may not constitute an efficient and effective use of the Public Health Nursing resources. Other personnel might appropriately be involved with this aspect of community care.

It is worrying to note Carroll's observation that:

"Such critical services as the home help scheme are no longer

expanding in line with the increased number of elderly people living in the community and they remain, relative to similar services in Northern Ireland for example, quite under-developed.” (1984, p. 139).

We recommend that sufficient resources should be allocated to this service to enable it to continue. In addition, in the light of the evidence in our study, which indicates clearly the crucial role this service plays in the lives of some respondents, we recommend that instead of being merely empowered to provide such a service, Health Boards should be required to do so.

It is a matter of concern that over one-quarter of the respondents are unable to identify anyone on whom they could rely for help if they were taken ill. Four of these respondents state they would need to go to hospital in such circumstances. Such situations indicate the need for a Domiciliary Nursing Scheme and a community-based 24-hour Nursing Unit within which a range of specialist and support services could be made available. Such a Unit has been recommended in the National Council for the Aged Report, *Housing of the Elderly in Ireland* (1985, p.138).

Respondents’ reaction to experiences of loss and bereavement – some of which had occurred years earlier – highlight the need for the availability of a professional counselling service. Appropriate and timely crisis intervention by such a service, could facilitate those involved in working through and coming to terms with their feelings so that they could emerge from the experience with an increased capacity for growth and development.

We recognise that community based social work is demanding and that traditionally, a high priority has been and continues to be given to work which involves children and families experiencing difficulties. However, we consider that caseload allocation and prioritisation must also enable appropriate responses to be made to the needs of elderly people. In this context, we endorse the following recommendation of the National Council for the Aged: “A professional social work service to the elderly should be an integral part of the service provided by social work teams within the community care services of all Health Boards” (1983, p.5).

Accommodation needs of elderly people

If people are to be enabled to live alone, “In all cases a key pre-condition is the suitability of the housing accommodation” (Gilligan, 1984, p.60). Some aspects of housing which emerge in this study require a community response. Our findings support the observation that “In some cases [home] ownership may be a liability for the less active or less prosperous elderly person. He or she may lack the skill, initiative, financial resources or the

physical capacity to undertake the necessary repairs and maintenance...” (National Council for the Aged, 1985, p.84). The same report calls for the establishment on a long-term basis of the Task Force Scheme for house improvements for the elderly, with the provision of extra funding as necessary, and for the setting up of a “separate grant scheme to cater for the major structural repairs and installations ... necessary to provide basic amenities in dwellings of elderly persons in both rural and urban areas”. The appropriateness of these recommendations are confirmed by our findings and we advocate their adoption by the Minister for the Environment.

Some of the less able participants in the study could derive much benefit from the kind of support which a sheltered housing scheme ideally gives. In this context we support the adoption of the recommendation which advocates the setting up of an inter-departmental working group “to examine and assess the role and contribution of sheltered housing both statutory and voluntary in the provision of accommodation and selected services for the elderly within an Irish context and to make recommendations accordingly”. (National Council for the Aged, 1985, p.82).

An issue which offers distinct possibilities for some respondents in the study is the development of schemes in Ireland which would facilitate house moving and/or house sharing, “which would offer another alternative to elderly people who find their accommodation too big and too isolated” (National Council for the Aged, 1985, p.85). The establishment of two schemes which would facilitate such developments, on a pilot basis, in conjunction with existing voluntary housing associations or voluntary organisations interested in the welfare of the elderly is innovative and deserves implementation.

The adoption of the proposal “that mortgage annuity schemes, which enable a capital asset to be converted into income or capital sum should be developed by existing financial institutions ...” (National Council for the Aged, 1985, p.85), would help to alleviate the discomfort experienced by some respondents in this study. We would add a rider that a prime consideration in designing such schemes should be their social acceptability and accessibility.

Elderly people living in non-controlled rented accommodation are recognised as a vulnerable group and our study confirms this opinion. It has been urged (National Council for the Aged, 1985, pp.82–83) that the Department of the Environment “draw up appropriate legislation with all due speed in order to instigate appropriate procedures to cater for problems associated with the non-controlled private rented sector”. We fully endorse this recommendation.

Our research experience strongly suggests that bedsitting rooms are quite

unsuitable for elderly people living alone. We recommend that Local Authorities should give special consideration to the needs of those who are presently thus unsuitably accommodated.

Financial problems of elderly people

This study revealed that financial difficulties are experienced by some elderly people, among whom those who do not receive a social welfare pension are identifiable as disadvantaged in several respects. These respondents tend to attribute at least some of their difficulties to the fact that they are consequently debarred from a range of other benefits such as Free Electricity Allowance, Free Television Licence and the Living Alone Allowance. In view of the fact that some of these people are living on rather small pensions, or income from savings, we recommend that such allowances be extended to all those over sixty-five years, who are living alone.

Summary and conclusion

Growing old and living alone are not *de facto* problematic situations; whether they become so depend on a variety of factors. This qualitative study illustrates the varied lifestyles of elderly people who live alone, and shows that it is important to avoid stereotyping them. Some of those we spoke with tend to lead rather dependent and passive lives. Those who live independent and active lives do so by availing in varying degrees of the social networks in their communities.

Nearly all of those who participated in this study are very conscious of the rapid social changes that have taken place in Dublin during their lifetime. The type of change most important to each person varies with their personality and their circumstances. Some stress alterations in the physical environment as problematic for them. Changes in social patterns, in attitudes and in behaviour are felt more keenly by others, and for many the increase in the pace of life is a source of difficulty.

Loneliness is experienced by a large majority, many of whom consider it to be the major disadvantage of living alone. Although most have developed ways of coping, we feel that professional help at the appropriate time could have helped in coping with feelings of loneliness following bereavement of which many spoke. Feelings of isolation create a serious problem for those of the elderly who find it difficult to be accepted in a world which appears to have little time or understanding for them. Almost all the participants express a desire for access to more participatory social roles.

Feelings of personal insecurity and awareness of the vulnerability of elderly people are associated by some respondents with a general decline in

social concern and a decrease in respect for older people. Safety and home security are the primary issues about which respondents would warn those beginning to live alone. The methods adopted to cope with their insecurity have in turn become a new source of anxiety. Participants fear that the security measures they have installed have rendered them inaccessible to the kind of help they would need if they were to collapse or be taken ill suddenly.

The needs of elderly people are inter-dependent and inter-related as are their ways of coping. Society's responses, too, need to be inter-dependent and inter-related and we consider that a community educational campaign could play a major role in reducing ageism and in promoting an appreciation of, and appropriate responses to, the situation of elderly people living alone. The relevance of the other responses discussed in this chapter will tend to vary for individuals in accordance with the particular balance of needs and resources in their lives.

In an era of social and economic austerity it is a matter of concern that social provision should respond in an effective, efficient and relevant manner to the needs of service users. Incorporation of the service users' perspective into the policy planning process can preserve their right to choice among alternative life styles and guard against undue encroachment on individual freedom. It is significant that, in the light of alternatives presently available to them, all but three participants in the study expressed a preference for living alone.

'Meeting the needs of elderly people' is the defined objective of many groups – familial, neighbourhood, statutory and voluntary. It is also worth reminding ourselves that elderly people, even those who can 'do' very little, are active participants in this process by meeting need, strengthening social bonds and conferring status.

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APPENDIX

METHODOLOGY

The interviews with forty-five people over 65 years of age living alone in the inner south Dublin suburbs, which constitute the basis of this report, took place in the respondents' homes between April and October 1984. Thirty-six women and nine men participated.*

Thirty-seven of those with whom we spoke were contacted with the help of Eastern Health Board Community Care personnel. Contact was established with six respondents through the collaboration of a voluntary organisation involved in visiting elderly people, and twice those being interviewed spontaneously identified someone living in their locality who met the research requirements.

*Statistical Note

An analysis of the male/female ratio of the relevant population in the area where the interviews were carried out supports the ratio of one male to four female respondents as represented in this study.

A detailed breakdown of statistics relating to those living alone in the Republic of Ireland is not presently available from the Central Statistics Office. Volume Two of the 1981 Census of Population of Ireland shows the number of females per 1,000 males aged 65 years and over at 1,234 for the population of Ireland, exclusive of Northern Ireland (p. xii). For aggregate town areas this number rises to 1,599 females per 1,000 males (p. xii). A detailed analysis of the data relating to the area involved in the present study makes it possible to give an indication of the expected male/female ratio. Data relating to the total population, single, married and widowed, of those aged 65 years and over residing in the area within which respondents in the present study live, show a ratio of 1,700 females per 1,000 males (p.67, p.120). When statistics relating to the married population in the area are excluded and the male/female ratio is calculated on the basis of data relating to single and widowed categories only, a ratio of 3,639 females per 1,000 males emerges. This is in contrast to the equivalent ratio for the total population, which is 2,049 females per 1,000 males (p.5, p.7).

Pilot Study

A pilot study was conducted in March-April 1984 with a view to ensuring that the study design and its implementation would meet the research objectives which were:

- to present a picture of the world of the elderly as perceived by elderly people themselves
- to allow their perspectives to be incorporated into long-term policy-making
- to identify ways of improving the situation of elderly people living alone.

During the pilot study, when offered a choice between having their ideas tape-recorded or hand-written by interviewers, respondents were unanimous in their preference of the hand-written method and this was the method adopted during the main study. Data were recorded on a semi-structured interview schedule by three experienced interviewers.

The initial research proposal envisaged carrying out two relatively short interviews with each respondent as it was believed that extended interviews might prove tiring or stressful for elderly people. Experience on the pilot study indicated that those who participated were very pleased to converse at length, often with supportive anecdotes, about issues which were of concern to them. Consequently, it was decided to conduct one extensive, wide-ranging, in-depth conversational, style interview with each respondent. These interviews took the form of gently guided conversations which permitted considerable flexibility and minimised restrictions on respondents, many of whom availed of the opportunity to make a number of conversational detours and deviations from the main themes of the study. However, these tendencies also meant that completion of the interview in several instances required more than one visit by the interviewer. The interview covered the following themes:-

- Demographic and social characteristics of the respondents
- Perceptions of and attitudes to change
- Views of ageing and old age
- The experience of living alone
- Social contact patterns and support networks
- Daily activities
- Respondents' needs, worries and fears.

On completion of the questionnaires, the interviewers immediately wrote a pen portrait of each respondent, which elaborated on the recorded material and enabled a vibrant picture of the respondent to emerge.

Preliminary analysis resulted in the identification of four key themes.

Within a framework based on these themes the research material was then qualitatively analysed. Detailed content analysis incorporated a thorough assessment of the recorded interview schedules and of the data recorded about the socio-emotional and physical environment of the respondents. The pen portraits added a further dimension to the analysis.