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## **THE ELDERS AND SOCIAL CAPITAL PREVENTION OF LONELINESS AND ILLNESS IN OLD AGE**

What is old age? Being in an era of transitions, definitions must be aware of change. Old age is no longer what it once was.

Modern societies are approaching a relation of one elder person to every co-citizen in full employment age. This will put a heavy burden on the öbroadwinnersö, if old age means öretirementö and ödisabilityö ó consequently no contribution to the welfare of society and large expenses for sickness and hospitalisation.

But this is to change.

The elders can and will contribute more and more to the economic and social product of their community and culture

- by hobby work, part time and self-determined employment,
- by voluntary activities in social life,
- by caring for inhibited and sick persons in personal relations,
- by engaging in human contacts with lonely persons old and young.

Such participation in social functions is more natural and healthy than a sharp cut between work life and the retirement to artificial paradises of inactive leisure, characteristic for industrial society.

The elders will be less sick.

Health in old age is more and more kept up

- by advances and broader application of curative and preventive medicine (the ömedical Kondratieff cycleö),
- by the expansion of a healthy life style,
- by the reduction of environmental and work-based stress,
- by growing chances for social inclusion in a caring society.

The consequences are less health costs and more contributions to social welfare and community life.

The elders will be less hospitalised

- if extramural medical treatment and care will become predominant,
- if personal caring relations and services expand.

Old age can be more and more be the always aspired life period of wisdom and self determination.

Recent research shows that chronic illness above fifty years of age varies from 10 to 80 percent depending on social inclusion and life style of individuals. It is a reasonable guess that illness and hospitalisation costs in modern society could be halved by a deep-going, but feasible cultural turn-about in life style and social care organisation. This would not even imply sacrifices in personal and collective well-being, but certainly a paradigm change in the pursuit of happiness and the cultivation of social capital.

There is in political and economic elites and in global organisations a growing awareness of the necessity to control big changes in modern society with the help of scientific observations and measurements. At the turn of the millennium the World Bank and the OECD have initiated a program "Measuring Social Capital" which has led to an increasing amount of research. Among others, in Austria the BOAS (Bureau of Applied Social Research) has taken up this recent branch of Research and Development and applied it also to studies in old age care.

One research project is of peculiar interest, as it has already produced first results of general validity: the continuous measurement of social interactions and contacts, well-being and health in the geriatric station "Geriatric-Zentrum Donaustadt" in Vienna among elders suffering by dementia (reduced brain functions) and the persons taking care of them.

Another project, studying the effects of bodily and psychic skills' training in elders, uses the same research approach on groups of elders taking part in a rehabilitating training program and their "trainers" (SelbA Gruppen "Selbständig im Alter"). The two studies contrast intramural and extramural care in its effects on Social Capital, wellness and health.

Social Capital theory distinguishes a fundamental psycho-neural components three types or levels of "social emotional energy":

- micro-level of intimate "deep personal trust",
- meso-level of social "interactive familiarity",
- macro-level of "emotional spiritual inclusion".

All three types of Social Capital are indispensable for the full functioning of human beings and societies, they cannot substitute one another. This is valid for elders, too. Not only children need dedicated personal attention, not only young people need laughing and jesting together, not only adults in responsible working positions need the props of a moral common belief. All ages have the same social needs as necessary preconditions for wellness, health and efficiency. And inhibited elders are particularly exposed and hit by loneliness and exclusion.

The three levels of social capital in the two research projects were provided for "more or less" by different relations:

- the micro level in extramural home care by caring relatives, in the geriatric centre by private visitors (relatives and close friends);
- the meso level in the parishes organising old age training groups by neighbours and co-members in friendship circles, in the geriatric wards by co-inhabitants;
- the macro level in the activating groups by the honorary female "trainers" and the accompanying church representatives, in the intramural condition by the professional caring staff.

In the geriatric centre, moreover, two different types of intramural care were evaluated: normal general care and care by "personal sisters" in an individually fixed mentorship relation ("Eden Alternative").

Social capital was measured concerning all important relations (relatives, friends, neighbours, trainers; visitors, co-inhabitants, staff) for every elder person and the personnel using standard questionnaire tests, tests for health and well-being as well as diagnostic health data. With verbally and mentally inhibited persons, particularly in the dementia wards, systematic observation of social contacts and behaviour was used (by social science students). All

measurement were standardised on a 5-point-scale (1=optimal, 5=deficient) for statistical (correlational) analyses. (The number of cases in both studies exceeded 1000 elders).

The results give clear evidence of three dilemmas in social age care (the slogan *ötrilemmaö* was born in the analytic discussions).

Intimate micro level contacts with family and friends show a most powerful positive effect, if they are regular. But for the majority of elders they are lacking *ó* particularly for inhibited persons in geriatric centres.

Only 10 percent of the geriatric patients enjoyed regular visits of relatives and old friends. The well-being score of this minority with optimal *ö*micro level contacts*ö* was registered as 50 % optimal, 100 % sufficient. On the other hand among the remaining majority of insufficiently or not at all visited elders, with deficient micro level social capital, only 20 % reached optimal, only 47 % sufficient well-being. Frequent regular contact with intimately trusted persons makes happy *ó* but is getting rare in old age. Organised visiting, as it is provided by geriatric organisations, is but a weak substitute.

The meso level social companionship with familiar people, in neighbourhood or in the geriatric centre, is kept up in most cases *ó* but weakened in its positive effects by cultural barriers and conflicting norms and interests.

The research project makes clear that growing difficulties of mutual insight and understanding breed distrust and aggression, particularly in non-voluntary contacts, unavoidable in geriatric hospitalisation.

A special case is given in the social relations of elders to the servicing and nursing staff. The functional superiority of all helping and care-giving professionals prevents or diminishes the reciprocity of social relations, even if high social skills on both sides bridge the cleavage. Building up a mentorship relation in organised personal nursing and therapeutic discourse *ó* as it is norm in the Eden-Alternative structure solves this problem partially: under this regime the social capital values in the staff-patient relations are distinctly better.

The macro level of social capital encompasses all inclusions in social belief communities and their norms and symbols. The older generation is generally better off in this respect, compared with the younger, because the rationalising trend of modernisation has not yet so strongly dissolved their religious, political and cultural traditions. But even in the anti-aging trainings groups of SelbA, organised by the Catholic Church, religious consolation is not part of the program. Still less so in the secular geriatric centre. The two studies show: elders who are not embedded in religious-spiritual or political organisations or in other close circles of belief, will not get much of spiritual inclusion and consolation by professional or semi-professional (voluntary) care-givers. The functional norms of modern societies forbid mixing creed and healing, religion and medicine, social inclusion and organised helping.

But in the opposite direction a connection between old age care and moral inclusion (macro level Social Capital) seems to exist: caring for the elders strengthens moral social ties in the care-givers *ó* generally, on the macro level, not only in the personal caring relation.

A surprising result in the two research projects points to such a phenomenon. Both studies were included in a larger research line concerning the *ö*belief-behaviour-gap in sustainability culture*ö*. A small set of questions, applied to respondents in a variety of different studies,

measures the correlation between awareness and belief, concerning ecological menaces (as climate change, depletion of natural resources, environmental damages) on the one hand and personal behaviour in a sustainability culture (saving energy, using public transport and renewable products) on the other hand. The gap between talking and acting, between yes-we-can and yes-I-do is generally large ó even in people advocating strong political measures. Now - in a wide array of groups studied - both old-age-caring teams, the religious volunteers and the professionals in the hospital, excelled by a minimal belief-behaviour gap. This suggests: Elders, cared for, strengthen the moral sense and the personal responsibility in the persons actually engaged in caring.

That professional activities and ensuing personal contacts influence value systems and behaviour, is normal. But an influence of elders in care on the ecological sustainability culture of the persons offering and giving care is a phenomenon deserving attention. It hints to an unconscious general moral stimulation and activation exerted by elders in social contact with and in dependence on persons of the next generation.

Social Capital theory has the rule that micro, meso and macro level relations (ties, norms, behaviour) are interconnected and within social networks interactive ó social energies flow freely. But intelligently fed, directed, harnessed and used they can serve any end ó even long term sustainability in a good society.

Concluding ó some hints for the practice: what are important recipes for pushing up social capital in old-age care, on the three levels?

Intimate relations to family, relatives and old friends can be mobilised and revived by organising meetings õBring your family!ö, õReunion of lost friendsö, offering expert advice and helping assistance, For elders without regular contact to near-standing persons visiting services can be organised with the explicit objective to create permanent trusting relationships.

A broader, but more casual companionship circle for lonely elders can be built up in active hobby and entertainment groups, best of all if a common group success can be achieved ó whatever the field of competition. And networks of regular contact can be promoted by arrangement of meetings places, spaces of community ó paying attention to mutual preferences and sympathies. Consciousness for the natural laws of social capital together with the use of social skills and social intelligence creates community in all environments.

To fuse personal community with the deep feelings and the strong motivations of the spiritual macro level of social capital a common culture with uniting believes, norms, arts and symbols is needed ó bridging differences by creative diversity. The main bridge between the generations, between elders and their followers in time, is mutual empowerment by caring. And the most important conclusion of the research presented here, might be, that the strongest moral energy for a coming mankind culture lies in the emotional and moral reciprocity of caring relations.

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