

CHAPTER XX

An Organization for the Elderly, by the Elderly: A Senior Center in the United States

Yohko Tsuji

When I came to the United States in 1976, I encountered a totally unexpected culture shock: the disappearance of old people from my daily life and Americans' strongly negative attitude toward old age. For instance, when my American octogenarian friend from Indiana visited me in San Diego, my roommates treated him nicely but shocked me by their comments after his departure: "I would rather die before I become like him"; "He has outlived his usefulness. He would be happier dead." In my native Japan, elderly people occupied a significant part of my life. I grew up with my grandmother in a traditional, three-generation family and my neighborhood was full of old people who were grandparents of my playmates. I was taught to be respectful and kind to the elderly. The elderly in return nurtured young children when our mothers were not available.

Negative stereotypes of old age and the absence of older people in my American life intrigued me, not only because they were very different from my experiences in Japan, but also because they made me wonder how elderly Americans lived their lives. Years later, in 1987–1988, my interest culminated in an eighteen-month-long fieldwork at Lake District Senior Center in a small town in upstate New York.

Prior to my fieldwork, I reviewed relevant literature and learned that, in addition to the universal problems of coping with physical decline, old age in America presents "unique" problems. Not only does American culture offer no well-established models for aging, but old age is regarded as antithetical to dominant American values, such as independence, productivity and strength. The major aim of my research, therefore, was to find out how elderly participants at Lake District Senior Center dealt with this apparent cultural dilemma and made their lives meaningful. I set out to explore these questions as an outsider in terms of both my age and my cultural background.

Because of the wide gap existing between the realities of old age and American cultural ideals, some previous studies suggest that adaptation to old age is better made outside dominant values through “disengagement” (Cumming and Henry 1961), “deculturation” (Anderson 1972) or segregation of the aged. My research showed, however, older Americans handle problems of aging within the realm of American culture. Being constrained and guided by their culture simultaneously, they negotiate reality to conform to cultural ideals.

This chapter examines elderly Americans’ activities at Lake District Senior Center as well as the nature of its organization. The chapter has two major objectives: (1) to explore various functions of the Senior Center, in particular the Center as a stage where the elderly can play a social drama in conformity to dominant cultural values, and (2) to illustrate how culture shapes not only patterns of the elderly’s activities, but also the organization of the Center itself.

LAKE DISTRICT SENIOR CENTER

Taietz (1976) postulates two conceptual models of the senior center: the voluntary organization model in contrast to the social agency model. The former is seen as attracting the higher-income elderly who are active participants in community affairs. The latter, on the other hand, regards the senior center as a place to offer programs which meet the needs of the poor and disengaged.

Lake District Senior Center fits neither of these models. Although it is run by a private, nonprofit organization, the heterogeneity of its participants is inconsistent with the voluntary organization model. The Center draws participants from a wide socioeconomic spectrum, ranging from a wealthy widow who owns successful businesses to welfare recipients. The participants’ ethnic background also varies. While white Protestants constitute the majority, there are Catholics, Jews, blacks and Asians as well as those who emigrated from Western European countries in their youth. The participants’ places of residence are widespread. Some live near enough to visit the Center on foot and others drive a fair distance from neighboring counties. The heterogeneity of Lake District Senior Center makes a striking contrast with the homogeneity of the Jewish Day Care Center studied by Barbara Myerhoff in their participants’ ethnic, socioeconomic and residential backgrounds (1978).

Taietz’s second model, the social agency model, corresponds to the prevailing stereotypes of the senior center as a service provider for the poor or as a recreational facility for those who have nothing meaningful to do.¹ Lake District Senior Center belies such stereotypes. It departs from such type casting, most notably in the elderly’s roles vis-a’-vis their Center. It was established in 1952 by a score of private citizens who foresaw the need for an independent organization of older people in their community. In its early days, the Center’s operation relied totally on elderly volunteers. Since the idea of the senior center was novel at the time,² the charter members faced pioneering work of promoting the significance of the senior center as well as of finding necessary resources to carry out their mission.

Their work had multiple purposes. In addition to offering a place for activities and companionship to the elderly, their mission involved educational programs for better understanding of old age, community services by the elderly and implementation of

social services for the elderly. In short, Lake District Senior Center was never an isolated retreat for the elderly. As the only organization in the local area exclusively dealing with issues of aging,³ the Center played a crucial role in identifying unmet social needs and, together with other public and private sectors of the community, in implementing social services to solve the elderly's problems. Housing and transportation, two crucial services to prolong the elderly's autonomy, would not have been possible or would have taken much longer to realize without incessant efforts by the members of Lake District Senior Center.⁴

One important principle guided their work: self-help. At a promotional gathering, one of the charter members emphasized, "if Senior Citizens were to have happier, healthier lives, they must solve their problems in their own way" (Gabriel 1972:18). A paramount symbol of their determination for self-help is their "Home" where the Center is located now. Lake District Senior Center purchased its permanent home in 1970 when federal money for construction or renovation for senior centers did not exist. Their dream came true after almost two decades of searching, saving and repeated involuntary moves.⁵

As the membership grew and the programs expanded, acquisition of public funds and hiring of nonsenior staff became inevitable. Nonetheless, Lake District Senior Center has managed to remain as a private, independent organization,⁶ and self-help has continued to be their most important motto. Today, with the 1,700-plus membership, the Center's day-to-day operation is carried out by non-senior paid workers. But, for its smooth operation, older volunteers' help is indispensable.⁷ Furthermore, it is mostly the elderly who make decisions on the current and future operations of the Center by serving on the board of directors and various other committees. Older people also play a significant role in financing their own Center. One-third of their annual budget, over \$300,000 in 1993, is still self-provided.⁸

In summary, the elderly at Lake District Senior Center are not passive recipients of services. Rather, they actively participate in creating, providing and using such services.

ELDERLY PARTICIPANTS AND THEIR ACTIVITIES

Lake District Senior Center is open daily from 9:00 A.M. to 4:00 P.M., Mondays through Fridays, and from 10:00 A.M. to 1:00 P.M. on Saturdays. It offers a wide range of programs: class instructions, group meetings, workshops, seminars and other special events.⁹ Some of them are mainly recreational and others more focused on educational and informative aspects. Regardless of their aims, all the activities at the Center contain strong social components. Chatting with their peers is very common and for many people is one of the most enjoyable aspects of going to the Center. Some groups and classes meet earlier than scheduled to have lunch together. Others extend their activities outside the Center and go out together for shopping and dining. One immediate outcome of the elderly's participation in the Center activities is to bring them into social interactions with others and ease their loneliness. Hazel, a widow in her eighties, lives next door to her also widowed daughter, Florence. She recalls their isolated lives before attending the Center: "Day after day, my daughter and I sat in my living room like two rocks."

Social marginality or worthlessness is also regarded as a problem of old age in America. Lake District Senior Center provides some solutions for this predicament because it offers abundant opportunities to help others and do volunteer work and thereby

makes its participants feel useful again. Some older people make a new “career” out of their volunteer work. Eleanor, age 84, maintains a busy schedule as Manager of the Center’s Gift Shop and leader of the toymaking group. Hazel and Florence, the mother-daughter pair mentioned above, and May, their neighbor, are also active in their volunteer work and known as “the dynamic trio.” Their help is highly appreciated not only at the Center, but also at various other community organizations. For example, the elderly volunteers make a significant contribution to the local hospitals, schools, libraries, transportation services and so on. In 1987, the year I was doing research, 435 volunteers contributed a sum of 54,150 hours or \$181,402.50 worth of community services.¹⁰

Important as volunteer work may be for many elderly, there are some who are unable to participate due to physical, temporal or other personal reasons. At the Center, however, the latter also have opportunities for contribution and recognition. For instance, any gathering, whether it be a class or a group meeting, involves some preparations, such as setting up chairs or taking out necessary materials. For the weekly meetings of the Thursday group, Frieda always heats water and prepares the beverage cart. The group awarded her the title of “Kitchen Queen.”

Fred’s appearance in the art class provides another example of recognition the elderly receive at the Center. Fred, 83, lives in a senior citizens’ apartment adjacent to the Center. He likes art, but his poor eyesight and back pain forced him to give up painting. One cold winter day, Fred showed up in the art class. Spotting him entering the room, Doris, a class member, waved to him and announced his arrival to the class, “Fred came to see us in this miserable weather! He deserves a round of applause!” The whole class applauded to welcome Fred. “Anyone who tries deserves recognition,” eighty-year-old Frances told me once. The Center people seem to be in agreement with her and acknowledge their peers’ achievement no matter how small it may be.

Although I emphasized earlier that Lake District Senior Center is not an isolated retreat for the elderly, the Center is an age-homogeneous community and this fact has various positive impacts on its participants. For instance, people can discuss experiences of growing old as well as of their past without meeting scorn or boredom. At the Center, the elderly can easily find sympathetic listeners when they tell what a chore it is to button a shirt, tie shoelaces or walk to the kitchen to fetch a cup of coffee.

The past is also a frequent topic of their conversations. For the Center participants, a Model T Ford and the Great Depression belong not in a museum or a history book, but in their own actual experiences. When Mabel brought up her father’s Model T Ford, everyone within earshot joined in and the room was filled with lively conversation and laughter. Reminiscence is often played as a collective game. One common game is to show pictures of their youth and guess who they are. Another game consists of a series of questions which goes, “How many of you remember . . . ?” People are asked to remember such things in the past as victory gardens, box socials and the first pair of nylon stockings they ever owned. After each question, participants volunteer their stories. Diane, for instance, talked about her late mother, who was an excellent cook. She recalled that her mother’s boxed dinner was always in high demand at the box socials. Marge described the moment of happiness and anger in her youth when her husband brought home six pairs of nylon stockings. To give her this surprise present, he had spent the money set aside to buy coal for the following week. The reminiscence game allows people to relive their pasts together and share a good time at present.

Older people are often depicted as living in the past to escape the grim reality of the present. The truth is quite contrary, however. The elderly's reminiscence is more oriented to the present than is generally assumed; it helps reaffirm their personal identity apart from society's characterization of them as marginal and anomalous beings. On the significance of reminiscence, Myerhoff argues, "[Reminiscence] is often the reach for personal integration, the experience of continuity, and the recognition of personal unity beneath the flow and flux of ordinary life" (1978:199–200). Sharing the past with their contemporaries is particularly effective in satisfying these needs, for it enables them to set an individual's private experiences within a common time frame and "[bridges] the gap between private and public experiences" (Vesperi 1985:74–75). Consequently, collective reminiscence contributes to enhancing elderly's sense of belonging.¹¹

The age-homogeneity among the Center people also generates different meanings to advanced age. At the Center, advanced age loses its saliency, and this fact has a significant impact on overall feelings of the individual elderly in his or her life. Ward argues:

A stigma attached to the general status of "old person" will have little effect if older people are not attending to age as a relevant personal characteristic; that is, a general stigma associated with old age is not brought to bear on personal assessments of identity and well-being. Old age may be demoralizing when it is made salient to the individual, as with the changes which cause an "old" identity (1984:228).

My research supports Ward's argument. At the Center, not only does advanced age lose its negative connotation, but also becomes a source of pride. Young visitors to the Center remark on the elderly's readiness to disclose their age to virtual strangers. My own experiences confirm their comments. Most of the elderly volunteered their ages upon telling me their names.

It seems that the more advanced their age, the prouder they are of their age. Correspondingly, the Center people treat their peers who enjoy an extraordinarily long life with special attention and respect. The Thursday group confers lifetime membership to its members who have reached age 85. Birthdays of those in their late eighties and nineties receive special attention. On Elaine's ninetieth birthday, a large cake was ordered from a bakery and some longtime friends brought her a gift. Many elderly and the Center staff gathered to celebrate her long life.

Mary, the oldest at age 97, personifies such a positive meaning of advanced age at the Center. Her appearance always commands the special attention of everybody present. People are happy to see her and go to greet her. They also start talking to each other about her age and her admirable qualities: "She is 97 years old!" "She lives alone in a senior citizens' apartment." "She occasionally takes senior citizen bus trips."¹² "She still makes beautiful cards using pressed flowers she herself prepares." In short, Mary is a "celebrity" at Lake District Senior Center. Remarkable as Mary may be, it is her age that makes her extraordinary. Her advanced age is not a curse. Instead, it is treated as an asset, not only for her, but also for other Center participants.

I have examined various positive impacts that participation in the Senior Center has on older Americans. The most significant, though perhaps covert, function of Lake District Senior Center is that it allows the elderly to play a social drama in conformity to dominant cultural values, despite their limited resources. The next section explores this

function of the Senior Center further. I will examine various social networks formed at Lake District Senior Center and illustrate how the elderly try to bridge the wide gap existing between cultural ideals and the realities of old age.

SOCIAL NETWORKS AT LAKE DISTRICT SENIOR CENTER

Lake District Senior Center provides an arena where its participants can establish various social networks for information, mutual support and exchange. These networks enhance the elderly's social integration and well-being. They also reveal that three dominant cultural values—independence, egalitarianism and individual choice—play an important role in guiding the elderly in coping with old age.

Support Networks

Support networks are crucial for older Americans to maintain an independent life in the face of declining physical, mental and financial abilities. In many societies, the formation of support networks follows social conventions and is based on such factors as geographical proximity and membership in the communal or occupational organization. The indispensability of mutual support often requires that participation be mandatory. By contrast, among the elderly at Lake District Senior Center, no matter how important support networks may be, participation in them is always voluntary and their formation is based on individual choice. As a result, there are many different ways or reasons to form support networks. Some support partners see each other almost every day while others primarily use the telephone for communication and seldom see each other. The criteria for choosing partners also vary, including former colleagues, neighbors, shared interests (e.g., hobbies), shared experiences (e.g., former occupation) and so on.

Despite these variations and the ad hoc nature of network formation, support networks among the Center people exhibit certain patterns. One such characteristic is their multiple participation in more than one network and, as a result, compartmentalizing their involvement in any one of them. The case of Diane and Helen illustrates the point.

Diane, age 85, and Helen, a decade younger, are both retired teachers and live on the same block. They belong to the same church and some of the same groups at Lake District Senior Center. They also share a ride because Diane drives but Helen does not. Since Diane and Helen spend a lot of time together, the Center people regard them as a pair. If one is present and the other is not, they either inquire what happened to the latter or assume she is simply out of sight. Each of them lives in a big, old house by herself. Neither has been married, nor has close relatives living nearby. Thus, for both Diane and Helen, this partnership is an essential source of support, security and safety. They call every day at designated times to check on each other. Each has a key to the other's house. When Diane fell in the bathtub and was unable to move, she said she was not panicked because she knew Helen would eventually come and call for help. Help did come as Diane had anticipated.

Diane and Helen depend on each other and maintain close relationships. Yet, their seemingly extensive ties do not include economic commitment. They are limited to an exchange of favors and moral and emotional support. In addition, their involvement with each other is not exclusive. Despite their closeness, both have other networks of supporters. Diane claims that there are three friends she could not do without. One is

Helen, obviously. The second is Louise. Since Louise and Diane are both avid readers, they exchange books. They also spend holidays together. The third, Marsha, is an old family friend. She is one of the few people with whom Diane, the last survivor of her generation of relatives, can share memories of her family. Helen has friends of similar importance including those she spends holidays with. She also has networks of friends with whom she exchanges hospitality. When Helen hosts a dinner party at her home, Diane drives Helen to the grocery store. But, Diane is invited only on those occasions when she and other guests belong to the same social circle.

This piecemeal participation in support networks, as Diane and Helen's case exemplifies, is a distinctive pattern observed among other participants at Lake District Senior Center. Why do not older Americans form extensive and exclusive ties with others for mutual support? What accounts for such piecemeal participation in support networks?

The answer lies in the elderly's quest for independence. By distributing their sources of support among different people, they avoid total dependency on any one individual.¹³ The elderly's quest for independence is also manifested in their efforts to maintain equal partnership in support networks. Although forming support networks is imperative for their survival, it means to depend on others. Dependency, however, is a cultural taboo. Egalitarian relationships with support partners resolve this dilemma. One way to have an equal partnership, and thereby a sense of independence, is to complement each other's missing resources.¹⁴ Diane and Helen's case provides a good example.

As mentioned earlier, Helen no longer drives and depends on Diane for a ride. By return, Helen offers resources Diane finds valuable. For instance, Helen serves as ears and legs for Diane, who is almost deaf and lame. When they drive together, Helen sits next to Diane and draws her attention to significant sounds Diane should know as a driver, such as the turn signal which did not stop automatically. Helen also navigates for Diane when they go to an unfamiliar place. To complement Diane's driving, Helen walks for Diane. Frequently, Helen does errands for Diane at banks and stores while Diane waits in the parked car.

The support relationships between Diane and Helen are mutually beneficial and based on equal partnership. Although both find this partnership indispensable, they also try to minimize their dependency on each other. Thus, Helen sometimes walks to the Senior Center. She also takes a bus. When Helen had an appointment with her hairdresser soon after recovering from a severe case of influenza, she accepted Diane's offer of a ride only after Diane's persistent persuasion. Diane makes similar efforts to minimize her dependency on Helen. She occasionally walks to banks and stores on her own, slowly and using her cane.

Diane and Helen's case shows that forming informal support networks is essential for the very survival of older Americans. It also illustrates that older Americans circumvent the cultural taboo of dependency by establishing multiple support networks and maintaining equal partnership in them.

Social Exchange

As in the case of support networks, social exchange at Lake District Senior Center is characterized by three dominant cultural values: independence, egalitarianism and individual choice. For instance, the principle of participation in exchange relationships is an individual choice. Consequently, there is no standard pattern of participation. At one

end of the spectrum are those who go to the Center every day and structure their lives according to the schedules of their Center participation. These people maintain regular and personal exchange with their peers. The Center is a “home away from home” for them. At the other end are nonparticipating members, those who pay membership fees, buy the Senior Discount Card, and send a donation check during the annual “Seniors are living” fund-raising campaign. Their exchange at the Center is limited to an impersonal transaction between the organization and the individual.

Individual choice governs withdrawal from exchange networks as well. One outcome of this truly voluntary nature of the Center participation is the fuzziness of the group boundary. It is not always clear who belongs to the group. If regulars are absent from the Center activities, people inquire what happened to them. If they find that absent members are sick or have lost a loved one, they send a get-well card or a sympathy card. When Dorothy, a loyal member of the knitting group, did not show up, her unexplained absence caused some concern. A number of people volunteered what they knew about her. One said that her friend visited Dorothy just the day before and found her well. Someone else told the group that Dorothy was at church Sunday morning. Still another claimed that she saw Dorothy at a bank that very morning.

The Center people’s concern and exchange of information about absentees confirms their membership in the group. However, if their absence continues without apparent reasons, people stop contacting them. They assume that their friends stopped coming for some reasons they do not want to share and respect their intentions. During the course of my field work, Dorothy’s participation in the knitting group followed this pattern. Dorothy, a regular, became a marginal member. Ambiguous membership, such as Dorothy’s, sometimes creates information gaps. At a monthly birthday celebration of the Thursday group, the secretary called the name of a deceased member who had not been seen at the Center for an extended period of time before her death. Apparently, the secretary missed her obituary which appeared in the local newspaper several months earlier. Some members mumbled about her death and an awkward silence followed.

Dowd (1975) and Matthews (1979) argue that, contrary to the common assumption, older Americans’ social marginality is not necessarily imposed by society, but is often the outcome of their own volition. Behind such self-imposed isolation is their quest for independence. The elderly’s diminishing resources prevent them from reciprocating and thereby create dependency on others. Since dependency is culturally abhorred, they choose to withdraw from exchange relationships.

The manner of social interaction at Lake District Senior Center minimizes the cost for exchange and enables those with meager resources to maintain balanced transactions. That is, the elderly need not withdraw to avoid dependency. How do they minimize the cost for exchange? For one thing, acceptable “currencies” for exchange at the Center are different from those in the outside world.

The most frequently exchanged and highly appreciated resources are small tokens that make others feel good. The Center people make gestures of affection—hugging and patting on the shoulder—and give phone calls to keep in touch. They are also generous in offering kind words. Frequently, what people wear triggers positive words from their peers: “I like the color of your sweater. It brightens a dreary day like today.” “What a beautiful brooch you wear!” Class activities are always met by praises and encouragements: “I like the way you draw this blue flower.” “You knit very well. You started just

last week, and you have finished this much!” There is no monetary cost for engaging in this kind of exchange. Besides, reciprocating brings an emotional gain because it makes both the giver and the receiver feel good.

Another common and inexpensive “currency” for exchange is information: cholesterol-free eggs and bacon, a new type of hearing aid, healthy and easy-to-cook recipes for the elderly living alone and so on. These pieces of information may not be useful for younger Americans. But, for the elderly, they are not only valuable, but in some cases make major changes in their lives. Kathleen’s cataract operation provides a good example. When I met her, her eyesight was so poor that she could not read nor knit. Her right eye was blind due to the failure of a past cataract operation, and the cataract was thickened in her left eye. Although Kathleen needed another eye operation, her past experience made her very reluctant. The casual conversation at the Center changed her life. From her peers, she learned about a new type of operation, went ahead with it, and regained her vision.

Besides the use of inexpensive “currency,” group-based exchange also reduces the cost. When someone becomes ill or has lost a loved one, the Center people circulate a get-well card or a sympathy card for signatures and send it to their peer. When the occasion arises, they are reciprocated by a card from a group of participants, rather than a multitude of cards, one from each of them.

A dish-to-pass meal also illustrates the advantage of the group-based exchange. It is a less costly alternative to hosting a dinner party or going to a restaurant. It frees people from the “obligation to return” (Mauss 1967) because giving and receiving take place simultaneously. In addition, by accommodating those who no longer cook or those who have dietary restrictions,¹⁵ a dish-to-pass meal displays another important pattern that characterizes the elderly’s interactions at the Center: their avoidance of making distinctions among themselves.

This avoidance has various implications. For one thing, it encourages the participation of those with physical and financial limitations. The Center people show great tolerance toward the handicapped and treat them as their peers. They communicate with the hearing impaired by raising their voices, and move with the lame by slowing their own pace. In addition, at the Center, any project which incurs an expense is carefully handled no matter how small the cost may be. For instance, the Thursday group’s plan of having a special lunch or dessert went forward only after members unanimously agreed to pay for it. The amount involved was small: a dollar for strawberry shortcake to welcome spring or two dollars for a hot dog lunch with beverage and dessert to celebrate Independence Day.

The Center people avoid making distinctions not only in their socioeconomic and physical conditions, but also in their ethnic backgrounds. No clear class or ethnic boundary is drawn at the Center, despite the heterogeneity of its participants. Rather than forming separate groups of their own, people of different ethnicity and socioeconomic backgrounds are distributed among various groups.¹⁶ They sit side-by-side in the same group and are engaged in activities, such as knitting, painting and singing.

It is remarkable that such attitudes go in tandem with their heterogeneity. Why do the Center people avoid distinguishing differences among them? Why do they not “flock together” with those of “the same feather”? One possible explanation may be that the Center is an age-segregated community. In the face of the inhospitable world outside,

they are all “insiders” and being old, a common denominator among them, supersedes all the other differences.

Probable as this explanation may be in some cases, it is not sufficient here because: (1) Lake District Senior Center is not an isolated retreat for the elderly, and (2) the Center people do not express the “we versus they” feeling toward the outside world, which may be observed at some other age-segregated communities (e.g., Jerrome 1988; Keith 1977).¹⁷

Class and ethnic backgrounds are important in identifying who one is. However, since human beings are complex aggregates of various facets and accumulated experiences, class and ethnicity are merely two of many building blocks of individual identity. Furthermore, in the light of the compartmentalized, rather than total and exclusive, relationships the Center people maintain with their peers, their class and ethnic backgrounds do not necessarily play a significant role in shaping their relationships with others. It is not unusual that the Center people do not have some vital information about their friends: for example, what kind of jobs their friends had before retirement or whether they have any children or not. Individual choice and the context of social interactions determine what kind of information one shares with others.¹⁸

Although compartmentalized social ties may undermine the significance of class and ethnic backgrounds, I argue that egalitarianism is the vital force behind the elderly’s avoidance of making distinctions among themselves. Maintaining egalitarian relationships is essential for the Center people, not only because egalitarianism is a dominant American value, but because it is a key to resolving their dilemma of depending on others to achieve a cultural ideal, independence.

The examination of social networks and exchanges at Lake District Senior Center illustrates that (1) three dominant values—independence, egalitarianism and individual choice—guide the elderly in coping with old age, and (2) the elderly’s participation in the Center helps them bridge the wide gap between cultural ideals and the realities of old age.

CONCLUSION

My encounter with old age in the United States came as an unexpected culture shock. The negative view of aging and the marginality of the elderly in American society are strikingly different from the one I had known in Japan. I was both puzzled and intrigued by such differences. The existing literature explains Americans’ negative attitudes toward aging by regarding old age as the antithesis of cultural ideals. That is, culture is the “culprit” in the “problem” of old age. The relevant literature, however, sheds little light on how older Americans cope with this apparent cultural dilemma.

My research shows that, contrary to the suggestions made by some previous studies, older Americans deal with problems of aging within the realm of American culture and that conformity to cultural ideals—independence, egalitarianism, individual choice, in particular—not only provides them with crucial coping strategies, but also enhances their sense of well-being. In other words, paradoxical as it may seem, culture creates problems but at the same time offers resources for responding to them.

The actual experiences of aging I observed at Lake District Senior Center present quite a different picture from the prevailing stereotypes. Hardships of old age in America have been compared to a “shipwreck” (Sontag 1972:29). But, most people at the Center

do not succumb to such difficulties and passively wait to “founder on the rocks.” Instead, they try to make the best of their lives by exploring new roles and new meanings in life and ingeniously tapping whatever resources are available. In short, elderly Americans are “pioneers.” While the absence of well-established cultural models for aging creates many different and seemingly ad hoc ways of dealing with old age, it is their culture that guides older Americans in treading into the unfamiliar territory of old age. In other words, elderly “pioneers” are equipped with a “map” to venture into the unknown world, though their “map” may not provide detailed descriptions of the new territory.

Culture also shapes the organization of Lake District Senior Center. It was established by a score of private citizens in the early 1950s when an organization exclusively for the elderly, such as theirs, was virtually unknown. The Center, therefore, carried out a pioneering task of identifying unmet social needs for the elderly and finding ways to deal with them. It is a voluntary association which Tocqueville (1945) found typically American where a group of private citizens assume public tasks by helping others to help themselves. Lake District Senior Center is an organization for the elderly, by the elderly, in the true sense of the term.

The elderly’s participation in the Center activities makes various positive impacts on them. It keeps them busy, rescues them from desolation and enhances their social worthiness. Some Center activities resurrect their pasts from oblivion and make them meaningful. In addition, the age-homogeneity of the Center community transforms the negative connotation of advanced age into a positive one. Among various roles the Center plays in the elderly’s lives, the most essential is to enhance their ability to enact a social drama in accordance with cultural rules. The Center serves as a stage where the elderly can negotiate the discrepancies between the “is” and the “ought” of their lives in the face of their declining abilities.

As a native Japanese, initially I found old age in America was a mystery. My research, however, has enabled me to observe and participate in the lives of older Americans and has clarified many unknowns about aging in America. I was most impressed by older Americans’ quest for independence and their ingenuity in achieving this cultural ideal, because their attitudes show a virtual opposition to the way Japanese elderly try to find their security, worthiness and identity in mutual dependency and social embeddedness (see Tsuji 1997). Aging is a pan-human experience, but it is also socially and culturally constructed.

NOTES

1. The nation’s very first senior center, the William Hodson Community Center in New York City, is the “precursor” to this model (Krout 1989:16). It was founded in 1943 by the City’s Welfare Department to serve low-income elderly (Krout 1989:15–16).

2. A number of senior centers were established following the birth of the nation’s first one. However, the idea of having such an organization exclusively for the aged was not as widespread as today. Krout estimates that there were no more than 200 senior centers throughout the country by the end of the 1950s (1989:16).

3. Other organizations for the elderly appeared much later in the local community: AARP (American Association for Retired Persons) in 1964, the County Office for the Aging in 1975, and RSVP (Retired Senior Volunteer Program) in 1977.

4. It is also Lake District Senior Center that initiated the Senior Citizens’ Discount Program in the local community in 1970.

5. A flood and a fire forced them to move from their first and third homes, respectively. The second was demolished. They lost their fourth home when it became a target of an urban renewal project.

6. A senior center in a neighboring county, which started as a private voluntary organization in the 1950s, became a public institution under the sponsorship of the local County Office for the Aging.

7. For instance, updating the Center's long mailing list and mailing a large volume of newsletters (8,700 in 1995) would be impossible or too costly without their contributions. The elderly volunteers also run the Center's Gift Shop.

8. Fund-raising is one of the most important activities at Lake District Senior Center. The annual "Seniors are Giving" campaign solicits donations from elderly residents in the county. The total of the 1993 campaign reached almost \$70,000, though the amount received from each donor was small. A variety of sales—the annual Grandma's Attic Sales, yard sales, bake sales and so on—also bring in revenue. Other major sources of self-generated income include membership fees, discount card sales, donations and the Gift Shop sales.

9. Major weekly programs during the period of my fieldwork included therapeutic exercise, clay workshop, needlecraft, photo assistance, art class, bowling, swimming, toymaking, quilting, social security consulting, several dancing groups, music history, foreign language classes, the Thursday group meeting, Men's group meeting and so on. Among the special events was the Centennial Tea to commemorate the city's 100th birthday in 1988. A number of dignitaries including the mayor were present.

10. The figure is based on the minimum wage of \$3.35/hour at the time of my fieldwork.

11. Kastenbaum argues that the private nature of the past tends to isolate the elderly from younger members of society. By sharing the past with their contemporaries, "the past is brought alive into the present, and no longer has that solitary, private quality that we Americans tend to suspect and resent" (1966:20).

12. When I went on a day-excursion sponsored by the Center in 1993, Florence was among the group. Although she was 103 years old, she got on and off the bus without any obvious problems and enjoyed lunch, as well as the beautiful fall colors, with the others.

13. The same avoidance is applicable to their own children as well. For this reason, even for those who enjoy frequent and loving intergenerational contacts, it is very important to form informal support networks with their peers. The elderly's reliance on various services and facilities for the elderly, such as using the transportation services and living in the senior citizens' apartments, also reflects their efforts to minimize dependency on others.

14. American efforts to maintain egalitarianism and independence in support networks makes a striking contrast with hierarchical social order and mutual dependency underlying support relationships in Japan. See Tsuji 1994.

15. The former bring something they buy at the store, such as cookies and fruit, while the latter bring their own bag lunches to eat with the rest of the group.

16. The formation of some Center groups is based on their members' occupation before retirement: for example, teachers or machinists. Although these groups are homogeneous in one criterion, their members belong to other groups as well. Also, one of the Center groups consists of residents in the city's black neighborhood and their monthly meetings are held at their community hall. However, the group is not exclusively for black elderly. Eleanor, an eighty-four-year-old white woman, and I attended their meeting once and were met with a warm welcome. Furthermore, members of this group are active in various other groups which meet at the Senior Center.

17. The absence of the "we versus they" feeling at the Center may be attributed to the heterogeneity of its participants.

18. When the local newspaper featured Alice's heroic involvement in the resistance movement during World War II, some of her old friends were surprised to learn about her unknown past. They asked Alice, "Why didn't you tell us?" Alice's answer was, "You never asked."