A problem with gerontology theory is that it focuses on a social view of the aged, ignoring individual and cultural variables. A person is judged to have aged successfully if he has adjusted to society's definition of an "elderly person." Similarly, most studies of programs and options for the aged reflect the view of the service providers rather than the perceptions of the target population. A more realistic approach is to evaluate the needs and determine the success of a group of aging individuals from that group's perspective. Operating from within this framework, a study was conducted of the elderly in two communities in Aalborg, Denmark, and Loehne, West Germany. During the summer and fall of 1981, 200 interviewees responded to an open-ended questionnaire concerning social and recreational activity. Findings discount the generally accepted idea that the elderly withdraw from active life. Almost all those surveyed engaged in low or medium strain pastimes such as walking, traveling, or playing cards. About one-fourth also enjoyed more strenuous activities such as swimming, gardening, and biking. Moreover, respondents maintained a high level of involvement with other people through these activities and family visits. While based on a small sample, these findings indicate the need for continued research in this area. (LP)
Are the Elderly Retired from Active Life?

A Cross-cultural Comparison

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The development of the field of gerontology has centered around the conflicting views of researchers, supporting one or the other of the major theoretical approaches. The battle has raged particularly between "disengagement" theory and "activity" theory.

"Disengagement theory" as developed by Cummings and Henry (1961, 1963, 1964, 1968, 1975; Henry 1971) is the most widely used and controversial point of view. According to this theory there is a mutual withdrawal of the individual and society from each other as the individual ages. This is seen as being functional in that the society will be less affected by the loss of that individual when s/he reaches the "ultimate disengagement"—death. The theory includes no consideration of cultural variations and fails to consider societies which accord high status and power to the aged (Cowgill 1972; Hamer 1972; Palmore 1975; Simons 1945, 1946, 1952, 1960; Spencer 1965). The individual similarly is thought to desire this gradual decrease in social interaction. It fails to consider the individual for example, who maintains a consistently high or low level of social interaction into old age.

The "activity theory" (Havighurst 1963) presents the opposite view from that of "disengagement." These theorists suggest that the individual strives to maintain a high level of interaction into old age, no differently from the middle-aged person. "Successful aging" is measured in terms of the individual's ability to remain active and involved. The decrease in social interaction sought by society is thought to be fought by the aging individual.

These theories present opposite positions and neither can be used to explain the diversity in the experience of individual aging. Each framework incorporates the values and expectations of the theorists themselves. During the aging process some individuals seek to maintain a high level of social interaction and involvement.
Other individuals look forward to their old age as a time to enjoy the loss of some social roles and related demands and responsibilities. Still others seek to maintain the low level of interaction which they have chosen throughout life. As a framework for examining the aging process neither is useful in all socio-cultural and individual situations.

A compromise in the form of "continuity theory" (Atchely 1977) recognizes that each individual will attempt to maintain the level of activity which s/he adopted throughout life. By considering continuation as well as change through the life cycle, "continuity theory" provides a more holistic and realistic approach for understanding behavior during the process of aging. "Continuity theory" however, is descriptive rather than explanatory or predictive. A problem with each of these theoretical perspectives and in fact, with the general orientation of gerontologists towards the study of aging, is the idea that the aging process should be examined in terms of the "successful adjustment" of the individual. The aging individual is viewed as having to adapt to the social role of an "elderly person" and is judged as having done so "successfully" or "unsuccessfully." It is our position rather, that the needs and expectations of a cohort or group of aging individuals must be understood from their perspective and can be judged as being met "successfully" or "unsuccessfully" by their society.

An extensive literature exists on specific services and programs for the aging (e.g. adult education--McClusky 1982; arts and aging--Neil 1981) and on the formal network of options available to the aging individual (Gelfand and Olsen 1980; Harbert and Ginsberg 1979; Holmes and Holmes 1979; Teicher, Thursz and Vigilante 1979) primarily in the U.S. but also in other countries. Most of this literature views these alternatives from the perspective of the service providers without considering the needs and perceptions of the aging population. In addition, this literature focuses on the formal service delivery system,
without considering the informal supports and types of activities that aging individuals choose to occupy their time. These may be the same activities and options enjoyed by younger individuals, and in fact, may be shared with younger friends and relatives. These may of course, include activities and forms of recreation which have been a part of the individual's life since they were younger, as well as new uses of leisure time. All of these areas must be considered in our attempt to understand the lifestyles and use of leisure time by aging individuals.

The literature on use of free time by older people in the United States suggests that:

older persons in the U.S. seek self-expression in a variety of forms but in almost every category their participation in community life declines.

Most research, but not all, suggests that older persons reduce their recreational activities, withdraw from community participation, and devote increasing amounts of time to rest and sleep. The older person makes only limited use of his free time with the exception of such sedentary activities as reading or watching television. The added hours of free time have resulted in less rather than more social participation and they have yielded less rather than more social recognition.

(McKain 1967:79)

This analysis supports the "disengagement theory" of aging, but should not be accepted without questioning. Were the individuals sampled representative of all older Americans? If it is an accurate analysis of the types and extent of activities of "older Americans," what is the basis of these choices? Did the older informants make these choices for themselves, or did they feel constrained by societal attitudes for example, to become involved in "acceptable" activities?

Few studies have addressed the question: "Are the elderly retired from active life?" This empirical research has addressed that question to the elderly in Denmark and West Germany. This exploratory research was designed to provide a comparative description of the activities of older persons in these two societies.
Denmark is a country of five million people. Those over 65 make up 14% of the population of 700,000 individuals. West Germany is a nation of 61 million people. Fourteen percent of the German population are over 65 years of age. The West German population is both very old (25%—55+) and very young (about 40% under 25). In the United States comparatively, 25 million people out of about 250 million are over the age of 65. Obviously, we are speaking of populations of very different sizes and structures. More extensive data about the aged in Denmark and West Germany are available in the following references—Denmark: Friis 1966, 1979; Frijs-Madsen 1980; Furstrøw-Sorensen 1973; Shanas et al. 1968; Stehouwer 1965 and West Germany: Fuelgraff 1978; Lowy 1919; Solomon 1977; Weatherford 1981.

Both countries—Denmark and West Germany—have national social welfare schemes. Principle services cover unemployment, sickness, old age and disability, and are financed largely by the State. Social legislation provides insurance for health, accident, disability and unemployment.

Methodology

Data for this study were collected from a sample of 100 elderly residents of Aalborg, Denmark and another 100 elderly of Loehne, West Germany. The data were collected during the summer and fall of 1981. Aalborg is the third largest city in Denmark and has a population of about 125,000. Loehne, West Germany has a population of about 62,000.

An open-ended questionnaire was used to conduct face-to-face interviews. This method of data collection seemed most appropriate for this exploratory research. The elderly were asked to talk about various aspects of their life including their activities and interactions with others. The following questions were asked:
a. What kinds of activities do you do? With whom?
b. Who comes to visit you?
c. What professional people come to see you?

Analysis of Data

Participants of both countries were asked what activities they engage in. The activities were content analyzed and categorized by levels of strain involved. High strain activities included swimming, exercise, gardening, farming, biking, and carpentry. Among the medium strain activities were traveling, walking, going shopping, and visiting. Activities involving least strain included writing letters, playing cards or chess, and knitting. The number of individuals involved in each of these levels of strain categories in their activities is shown in Table 1. It should be noted that a person involved in one category may also be involved in other categories. In other words, these are not exclusive categories, and therefore, totals across categories would not add up to the total number of participants in each country (100). The activity patterns of the participating groups from West Germany and Denmark were compared for their similarities and differences. $X^2$-test for goodness of fit was used to test for statistically significant differences in the activities of the elderly from the two countries.

<table>
<thead>
<tr>
<th>Activities of the Elderly Involving Various Levels of Strain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Denmark</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
The participants in this study were involved in activities of different physical strain levels. Although most of them participated in medium and low strain activities, about a third also got involved in high strain activities.

There was no significant difference between the activities of the individuals from Germany and Denmark. However, the German elderly were more involved in high strain activity (34%) than their Danish counterparts (25%).

The participants were not asked to describe each of their activities in terms of whether they are doing it alone or with someone else. When they voluntarily described an activity in terms of doing it alone or with someone else, the data were used to put those activities in appropriate categories. The elderly mentioning involvement in activities by themselves or with dyads, or small and large groups are shown in Table 2.

TABLE 2
Individual, Dyad, and Group Activities Mentioned

<table>
<thead>
<tr>
<th>Country</th>
<th>Individual</th>
<th>Dyad</th>
<th>Small Group</th>
<th>Large Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>11</td>
<td>62</td>
<td>55</td>
<td>3</td>
</tr>
<tr>
<td>Denmark</td>
<td>44</td>
<td>85</td>
<td>84</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>147</td>
<td>139</td>
<td>16</td>
</tr>
</tbody>
</table>

Most activities of the participants involved dyads (2 people) and small groups (3–8 people). Apparently, the Danish participants mentioned individual and large group activities more often than the German participants. Although these findings are not conclusive, the data are suggestive of a high level of involvement with other people.
The participants were specifically asked a question about which family members, friends, and professionals interact and visit with them. The analysis of these data is summarized in Table 3.

<table>
<thead>
<tr>
<th>Country</th>
<th>Family</th>
<th>Friends</th>
<th>Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>92</td>
<td>58</td>
<td>52</td>
</tr>
<tr>
<td>Denmark</td>
<td>95</td>
<td>92</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>187</td>
<td>150</td>
<td>60</td>
</tr>
</tbody>
</table>

Almost all of the elderly were visited by their family members and friends. The elderly from Germany interacted with professionals, such as doctors, nurses, and pastors more often than did those from Denmark (52% versus 8% respectively). The Danish, on the other hand, were visited by many more friends (92%) than the Germans (58%).

**Discussion**

The findings of this study reject the notion that the elderly lead an inactive life. The participants were involved in activities which required various levels of physical strain—low, medium, and high. The activities involved such things as writing a letter, travelling, and exercising.

The participants from West Germany and Denmark did not significantly differ with regard to their participation in activities requiring various levels of strain. However, the German elderly were more involved in high strain activities.
than were their Danish counterparts. This seemed to be a result of the fact that the Germans reported spending time on gardening the graves of their loved ones more often than the Danes. The housing project in West Germany where 58 interviews were completed was adjacent to a cemetery.

Both the German and Danish elderly were visited by family members, friends, and professionals, in that order of frequency. However, the German participants were visited more often by professionals (doctors, nurses, pastors) and less often by their friends, than were the Danish. One possible explanation for this difference is that 24 German participants were nursing home residents, while a high proportion of the Danish sample (78) lived in their own residence in their community.

Although this preliminary study is based on a small sample size and limited to one area of each country, it has allowed us to gather the necessary knowledge to develop an extensive questionnaire. This paper represents the first phase of ongoing research in this area.
REFERENCES


Weatherford, J.M., "Labor and Domestic Life Cycles in a German Community" in Dimensions: Aging, Culture and Health by Christine Fry and contributors, 1981.