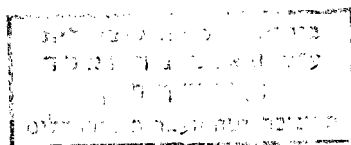


**The New
Jewish Elderly**
A Literature Review

Allen Glicksman



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Allen Glicksman

FOREWORD

This publication is unique in its incorporation of Judaic and Jewish perspectives into a review of what is currently known about elderly Jews in the United States. The author moves easily from gerontological references to biblical references, reinforcing the message that Jewish elderly differ significantly from American elderly overall because of their Jewishness, and that communal approaches to their support must be firmly rooted in Judaic values. Additionally, we are presented with new evidence that the Jewish elderly of today and tomorrow are significantly different -- in socioeconomic background, cultural values, and life-style choices -- from the elderly Jews of yesterday. Dr. Glicksman is also quite clear about grounding his subject in the context of Jewish families and the American Jewish community, which makes it particularly appropriate as a publication of the William Petschek National Jewish Family Center.

This commissioned literature review and bibliography stands alone as a reference work, but also as a companion piece for the recently published special issue of the *Journal of Aging and Judaism* (5:1, Fall 1990) entitled "The New Jewish Elderly: A Symposium." Portions of both publications were prepared for or emerged from a Conference on the New Jewish Elderly held at the American Jewish Committee in May 1989.

The American Jewish Committee has had a long-standing interest in the elderly, with publications over the past decade spanning such topics as aging parents, Jewish grandparents, the meaning of ethnicity and ethnic identity among Euro-American elderly, and Jewish psychological adjustments to old age. Concern for the elderly has also figured in other AJC studies of Jewish family life and the influence of Jewish tradition on social policy toward the poor.

With this literature review, we proceed more knowledgeably into a twenty-first-century world in which the proportion of elders within the Jewish community will be larger than ever before. They will also be chronologically older than our elders used to be. By moving now to bring their issues to the forefront of communal consciousness, we are actively preparing for the time when *their* issues will be *our* issues, both communally and personally.

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PREFACE

Changes in the age distribution of American Jewry during the past two decades have made the study of the American Jewish elderly important to all who are concerned with the future of the American Jewish community. For that reason the AJC's William Petschek National Jewish Family Center commissioned this review of the literature on the Jewish elderly. The project was designed with two purposes in mind: first, to survey what is known about the Jewish elderly in the United States in their family and communal contexts; second, to identify the challenges that new generations of Jewish elderly will present in coming years. The present report, it is hoped, will stimulate further research, discussion, and planning at all levels of Jewish communal life, since the problems of the Jewish elderly today reflect issues that face the community at large.

This work could not have been completed without the assistance of a number of people. Hadassah Linfield and Murray Friedman of the Philadelphia chapter of the American Jewish Committee brought the author and his project to the attention of the Petschek Family Center. The Center's staff -- Steven Bayme, Charles Raffel, Gladys Rosen, and, most especially, Sherry Rosen -- provided essential support and encouragement. My wife, Gail Gaisin Glicksman, corrected and improved several versions of this document. Finally, the research staff of the Philadelphia Geriatric Center and above all M. Powell Lawton taught me not only the theory and methods of the study of aging but provided an environment where scholarly excellence is fostered.

A. G.

EXECUTIVE SUMMARY

The second half of the twentieth century has seen a fundamental transformation in the way we think about aging. Not only are people living longer, but the lives of people 65 and over have been radically transformed. Rather than viewing old age as a period inevitably marked by physical and mental decline, poverty, and impending death, we are beginning to see it as one in which people can continue to lead productive, meaningful lives. Although illness afflicts the elderly more often than younger populations, we now recognize that aging itself is not an illness. We are beginning to understand the special social, financial, medical, and psychological needs of the elderly.

Although the study of aging has been progressing rapidly, little has been written specifically about the Jewish elderly. There are several reasons for this. First, gerontologists are only now beginning to examine the effects of cultural, religious, and ethnic background on the process of aging. And students of the contemporary American Jewish community have always focused on the younger generations -- their behaviors in terms of childbearing, intermarriage, and similar issues, and the role they will play in the community -- rather than on the older ones.

This paper begins to fill this gap by presenting a picture of the American Jewish elderly based on existing published studies. Although the review is extensive, it does not claim to be exhaustive. Coverage of some areas, such as program evaluation of Jewish-sponsored services to the elderly, has been intentionally limited.

The most important conclusion of this work is that being Jewish has a definite impact on the experience of aging. This is a result of the early socialization of these aging individuals to Jewish values and life-styles. These influences affect individuals throughout the life span in such areas as marriage, occupation, residence, and even use of medical services. In old age, life decisions continue to be decisively influenced by early socialization. This means that people who were not socialized to Jewish life in childhood will not suddenly become active in Jewish life when they reach 65. Elderly people do not "get religion." As we shall see, the "return to Judaism" some elderly Jews experience is intimately tied to their exposure as youngsters to a warm and loving Jewish environment. Just as we now understand that personality does not change radically as we age, neither do our values. In essence, if we do not train our children to live Jewishly -- to feel responsible for others, to respect the elderly, to serve the community -- they will not acquire these values later. The elderly will be a resource for the Jewish community only if their Jewish identity was established in childhood.

The second important conclusion of this study is that we must understand the lives of elderly Jews as the history of the American Jewish community in microcosm during this turbulent century. This is the generation that witnessed the First World War, the Russian Revolution, the Great Depression, the Second World War, the Holocaust, the creation of the State of Israel, and the rise of the American Jewish community to world prominence. It is also the generation that experienced unprecedented social, economic, and geographic mobility. Much of the intergenerational strain in

the American Jewish community today results from the social and geographical distances between generations. While Jewish adult children and their aged parents often have more frequent contacts (although frequency of contact is not always a measure of intimacy) than some of their non-Jewish neighbors, they derive less satisfaction from their relationships because their behavior does not match the behavior they consider normative. Such conflicts have far-reaching consequences that require a fresh look at the Jewish family from a psychodynamic perspective.

The third major finding is that the greatest influences on the lives of the Jewish elderly are federal programs for the elderly. Social Security, Medicare, and retirement legislation can determine the financial and health status of the elderly. While Jewish community-sponsored programs can have an effect on the lives of the people they serve, it is the overall policies of the government that will most directly determine how the elderly will live.

For the American Jewish community, the challenge is not only to be flexible enough to respond to the changing needs of our changing elderly, but to do so in ways that reflect our basic commitment to traditional Jewish values.

THE NEW JEWISH ELDERLY

Perhaps the two most remarkable things about the study of the Jewish elderly in the United States is how little we know about them and how much we know. This may seem like a contradiction -- how can the Jewish elderly be overstudied and understudied at the same time?

For many years, the Jewish elderly were neglected as a field of study. To some extent they were perceived as a "known" quantity. That is, most people either know elderly Jews personally or are familiar with the stereotypes of Jewish elderly that are found in literature and popular culture. These images are often distorted, or at least based on a reality that has not existed for some time: a population primarily immigrant in origin and Yiddish-speaking. The impact of these stereotypes is more than academic. These images carry into the clinician's office and emerge in planning and policy discussions. To deal compassionately and creatively with the Jewish elderly, we must understand who they really are.

A second reason why the Jewish elderly have not been studied as a unique group is that most researchers, particularly those who produce the Jewish planning literature, have often treated the Jewish elderly as a subset of the Jewish poor. In many ways, the "discovery" of the Jewish poor in the 1970s was the discovery that not all the Jewish poor were elderly. While the Jewish elderly continue to be poorer than the Jewish community as a whole, we must separate the study of the Jewish elderly from the study of the Jewish poor. Even when considering the Jewish poor we must remember that both the causes and the remedies for poverty are different for older and younger populations. We must also transcend the mind-set which sees the elderly only as a dependent population.

Third, whereas much of the work in gerontology concerns the psychology of the elderly, most studies of the American Jewish community have dealt with history and sociology. Research sponsored by the Jewish community in recent years has been almost exclusively quantitative and demographic. Most studies have never asked questions about belief, much less questions that probe the psychological states of their subjects. The concerns of students of American Jewish life are not the concerns of gerontologists.

Fourth, gerontology has lagged behind most other social sciences in the study of ethnicity and religion. A 1971 article about elderly Jews in an inner-city neighborhood states that "there are few research findings that suggest direct predictable differences between Jews and non-Jews" (Lawton, Kleban, and Singer 1971). As late as the 1989 scientific meeting of the Gerontological Society of America, the leading academic society for the study of aging, the term "ethnicity" was still used as a synonym for race. Research examining differences among blacks, Hispanics, and whites on a variety of dimensions rarely attempts to distinguish the varied religious, ethnic, and cultural differences within these populations. Even though there is a growing concern within gerontology about the minority elderly, minorities are often seen only in terms of "triple jeopardy," implying that ethnicity (read "race") is another disadvantaged state in addition to being old and poor. In view of

the prominence of Jews in gerontology and psychology, it is curious that the effect of Jewishness, or of ethnicity in general, has been so neglected.

Finally, in Jewish studies, especially in the study of the Jewish family, the emphasis has been on the future, not the past. Socializing new generations of Jews, maintaining Jewish identity, understanding the impact of intermarriage, and examining the lives of children of dual-earner couples have all taken priority in the concerns of Jewish communal researchers.

Not only has there been little study of the Jewish elderly, but the role of the Jewish elderly in the lives of younger Jews has also been neglected. That role must be understood to place current controversies concerning the family, both within the Jewish community and in American society, into an appropriate context. For example, the "affluence" of many elderly and the poverty of many children are, in large part, effects of successful income-maintenance programs for the elderly and the increasing number of single-parent families.

There are at least as many reasons to study the Jewish elderly as there are explanations for their neglect. First, the Jewish elderly are a growing and changing portion of the American Jewish community. It has been predicted that in the twenty-five years from 1975 to 2000 their proportion of the American Jewish population will increase from 12 percent to 17 percent. The growth in numbers will mean greater demand for services, especially since much of the increase in the Jewish elderly will be among the "old old," those 75 and over. The elderly will change as well, as the proportion of immigrants and those who remember the Great Depression begins to decrease and the postwar generation begins to enter old age in the first decade of the next century. Different life experiences will shape the expectations of the new generations of elderly.

Second, the cost of services for the elderly is high. Their social-welfare needs are often long-term in contrast to those of younger populations. Although government funds are available, the agencies receiving those funds are required to serve populations as broad as possible without regard for cultural, religious, or racial background. Such requirements will affect the level of "Jewishness" of the programming that can be provided by Jewish agencies that receive public funds.

Third, with their growing numbers and improved health, the Jewish elderly are now seen by many planners and clinicians as an untapped communal and family resource. It is often assumed that all elderly wish to be seen in this light. Some older people, however, do not want to make time-consuming commitments, preferring rest and leisure. Some move to seniors-only communities where opportunities to volunteer and interact with other generations are limited. Others complain about the types of work they are given when they do volunteer in Jewish organizations: usually envelope stuffing and other tedious and boring tasks. A better understanding of the retired Jewish elderly is important if the community wants to utilize their services.

Fourth, while the enormous number of works concerning the experience of American Jewry in this century might leave one with the impression that this subject has been exhausted as a field of study, perhaps just the opposite is true. There is still much we don't know concerning the lives of the immigrants and the first generation of American-born Jews. The current generation of Jewish elderly, the youngest of whom were born in the 1920s, are in many cases our only link to the daily lives of the Jewish community before the Second World War. It is in their generation that the foundations of the current American Jewish community were laid. These individuals are a link to our past that can help us to understand how we arrived at this point in our community's history. The study of aging may increase a feeling of connection to the Jewish past (Kaye 1986).

Fifth, we have already demonstrated how the Jewish elderly as a unique group have been neglected in research. In fact, they have often been used in gerontological research but without

reference to their Jewishness. Outside of universities and hospitals, almost all centers for the study of aging in the United States are located in Jewish nursing homes. When subjects are recruited for studies of the aged, Jews volunteer out of proportion to their numbers in the population. Thus some of what we think we know about the elderly in the United States may be what we know about the Jewish elderly in the United States. It is important to document any significant differences between the Jewish and non-Jewish elderly so when research is done on a population that is significantly (and sometimes entirely, as in the case of some nursing-home-based research) Jewish, this can be taken into account when interpreting the findings.

To illustrate this last point, we can consider two projects designed to examine the relations between adult daughters and their aging mothers. The first (Simos 1973) used an entirely Jewish sample, and the second (Scharlach 1987) used a population 55 percent Jewish. In both cases, conclusions were drawn about the relationships between elderly mothers and their adult daughters in American society. If the relations between adult Jewish daughters and their aging mothers differ in any way from those among non-Jews (and the evidence suggests that such differences do exist), these differences should have been taken into account before any conclusions were reached.

Sixth, as already stated, the study of the Jewish aged affects several other fields of research. Jewish family studies, the sociology of medicine and health, and bioethics are fields that can be enriched by research on the Jewish elderly. In turn, research from each of these fields can help in the interpretation of research findings on the Jewish elderly. It is important that researchers in these other fields acquaint themselves with at least some of the research on aging so they do not fall into the trap of using stereotypes of the Jewish elderly in their research.

Methodology

Almost all the material surveyed here has been previously published in the professional literature. One might ask where we found all this literature if the Jewish elderly have not been the subject of much attention. First, the great majority of sources cited in the reference list that deal specifically with the Jewish elderly were published since 1985. Second, much of the academic literature concerning the Jewish elderly cited here did not focus on the Jewish elderly as a unique group but made statements about the elderly in general based on Jewish samples. Of the literature concerned specifically with the Jewish elderly, most is from the social-welfare literature and is concerned with the Jewish elderly in need: the poor and disabled. The material not previously published is from the author's own research on the psychological well-being of the Jewish elderly and on caregiving behavior in Jewish families. On the whole, the material is summarized without critical comment. There are at the moment no real controversies surrounding the Jewish elderly, just many unknowns.

The analysis of this data posed problems familiar to anyone who has sought to study other aspects of American Jewish life. Some sources present related findings in ways that prevent direct comparisons -- for example, one source may present data based on head of household while another source presents data by individual.

Separating the effects of socioeconomic status and education from ethnicity proved especially difficult. While some differences between the Jewish and non-Jewish elderly remain significant even when controlling for income and social status, other differences disappear. Does this mean that such differences are caused solely by differences in socioeconomic status? Or does the concentration of Jews in certain socioeconomic strata mean that economic status is masking an effect of ethnicity? This problem is exacerbated by the lack of comparative data on Jewish and non-Jewish elderly on some of the dimensions discussed in this work. In some cases, what has been said about the Jewish elderly is just as true about the non-Jewish elderly. In many cases it is not the problems faced by

the Jewish elderly that are unique but their reactions to those problems.

Another issue that affects the study of the Jewish elderly is their response to interview situations. While older Jews often volunteer for research on general aging issues, they may be reluctant to participate where they are selected *because* they are Jewish, given the experience of this population of elderly with anti-Semitism.

We must also remember that within the elderly population at any one time there are different cohorts or generations. A person who is now 95 years old and remembers the First World War and the Russian Revolution may have a different view of the world from someone 66 who has only heard stories of these events. Since the oldest of the Jewish elderly are likely to be immigrants, the differences in the life experiences of the different cohorts among the current population of Jewish elderly is staggering. These differences have implications for the future of the Jewish elderly, as we shall see later in this paper.

Further, much of the survey research in the Jewish community is done by telephone. While this method has some advantages, attempting to interview an elderly respondent who has difficulty hearing or who has some other impairment can lead to an unfinished interview and ultimately to an undercount of the Jewish population in the community under study (Herzog and Kulka 1989).

The importance of using diverse methodologies and theoretical and disciplinary approaches to gain a broad perspective on the Jewish elderly is apparent from the analysis of the research reviewed here. While gerontological research employs a rich variety of approaches to the study of aging, the research sponsored by Jewish communal organizations is almost entirely demographic. Yet many of the most important research projects on the Jewish elderly have been ethnographic, using the tools of qualitative research to understand the lives of the Jewish elderly. For example, almost all the psychological research on the Jewish aged has come from gerontology and needs to be better incorporated into studies of the American Jewish community.

The study of the Jewish elderly interfaces with the study of certain other areas of American Jewish life. These include the Jewish family, the psychology of American Jews, the Jewish poor, and Jewish health behaviors. In this document these areas are touched on as they relate to the Jewish elderly.

One important topic not covered in this report is the range and nature and experience of services for the elderly provided by Jewish communal organizations. Although such a review is beyond the scope of this study, it reminds us of the role gerontological research can play in developing and evaluating programs for the elderly.

Aging in a Jewish Context

Judaism and Aging

Traditional Jewish attitudes toward aging may be summarized under four themes: (1) long life as a reward; (2) aging as a time of suffering and decline; (3) obligations to the aged in terms of maintenance and support; and (4) obligations to the aged in terms of respect and authority. These themes contain (as we shall see) two paradoxes: first, old age as both blessing and curse; and second, old age as a time of both greater and lesser authority (Blech 1977).

The longevity of biblical personalities was understood to be a reward for their righteousness. Abraham, Isaac, Jacob, and Moses lived more than 100 years. The aged are therefore entitled to respect by virtue of their longevity. The Midrash states that the process of aging was created by

Abraham so that young and old could be distinguished and the old given more respect. In fact, the only reward specified for observance of any of the Ten Commandments is longevity, which is the reward for honoring one's parents (Blech 1977).

The Bible, and Jewish tradition in general, also recognized that old age is often accompanied by infirmity and illness. Chapter 12:1-6 of the Book of Ecclesiastes is often taken as an allegory on the infirmities of old age. Rather than a reward, old age is here portrayed as a curse. The Bible never hesitates to describe the ravages of old age. From impaired vision and hearing to the need to be carried from one place to the next, many infirmities of old age are vividly described. Membership in the Sanhedrin was limited to those under 70 because of the awareness of mental impairment that often came with old age. Some rabbis went so far as to question why longevity should be considered a reward, and therefore interpreted the longevity promised in the Ten Commandments as that of the Jewish people in the Land of Israel, not of individuals.

The obligation to care for the elderly originates in the commandment to honor one's parents. From this commandment are derived the definition of the appropriate relationship between children and parents as well as many of the other traditional values concerning the elderly. Deuteronomy (28:50) describes a wicked nation as one that has no respect for the aged. The Talmud views the care of the aged as a familial, not a communal responsibility. It spells out the various obligations to the elderly, specifying not only what must be done but the spirit in which it is done. All elderly, even the demented, must receive honor and reverence. It is age itself, not wisdom, that entitles the elderly person to a special status. Honor is understood as service, reverence as the animating spirit. One is obligated to provide food to the elderly to keep them alive, and respect to make their lives meaningful. These commandments must be kept irrespective of children's attitude toward their parents; the rabbis understood that feelings can be ambivalent and can affect the care of the elderly. The obligations fall equally on all the children. There is no theoretical difference between the obligations of sons and daughters in this regard. Judaism further requires the same respect for in-laws as for one's own parents out of respect for one's spouse (Linzer 1986; Blech 1977; Schindler 1985; Chernick 1987).

However, Judaism does not endorse gerontocracy (rule by the aged). Not every desire of an elderly person must be fulfilled, especially if these desires interfere with the family life of the elderly person's adult children. The primary duty of the individual is to spouse and children, not to parents. Maimonides goes so far as to say that if caring for a demented older parent in one's own home becomes too burdensome, the older person may be moved somewhere else, as long as the care is adequate (Linzer 1986; Schindler 1985).

Respect for the elderly is part of the larger issue of the authority of the elderly in the Jewish community. The Bible uses the word *zaken* to indicate both an older person and a person of learning, as well as a judge. However, many sages quoted in the Talmud said that learning, not age, is the most important source of authority and respect. A compromise was reached through the assumption that to have lived a long time means that one has passed through trials and must have learned something along the way, making every old person wise. The aged were accorded rights and authority in Jewish tradition, but these were not absolute (Blech 1977).

In contemporary American Jewry all the religious movements -- Orthodox, Conservative, Reconstructionist, and Reform -- have addressed the issue of aging. Orthodox leaders have issued responsa to halakhic questions about aging in the modern world and have created new institutions to serve their aged. Recently, the Conservative movement produced a booklet on aging through its family studies center. The Reform movement has already produced a variety of educational materials for both young adults and adult education concerning the Jewish elderly. A recent issue of the *Reconstructionist* was devoted to the Jewish aged. In addition, a primary focus of the new *Journal*

of *Aging and Judaism* has been religious and spiritual issues (Balter 1987; Olitzky 1983; Climo 1987).

Even with this current focus on aging issues, Jewish attitudes toward the elderly are not always in agreement with contemporary trends. Two examples are the issues of "generational equity" and sexuality among the elderly. The "generational equity" movement, which argues that fewer resources should be spent on the elderly, can find no support in a traditional Jewish perspective. The issue of sexuality is more complex. Contemporary gerontology emphasizes the right of the elderly, including those in nursing homes, to an active sexual life. But this may conflict with the institutions' desire to maintain traditional Jewish values (Hantman 1985; Dresner 1987).

Aging in the Jewish World

In traditional Jewish society, the elderly were usually cared for by their families. Communal services for the aged were subsumed under services for the poor. However, before we "wax nostalgic" for the time when children cared for their parents in three-generation households, we must remember that "old" is a relative term. In some periods, 45 might have been considered old. Moreover, when people became ill, they seldom required long-term care. The current problems of caregiving for a severely impaired elderly population over a long period of time did not exist before the modern era. If grandparents lived with their children and grandchildren, we can assume that they were (relatively) young and healthy, and when they became ill they died, although it would be a mistake to assume that all died quickly. In Eastern Europe in the nineteenth century only 3 percent of the Jews were elderly.

The first institutions for the Jewish aged did not appear until the Middle Ages. The Cossack massacres of 1648 left some aged people with no families to care for them and so the community assumed that responsibility. This was the beginning of services for the elderly in the East European community. The first home for the Jewish aged was established in Amsterdam in 1749; the first society for the Jewish aged in Hamburg in 1796. During the nineteenth century, with the decline of the traditional Jewish family structure, the *moshav zkenim* or "old age home" made its appearance. Other services for the elderly were established as a larger network of social services developed (W. Glicksman 1976; Kahana and Kahana 1984).

We do not know how many Jewish elderly there were in the early United States, but neglect of the elderly was condemned in some early synagogue sermons. No systematic care for the Jewish elderly in the United States existed until the nineteenth century, although individual synagogues were supporting elderly congregants as early as the eighteenth century. Then the Jewish elderly, like other dependents, were taken care of by Jewish rather than general (Christian) communal institutions. The majority of the immigrants who came to the United States between 1882 and 1924 were young, no more than 10 percent of them over 45. These immigrants established a variety of communal institutions, including homes for the elderly. By 1930, twenty Jewish homes in the United States had 3000 residents. However, the greatest improvement in the lives of the Jewish elderly, as for all elderly in the United States, was the creation of Social Security during the 1930s (Greenspan 1988).

Although American Jewry has a growing proportion of aged, it remains one of the relatively younger communities in the Diaspora. Emigration, the Holocaust, and massive intermarriage have caused many Jewish communities around the world to age at a rapid rate. The American Jewish community is not only younger than many Diaspora communities, but differs significantly in family living arrangements. For example, only 2.8 percent of the Jewish elderly in Argentina are institutionalized compared to 8 percent in the United States. America's Jewish community also seems to lead in the proportion of elderly who live alone rather than with children. General cultural

patterns in the larger society have an enormous impact on the life-styles of the Jewish community (Woolf 1985; Kahana and Kahana 1984).

Who Are the American Jewish Elderly?

Demographic Studies

In the 1971 National Jewish Population Study (NJPS), 12.5 percent of the American Jewish population was estimated to be 65 and older. This figure must be taken as a minimal estimate, both because it did not include the institutionalized elderly and because of the problems inherent in surveying an older population. The proportion of elderly in the American Jewish community is expected to reach 17 percent or higher by the year 2000. Over the same thirty years, the proportion of elderly in the U.S. population as a whole is expected to increase from 9.8 to 11.9 percent (Rosenwaike 1986, 1987; Schmelz 1985).

The rapidly growing proportion of elderly in the Jewish population reflects the lower birth-rates of recent generations of American Jews as well as the increased longevity of the elderly. Birthrates among American Jews were high until the 1920s, low in the 1930s and 1940s, somewhat higher in the 1950s, then low again since then. This means that there will be smaller numbers of Jews entering the ranks of the elderly in the years 1995-2015, but the proportion of elderly in the community will continue to grow unless there is a major change in Jewish fertility. In fact, this generation of American Jewish adults is the first to care for two generations of elderly, which is true for the American population as a whole (Tobin, Ellor, and Anderson-Ray 1986; Kosmin and Scheckner 1987).

Just as individual Jews are aging, certain Jewish communities in the United States are aging as well. While the varying reliability of local community studies makes exact comparisons difficult, it is clear that the proportion of elderly in local communities can vary widely. It is about 8 percent in Atlanta and Washington, D.C., 46 percent in Sarasota, Florida, and 53 percent in Palm Springs, California. Not all communities with high proportions of elderly are retirement areas. Older communities, such as Scranton, Pennsylvania, with over 40 percent elderly, and Canton, Ohio, also have disproportionate shares of elderly (Kosmin and Scheckner 1987).

In general there are fewer elderly Jews in the newer Jewish communities of the West, but as Jews there age and their parents move to be near them, this situation will change. Since Jewish population continues to grow in the Northeast as well (except for Pennsylvania), we can expect no decline in the proportion of Jewish elderly in this part of the nation (Kosmin, Ritterband, and Scheckner 1987).

Men and Women

There are almost always more women than men in aging populations because of the greater longevity of women. The 1971 NJPS reported a breakdown of 44.2 percent male, 55.7 percent female in the 65+ population. However, because of high rates of marriage in the cohorts now part of the Jewish elderly and because of what seems to be a somewhat greater longevity of Jewish men compared to non-Jewish men, the significantly higher proportion of women among the Jewish elderly does not become apparent until after 75. In the 65+ population, 61.5 percent of the Jewish elderly are married versus 54.4 percent of the general elderly, while 32.6 percent are widowed or divorced versus 39.8 percent of the general population (Tobin, Ellor, and Anderson-Ray 1986; Massarik and Chenkin 1973; Rosenwaike 1986, 1990; Kosmin and Scheckner 1987).

Males head two-thirds of Jewish households headed by aged people. Elderly women are less

often heads of households because in many cases when the husband dies the wife moves in with children or into an institution. Single people are more likely to be institutionalized than married people (Massarik and Chenkin 1973).

Elderly men receive less professional care than women, because when the husband needs help it is usually the wife who provides it. Since most elderly men are married, this is almost always the case. Jewish women are more likely to be employed after marriage than non-Jewish women and enjoy greater equality in marriage. For these reasons, the wife is often able to take a more active role in running the household if the husband begins to show physical and/or mental impairment. Even though Jewish women were more likely than non-Jewish women to have worked after marriage, it remains true that gender is the major single factor determining income in old age, with women much worse off economically than men (Kahana and Kahana 1984; Rosenwaike 1986).

The "Old Old" and "Young Old"

The "old old," those 75 and older, will grow at a faster rate than the overall elderly population, both Jewish and general. A third of the aged Jewish population is 75+ and 10 percent is 85+. More and more Jews, like elderly in general, will reach the century mark. This means that old age will increasingly span 35 years (Isaacs 1986; Kosmin and Scheckner 1987).

The old old, as would be expected, include the highest proportion of immigrants of any age group. Of those over 80, 85.6 percent are foreign-born, and 13.5 percent are first-generation Americans. The old old are also more likely than the young old to observe dietary laws and other religious rituals. The younger cohorts of elderly are better educated, in better health, and more politically active than the older (Massarik and Chenkin 1973; Kahana and Kahana 1984; Kaye 1986).

Today's "young old" -- 65 to 74 -- are a transitional generation between immigrant parents and their thoroughly Americanized children. They remain an important link to the roots of the contemporary Jewish community (Woolf 1985).

Socioeconomic Class

The social and economic status of the Jewish elderly is a more complex issue than might be apparent at first. On one hand, it is clear that the elderly are the poorest portion of the Jewish community; 60 percent of the Jewish poor are elderly. Poverty is especially pronounced among single Jewish women who are very old. A study of data collected in 1979 found that the median income of elderly women who reported Yiddish as their mother tongue was \$4,400. On the other hand, the proportion of Jewish elderly who are poor is about 25 percent. This does not mean that the rest of the Jewish elderly are well off -- many are only marginally better off, and a catastrophic or chronic illness could impoverish them. While it is true that one cannot measure the wealth of the elderly only in terms of income, since some aged people have savings and other investments, often the "wealth" of an elderly person or couple is in the value of their home, which cannot be considered a liquid asset. Moreover, the elderly often live in homes that are old and costly to maintain (Kahana and Kahana 1984; Rosenwaike 1986; Greenspan 1988).

The Jewish elderly have been described as the most polarized group in terms of income. This is in part due to the presence of several cohorts among the current population of Jewish elderly. Most Jews in earlier generations held working-class occupations. Members of recent cohorts are more likely to be middle class. However, this does not mean that they have significantly better retirement benefits than their predecessors. Retirement benefits still differ greatly across jobs and professions. In some communities, the upper economic strata of the elderly are now filled with retired government workers, who were never highly paid when they were employed but who receive

better retirement benefits than their counterparts in the private sector. The best way to predict the financial status of the new cohorts of Jewish elderly would be to study their retirement benefits (Kosmin, Ritterband, and Scheckner 1987; Kosmin and Scheckner 1987; Myerhoff 1978).

One of the most striking changes in the Jewish community over this century has been the increasing numbers of Jews who have attended college and entered professions. A college degree has become the norm among American Jews. In the 1971 NJPS, 30 percent of the 65+ group had at least some college; in the 40-49 age group 61 percent did. Younger cohorts contain greater numbers of professionals and fewer managers or administrators. Greater numbers of well-educated people among the elderly will pose new problems as well as create new opportunities. For people with higher-status occupations, retirement often leads to feelings of social deprivation since their careers were crucial parts of their identities. Opportunities must be created to involve this population in activities that utilize their professional experience and are relevant to the needs of the community (Massarik and Chenkin 1973; Kahana and Kahana 1984).

Native and Foreign-Born

The numbers of the foreign-born decline significantly in each succeeding generation of American Jewry. In the 1971 NJPS, 62 percent of those 65 and over but only 20 percent of the 50-64 age group were foreign-born. Some special situations still exist: in Los Angeles, 56 percent of elderly Jews are foreign-born; only 1 percent were born in Los Angeles. This situation will change rapidly over the next few years as more of the Los Angeles community who are native to the United States and to Los Angeles begin to enter the ranks of the elderly. The only potential for larger numbers of foreign-born in the ranks of the Jewish elderly is in the liberalization of Soviet emigration policy and the willingness of the United States to accept these elderly (Rosenwaike 1986; Huberman 1984).

Although the numbers of foreign-born Jews continue to decrease, the effect of their lives on the community is still with us. Most of the immigrants from Eastern Europe were young risk-takers willing to leave family and friends forever to seek opportunity in America. They were not political refugees, and many came from the Austro-Hungarian empire where there were no pogroms. The ambivalence many felt in leaving their parents is still apparent in later life. Perhaps their willingness to encourage their own children to be socially and geographically mobile, even at the expense of making relations between the generations more difficult, was in part engendered by their life experience. The guilt that many felt over the fate of their relatives left in Europe, both in the Russian Revolution and later the Holocaust, remains an important dynamic in Jewish family relations (Bubis 1986; Myerhoff 1978).

The Lives of the American Jewish Aged

In this section the lives of the Jewish elderly will be examined under five heads: environment, health, activity, family life, and special populations.

Environment

Living Arrangements and Housing

Of the noninstitutionalized elderly, 40 percent live alone. Children sometimes live near their elderly parents, but grandchildren seldom do. Only 7 percent of Jewish households contain three generations. Almost 25 percent of all Jewish households are headed by an elderly person (Weintraub 1985; Kahana and Kahana 1984; Massarik and Chenkin 1973).

The current generation of Jewish elderly living in the community are disproportionately apartment dwellers. In 1979, 76 percent of American elderly owned their homes, and 24 percent were renters; of the Jewish elderly, 47 percent were home owners and 53 percent renters. This reflects the fact that most Jewish elderly still live within city limits, although not necessarily in the inner city. Some adult children have taken their parents to live with them in the suburbs. Often this causes problems as the elderly find themselves isolated in a younger community in which one must drive in order to get around. However, as some suburban communities begin to attract larger numbers of elderly, the lives of the Jewish elderly in suburbia come to resemble the lives of urban Jewish elderly. For many elderly, remaining in their own homes is a key to their sense of well-being. Nonetheless, if the urban neighborhood deteriorates enough, it becomes important to move the older person out (Hayes, Kalish, and Guttman 1986; Rosenwaike 1986; Federation of Jewish Agencies 1987; Simos 1973; Cantor, Brook, and Mellor 1986; Rubinstein 1989; Low income elderly Jews 1975).

While living in poorer neighborhoods can lead to problems, the perceptions elderly Jews and elderly people in general have of their neighborhoods do not always match the objective conditions. Some people remain because their whole lives are tied to the community. It is not clear why some people want to move and others do not, but the decision seems to be related to other events in the life course. Some research suggests that increased age is associated with happiness with locale. This may be because elderly residents like the neighborhood, because they know how to cope with it, or simply because the neighborhood has become less salient in their lives. In some cases, the intact elderly are more unhappy with their neighborhoods, perhaps because they go out more and experience the normal problems associated with living in any area. Fear of neighborhood change, of the influx of other ethnic or racial groups, remains an important element in the attitudes of elderly Jews toward their environments. Security is always crucial to the elderly. A comparison of elderly Jews in London and in Boston demonstrated that, although both groups were concerned about safety on the street, the London Jews were still willing to venture out because they felt part of the community while the Boston Jews felt alienated from the community and therefore rarely ventured out (Kahana and Kahana 1984; Lawton, Kleban, and Singer 1971; Kugelmass 1986; Lawton and Cohen 1974; Goodman and Hankin 1984; Lawton and Kleban 1971; Ginsberg 1984-85).

Elderly Jews, even those who have been home owners, are hesitant to enter retirement communities that require a big "buy-in," that is, a significant entrance fee. While some interpret this feeling as reflecting a desire to leave their money to their children, it is more likely that it reflects a desire to retain control over their environment. In the "big buy-in" situation, the resident usually does not own anything. So far, all research has shown that elderly Jews prefer rental arrangements enabling them to move out if they are dissatisfied (Kronick 1987).

Migration

Geographic mobility and its consequences have been central themes in Jewish history from the very beginning. The Midrash says that Terach, the father of Abraham, died young so that Abraham could leave their home in Haran without feeling guilt (Kravitz 1987).

The American Jewish population overall is more mobile than the general American population. This mobility, which reflects the greater willingness of many American Jews to move in order to achieve greater economic and professional success, has profound effects on the Jewish elderly. Not only does it create distance between elderly people and their adult children, but many younger Jews are moving to small communities with few resources to care for the aged. The impact will be felt when parents attempt to retire to these same communities to be near their children (Kosmin, Ritterband, and Scheckner 1987; Kahana and Kahana 1984; Klaff 1987).

Of the elderly who relocate, the majority in the oldest age group (75+) are widows moving to be near children. For many elderly Jews this is not a first move -- many moved frequently during their lives. Elderly Jews who move to the Sunbelt or to Israel are more stable in their lives, more likely to be American-born, and more likely to be risk-takers than those who do not move (Kahana and Kahana 1984).

Of the elderly who move, 60 percent move to Florida. Of the Jews in Palm Beach, 27 percent said they moved there because friends or relatives already lived there. Of every four Jews who move to Florida, one moves back. Usually this is someone who is becoming increasingly ill and wants the support of family and the network of social services available in northern states. Generally when people (Jews and non-Jews) return from Florida they often become very depressed because they had idealized the situation to which they were returning (Jewish Federation of Palm Beach 1988; Kronick 1987).

The lifelong mobility of Jews who are now elderly contributes to a sense of marginality that for some began with the immigrant experience. This sense of marginality has been associated with feelings of depression and a concomitant tendency to idealize past situations (Kahana and Kahana 1984; Myerhoff 1978).

Health

Physical Health and Health Behaviors

Jews appear to live longer than non-Jews. Even in the urban slums of the early part of the century, the mortality rates of Jewish immigrants were significantly lower than those of Irish and Italian immigrants as well as those of the native white population. Even in more recent periods, the death rates of Jews have been found to be lower than those of non-Jews in the same socioeconomic class. Jewish longevity may be due to occupations of lower risk and higher social status, more stable family lives, more frequent use of formal health-care services, lower rates of alcohol use, and an ability to mobilize resources in later life (Ward 1971; Dwork 1981; Seidman, Garfinkel, and Craig 1962).

Much of the research on Jewish health behaviors has focused on responses to pain. Jews seem to display a lower "pain threshold," a polite way of saying that Jews complain more, and Jews seem more interested than members of other ethnic groups not only in the relief of the pain but in its cause as well. In this latter respect, Jews resemble white Protestants (Greenblum 1974; Zborowski 1969).

The concerns Jews have about health are legendary. Concern about children is often expressed as concern about their health, and every little symptom seems to assume enormous importance. Even controlling for socioeconomic status, Jews visit doctors much more often than non-Jews and report more symptoms. Illness may be an acceptable way to deal with stress in the Jewish community. Rather than directly expressing his feelings about some matter, the individual may display the "pain and suffering" it causes (Oller 1984; Greenblum 1974; Kahana and Kahana 1984).

The relatively better health of some Jewish elderly does not mean that they are free from diseases that often afflict the aged. In a Detroit study, elderly Jewish males reported more trouble with heart disease and diabetes, and elderly Jewish women had more complaints about asthma and other problems, than elderly non-Jews (Rosenwaike 1986).

Research suggests that more assimilated Jews may display less distinctive health behaviors. This is an interesting hypothesis, since the general American population seems to be becoming more

health conscious and therefore likely to respond to health concerns in ways that have been characteristic of Jews (Greenblum 1974).

The health care of the Jewish elderly is now more dependent on the policies of the federal government than on those of the Jewish community. Some Jewish communities are moving away from the direct provision of medical services through hospitals and other agencies since those are very costly and Jews are not excluded from participation as providers or recipients of services in general institutions. In other communities, while formal services continue to be provided, the Jewish community is providing less financing and relying more on government subsidies. At the same time, several national Jewish organizations are actively lobbying for more federal support of health-care services (Copans 1973).

Mental Health

It is difficult to discuss the mental health of the Jewish elderly in the absence of some general understanding of the psychology of American Jews. For this reason the present section describes the American Jewish community in general, not only the Jewish elderly. Furthermore, it may be read as an introduction to the following section on the Jewish family. Our discussion will be in two parts. First, we will look at issues of clinical psychopathology among the American Jewish elderly, Second, we will take a broader look at the psychodynamics of American Jewish life and the role of the elderly in this model.

Psychopathology and the Jewish Elderly. There has been no comprehensive study of the mental health of the Jewish elderly. For organic mental problems, the only data we have is from a Cleveland study that found some form of cognitive impairment in 21 percent of the Jewish elderly (Kahana and Kahana 1984).

Jews are reported to have lower rates of disorders of advanced age, of psychoses of organic origin, and of profound psychological impairment. At the same time, there are fewer Jews in symptom-free populations, and Jews show higher rates of manic-depressive psychoses and neuroses. These reports must be taken with some reservation because there is no agreement on the definitions of these disorders. Various theoretical paradigms in psychology view the same symptoms in different ways, so we must know more about how these illnesses were defined before we can say for certain that Jews, elderly or not, suffer more or less from any particular disorder (Sanua 1981; Kahana and Kahana 1984; Lewis 1978).

Beyond the issue of definitions, there is a problem in speaking about rates of affective disorders in the Jewish community. Standard psychological tests are often used both to diagnose particular patients and to measure rates of various disorders in a given population. What has not been explored is the role (if any) that cultural background plays in influencing the answers aged respondents give to the questions on these tests. Cultural background, both ethnic and religious, affects the way we see the world and therefore how we describe our place in it. Appropriate and inappropriate behaviors are to a large extent culturally defined, so a scale based on appropriate behavior in one culture may define appropriate behavior in another culture as psychopathological.

The author has examined this issue as it affects one of the most widely used scales to measure psychological well-being in the elderly, the Philadelphia Geriatric Center Morale Scale. The research demonstrated that being Jewish affects the way in which people answer the questions on this scale, with Jews giving a significantly higher number of "low morale" answers than non-Jews. For example, the scale contains the following question: "Do you sometimes worry so much that you cannot sleep?" Jews were significantly more likely than non-Jews to answer yes to this question. This might reflect a cultural value related to complaining or life experiences of greater suffering and misery. The

differences in scores may or may not demonstrate a real difference in affect. Other research has shown that within the same ethnic group (in this case, Mexican Americans), as the generations assimilate the factor structure of the scales can change (A. Glicksman 1987; Liang 1988).

In psychotherapy with elderly Jews, cultural differences must be taken into account. One author who placed pets in the homes of elderly people to improve their mood could not explain why elderly Jews became more depressed. If he had known more about the view of Jewish elderly toward animals he would not have been surprised by the outcome. Spero has provided guidelines to help clinicians distinguish cultural differences from psychological defenses when a stated commitment to Jewish religious values interferes with psychotherapy (Goldmeier 1986; Spero 1986).

Although Jews are often described as being more amenable than non-Jews to psychotherapy, this is not always the case. Elderly Jews are often hesitant to visit a psychotherapist because they think that such specialists are only for "crazy" people. One ethnographer had to be careful not to conduct her meetings with a group of informants at a senior center in the same room used some time before for group therapy by a psychologist, so other members of the senior center would not think that these informants were "crazy" also. Older people sometimes deny symptoms of depression lest they be seen as dependent or needing help. The need to feel independent and in control is ever present among the elderly (Myerhoff 1978; Kahana and Felton 1977).

Most Jews who seek psychotherapy do so because of economic loss. Much of their self-esteem is tied to their work, and economic reversal can upset their psychological state. The weakening of ethnic ties also is related to depression among Jews. This may be due to the strong identification of ethnicity with family that is often a hallmark of Jewish identity. Among homeless men, Jews were in worse psychological state but had higher scores in intelligence tests (Sanua 1981).

The Psychodynamics of American Jewry. Some consistent themes flow through the literature on American Jews in general and on the Jewish elderly in particular. The most important is the constant tension between obligation and independence. The Jewish mother from Eastern Europe saw her child at any age as vulnerable and in need of help. While the author who made that observation also argued that the American-born Jewish mother is more focused on the child's achieving independence, this dichotomy between European-born and American-born mothers may be too simplistic. Whatever the case, the Jewish mother has always been portrayed as overprotective. This desire for a close relationship can conflict with the desire of the Jewish parent for the child to succeed, which often means moving away socially and geographically from the parent. The contradiction is implicit in the bar mitzvah ceremony. The bar mitzvah is now a "man," yet at the age of 13 he is still very dependent on his parents. Even as adults, the children of the elderly continue to represent the future of the elderly parent. Whatever the parents did not accomplish in their lives, the children could. This is a form of delayed gratification. The conflict between the desire for individuality and the obligation to family is not easily resolved (Sanua 1981; Weintraub 1985).

Some elderly Jews may understand that this is the same tension that existed between them and their parents. These conflicts often arose between the Americanized children and their immigrant parents. Individuality is not a traditional Jewish value but one that the generations born in the United States learned from the prevailing culture. The conflicts these feelings cause are rarely expressed directly. It seems a feature of Jewish personality from the distant past that Jews always feel the need to maintain an unusual level of control over their environment. This need is often interpreted as a response to the uneasy situation the Jews lived in during most of the history of the Diaspora, when they felt they had to maintain mastery over some portion of their lives as well as over their manner of expression. In either case Jews are often described as not projecting but internalizing their anger. This quest for control may also help to explain why fewer Jews are

alcoholics, and why those who are alcoholics are often marginal to their families and to the Jewish community. The quest for this type of control has also been seen as an important part of the lives of members of other minority groups. In Protestant culture self-control has also been an important theme, but the emphasis here has been on the control of emotions. The notion that controlling one's emotions is normative and expressing them is pathological derives from the norms of Protestant culture and may be at the core of the general sense that the behavior of many elderly Jews is pathological. Unacceptable behavior in Jewish families is often reproved for its impact on family members, particularly the mother, while Protestants are more likely to focus on the moral issues involved (Kahana and Kahana 1984; Gelfand 1986; Lewis 1978; Klausner 1965; Sanua 1981).

Complaining is a behavior closely identified with the Jewish elderly not only in the popular mind but also in the minds of many professionals who deal with them. It provides a vehicle for demonstrating self-sacrifice and one-upmanship, making points that cannot be made more directly. A parent who feels ambivalent about the fact that her children live far away may express these feelings in an indirect manner. One ethnographer tells of an elderly Jewish woman who called her daughter and "teased" her by saying that this morning she (the mother) put her garbage into the oven and her breakfast into the trash. Guilt can also be used as a method for expressing concern over another's welfare (Myerhoff 1978).

At the same time, a sense of privacy is important to elderly Jews. This feeling provides a bulwark against being overcome by feelings of mutual obligation and interdependence. An ethnography of an apartment house for elderly Jews described the desire of the women living there to meet in common meeting rooms and not in their apartments. Their apartments were their escape from the community, the location of their privacy (Weintraub 1985).

Feelings about group survival are intimately linked with feelings of well-being among the Jewish elderly. This is true because this generation has passed through many pivotal events in recent Jewish history. Many have personal feelings about these events, arising either from their own experiences or those of relatives (Kahana and Kahana 1984; Myerhoff 1978).

Activity

Work

Although the literature suggests that elderly Jews are more likely to be working than elderly non-Jews, this is probably an effect of the type of occupations Jews have followed rather than any greater desire on their part to work after age 65. In 1979 approximately 30 percent of the Jewish aged, more than in the general population, were still working. This reflects the higher proportion of self-employed and professionals among the Jewish aged. Another study found that 26 percent of elderly Jewish men versus 20 percent of elderly non-Jewish men, and 9 percent of elderly Jewish women versus 8 percent of elderly non-Jewish women, were still in the work force (Greenspan 1988; Rosenwaike 1986).

In a study of Jewish elderly, both members and nonmembers of a Jewish community center (JCC), the researcher discovered that those with higher occupational status were more likely to continue to work and to report satisfaction with their jobs. The members of the JCC had felt pressure at work and were glad to retire. They were also more content with their lives. This may be due to the fact that the self-employed Jews who were still working did so because they had to rather than because they wanted to (Guttman 1973).

Some research reports that elderly people want to spend their money on themselves and are not concerned about saving for their children. Continuing to work might provide the funds needed

to maintain a certain standard of living. But status is also part of the motivation for continuing to work. Even if no income is involved, status can be a sufficient motive to continue to work. Being a *ballaboosta*, a traditional Jewish homemaker, can provide self-esteem in old age, just as a profession can (Woolf 1985; Jayanti 1986.).

Volunteer Activity

The Jewish elderly are more frequent users of ethnic services and activities than the non-Jewish elderly. Forty percent (three times the national average) are members of some organization. Elderly Jewish men are also likely to be members of more than one organization. Overall, the aged are more likely to identify as ethnics and to use ethnic services, but this may be a cohort effect. Since ethnic activities often involve volunteer work, it is sometimes difficult to separate volunteer from ethnic activities in old age. Volunteering can assume many forms. Often in synagogues the elderly are the only ones who come to services and form the ritual quorum called a *minyán*. It has also been suggested that the talents of the elderly might be used in other ways, such as in a think-tank capacity for community planning (Climo 1985; Kahana and Kahana 1984; Kart 1987; Hoyt and Babchuck 1981; Greenspan 1988; Opportunities for mutual assistance 1985).

Volunteer activities often provide meaning and purpose for the elderly. For this reason, and also perhaps because women who used to volunteer are now entering the work force, the elderly constitute the highest proportion of volunteers of any age group. The Jewish elderly volunteer more often than the non-Jewish elderly. Many older Jews feel that their organizational activities must have a serious purpose, and leisure activities are difficult for them. In Palm Beach, Florida, for example, 40 percent of elderly Jews volunteer and 61 percent are members of clubs or formal organizations. This high level of activism may reflect a search for community in a region dominated by transplanted individuals (Kahana and Kahana 1984; Federation of Jewish Agencies 1987; Markides and Mindel 1987).

Activities in which elderly persons feel some control and that provide opportunities for achievement, status, and recognition are those to which the elderly are most likely to return. Affiliation with organizations is sometimes tied to self-esteem. However, many Jewish organizations, like many organizations in the general community, continue to use elderly volunteers for drudge work, stuffing envelopes and the like. In this, agency priorities can come into conflict with the needs of the elderly volunteers. When the tasks assigned are repetitive and boring, the elderly volunteers return only to see friends and to socialize. They are seldom the highly committed volunteers many organizations are searching for. This does not mean that opportunities such as stuffing envelopes should not exist. Both for the sake of the agencies and for the sake of those elderly people who need the opportunity to interact but are not up to more demanding tasks, such opportunities should be made available. But a wider variety of volunteer opportunities must be afforded if a broad spectrum of the elderly are to volunteer (Woolf 1985; Guttman 1973; Hoyt and Babchuck 1981).

This view is supported by the study cited above which compared members and nonmembers of a Jewish community center. The JCC members had fewer friends and sought social gratification at the JCC. The nonmembers were more object-oriented, so the loss of family or home was a greater threat to their well-being. They also placed higher value on individual activities, so that incremental impairment of their health was a greater threat to their sense of mastery and well-being than it was to the members of the JCC, who derived satisfaction from simply being with other people. In other words, the more Americanized and successful older Jews were less drawn to the JCC activities. This has important implications for the future (Rosenzweig 1975).

Another study of members of a Jewish center for the elderly found the same differences

between East European- and American-born Jews that were discovered between lower and upper economic strata. This demonstrates the complex interaction between cohort, socioeconomic status, and culture. The programs designed to satisfy the East European-born Jews did not satisfy the American-born Jews. Not only were the American-born Jews more interested in activities focused on personal rather than group issues, but the American-born also preferred programs in which they could be physically active (Guttmann 1973).

The other significant difference between the American-born and East European-born groups was the greater emphasis the East European Jews placed on Jewish activities. Sixty-five percent of the East European-born Jews were interested in Jewish activities -- for example, the celebration of Jewish holidays -- compared to only 32.5 percent of the American-born Jews. This is due in part to the decline in Jewish education among American-born Jews as well as to the more intensively Jewish lives led by the Jews in Eastern Europe.

The differences between American- and East European-born Jews point to the first of two reasons why volunteerism may decline in future years. Just like the body, which must be correctly nurtured from youth to be healthy in old age, traditions such as strong Jewish identity and volunteering must be developed while the person is young to be vital in old age. Bodies change, but personalities do not. If children are taught that personal self-fulfillment is the only goal in life, then behaviors such as service to others are unlikely to emerge as these individuals age. This is also true of Jewish traditions such as *tzedaka* (the commandment to help others).

One demographic change that might also affect the ability of the well elderly to volunteer their time is the more frequent survival of their parents. Already 4 percent of Jews over 65 have living parents, and this number will skyrocket. It is very possible that the lives of the "young old" will be increasingly affected by the impairment of their "old old" parents. Many of the young old will be unavailable for volunteer activity because they will be caring for their own parents (Woolf 1985).

Family Relations, Remarriage, and Friends

One key to understanding the place of the elderly in the Jewish family is the conflict between two value systems. On the one hand, norms of loyalty and closeness create a strong sense of obligation on the part of adult Jewish children to their parents. Jews place more emphasis on kinship ties and norms of filial obligation over the life span than many non-Jewish groups. In Phoenix, Arizona, Jewish residents reported more contact with their parents than non-Jewish residents. Not only were Jews in more frequent contact with their own parents, they even called their mothers-in-law more often than Catholics did. Jews report a higher desire to live near kin than non-Jews. This is especially true when compared to a Protestant population. Families also provide more social support than friends, which might explain the paucity of literature concerning friendships among the Jewish elderly. However, since young Jews today marry later and thus spend longer periods with friends rather than family members as confidants, this situation may change (Rosenthal 1984; Woehrer 1978).

Family is especially important for elderly Jewish women, since it is their principal source of support and social activity. Jews are more likely to consider themselves successful when they are happily married; marital troubles and divorce cause greater loss of self-esteem among Jews than among non-Jews. Length of marriage is also a source of self-esteem; differential patterns in rates of marriage, number of children, and incidence of divorce may be promoted by the effect among Jews of marital status on self-esteem. The rise of rates of divorce and separation among Jews toward national norms may indicate the weakening hold of ethnic tradition on younger generations. Nevertheless, since strong family ties seem "natural" to most Jews and not particularly "Jewish," they

are likely to be retained after more obvious ethnic attitudes and behaviors have been discarded (Jayanti 1986; Fishman 1988; Brodbar-Nemzer 1986). The value attached to close familial ties conflicts with the equally important value attached to occupational success. Success in America means mobility, both socioeconomic and geographic, and this can create strain between generations. In Jewish families, orientation toward high achievement correlates with high levels of family conflict. Conflict of this sort is not new for the American Jewish family, having originated in the immigrant generation if not earlier. Much of the success of many American Jews, especially the children of immigrants, can be traced directly to their parents' support, moral and financial, and their encouragement to be mobile in every sense of the term. At the same time, success on the part of the children fosters family conflict. This is often the case because the parents see their relationship with their children as a partnership in which there is an expectation of *mutual* support -- the parents help set their children up in life and the children take care of the parents in their old age. And, indeed, the vast majority of the Jewish elderly, as is true of the elderly in general, are not abandoned by their children but are cared for and receive various types of support (Radetsky, Handelsman, and Browne 1984; Kahana and Kahana 1984).

Another key to understanding the dynamics of the Jewish family is the desire for autonomy and privacy on the part of both the aging parents and the adult children. The literature indicates that while elderly parents and their adult children prefer to live near one another, they do not want to live together. Autonomy is intimately associated with privacy, as the loss of one is usually accompanied by the loss of the other. In a Los Angeles study, only 14 percent of elderly Jewish widows lived with their adult daughters. The desire of most elderly is to live independently but in a reciprocal family bond (Rosenthal 1984; Weintraub 1985; Huberman 1984; Climo 1985).

In a Canadian study, a majority of Jewish respondents but a minority of white Protestant respondents believed that adult children were responsible for the care of the elderly, that children should have legal responsibility for their impaired parents, that children should have close contact with their parents, and that children should not move far away from their parents. (Only a minority of Jews agreed with this last point, but still more than the white Protestants.) In the same study, Jews reported more frequent phone contact with their parents than non-Jews. However, Jews did not report that they felt closer to their parents than the non-Jews did. The elderly Jewish women did not report feeling emotionally closer to their children than the non-Jewish sample did. Elderly Jews often feel a mixture of pride and grief over children who move far away. This may be because of the physical distance between the parents and their adult children or because they see themselves as deviating from the norms they espouse and this causes feelings of guilt and distress. The Jewish elderly in this sample also showed greater idealization of family relations than the non-Jewish elderly. This can lead to greater disappointment in family relations (Rosenthal 1984).

Similar findings are reported in other studies. Researchers who interviewed elderly Poles and Jews report that the Poles did not want to talk about sex and income, while the Jews did not want to talk about their children, probably because of the ambivalent feelings they had about their children's success and physical absence. Another study reports that Jewish teenagers did not find helping their parents satisfying because they did not feel they could ever do enough to satisfy their parents. In both cases, the idealization of family life interferes with the ability of the Jewish respondents to deal with the reality of their family lives (Kahana and Felton 1977; Radetsky, Handelsman, and Brown 1984).

An examination of marital relations among Jews and non-Jews concluded that American Jewish distinctiveness was not manifested in differences in levels of marital satisfaction but in the consequences of these differing levels of satisfaction. The author argues that nurturance is the central organizing feature of Jewish family life. Supportive marital relationships are described as having greater impact on the self-esteem of Jews than of Protestants or Catholics. Negative feelings



about one's marriage have an impact for two reasons: first, the spouse cannot be supportive and, second, they imply that the marriage is not stable. If family relations are so critical for the psychological well-being of Jewish adults, than the scattering of their children must have a profound effect on the Jewish elderly (Brodbar-Nemzer 1986).

The best predictor of a positive relationship between elderly parents and their adult children is a positive relationship between them over the life span. A positive relationship with elderly parents may lead adult children to positive feelings about the elderly in general more effectively than any educational program. However, for this to have the desired impact, the children must see the older person in a valued role (such as an authority figure of some sort) and not just in an impaired state in a nursing home (Rosenthal 1984; Hantman 1985; Isaacs 1986).

Sometimes contact between grandchildren and their aging grandparents becomes more frequent because of divorce. In these cases the grandparents often attempt to help out the recently divorced spouse (usually the daughter). Often the grandparents will provide their child with financial help until she (or he) is "back on her feet." Because of the rising divorce rate, more money passes from aging parents to their adult children than the other way around (Woolf 1985).

In the United States, with many competing ethnic groups and a pervasive national culture, grandparents can buttress cultural norms in the family. This can be difficult, however, if the grandparents are immigrants, since the radically different life experiences can cause a great deal of alienation between immigrants and their children. There is much less alienation between American-born generations because of their shared life experiences. At the same time, it is often the immigrants who have the most to offer in terms of Jewish experience and values (Hantman 1985; Kahana and Kahana 1984).

It is also true that multigenerational activity is less common in the United States since American Jews are less likely to live in multigenerational households. There are several possible reasons for this situation. While it has been suggested that the greater availability of affordable housing in the United States is the key reason, the availability of such housing probably acts to allow a very important cultural value, independence, to express itself. Multigenerational activities have become important in the transmission of culture in the American Jewish community. For example, one project that has been attempted is bringing language students from local colleges to the homes of elderly Jews to learn Yiddish as a spoken language (Hantman 1985).

In recent years, much of the research done in gerontology has focused on the lives and the psychological well-being of caregivers for the impaired elderly. This research has taken a broad focus, examining such issues as who takes the role of caregiver, the effects of caregiving on the caregiver and the caregiver's family, the value of respite services (those services designed to provide outside help for the impaired person so that the caregiver would have time for other activities), and the differences between caring for a physically impaired older person and caring for a mentally impaired older person. Some of the most interesting work has focused on myths about caregiving, including the oft-repeated (and untrue) statement that in "olden days" the norm was a three-generation household where more and better care was provided (Brody 1985).

The truth is that families today provide *more* care than in generations past and provide it for longer periods during more devastating illnesses. Many individuals who today survive for years, and even decades, in a state of increasing impairment would in other times have died soon after the impairment began. The ability to maintain, but not improve, the physical state of many impaired elderly has created the first elderly generation to remain alive at this level of impairment. The need for caregivers for the impaired elderly will increase during the coming years (Climo 1985).

There has been little study of differences among caregivers based on cultural background. Some information suggests differences between Jewish and non-Jewish caregivers. Comparing Irish and Italian daughters with Jewish daughters who were caring for their mothers/mothers-in-law, Brody discovered that while the Irish and Italian mothers expected their daughters to provide personal-grooming services, the Jewish mothers placed their daughters and daughters-in-law last on the list of desired providers of personal-grooming services. Two possible explanations can be offered for this phenomenon. First, the Jewish mothers want to perceive their daughters as successful, and personal grooming might contradict that image. Second, the privacy that is very important to elderly Jews is violated more tangibly by having such services provided by a relative rather than by a paid stranger. This author discovered through a secondary analysis of data from two research projects concerned with caregivers that Jewish caregivers are more likely to use formal services than non-Jews. This relationship exists even when controlling for income. One explanation is that Judaism has never assigned the same redemptive value to suffering that Christianity has. Some Christian caregivers believe that the burden of caring for an impaired relative is a test of their faith. Such an attitude is alien to Jewish thought. While some Jewish caregivers may ask what they did to deserve their fate, such a comment must be understood more as a complaint than as a question deserving an answer (Brody 1980; A. Glicksman 1989).

Special Populations

The Jewish elderly are not a monolithic group. Aside from some of the subgroups already mentioned, such as the foreign-born and those in need of care, there are three other groups that deserve special treatment, each of which may increase in numbers during the coming years: (1) elderly Holocaust survivors; (2) elderly recent immigrants from the Soviet Union; and (3) the institutionalized Jewish elderly. These, of course, are not the only special populations among the current or future generations of Jewish elderly. Elderly Sephardim are a separate population, and within the Sephardi population there are such subgroups as Turkish and Syrian Jews. The American Jewish community will eventually have to deal with aging Israelis who have lived in the United States for many years. Other questions that will become important in coming years concern the non-Jewish spouses of elderly Jews and individuals who are considered to be Jewish through patrilineal descent by the Reform and Reconstructionist movements but not by the Conservative and Orthodox movements. Thus increasing numbers of Jewish elderly come from nontraditional backgrounds at the same time that Jewish communal life is becoming increasingly dominated by traditional elements of the community.

Holocaust survivors bring with them into old age memories of the terrible experiences they endured in Europe. This may bring special psychological problems, especially when institutionalization is required. Survivors often cannot tolerate being placed in an institution because of their memories of the concentration camps.

As long as Soviet Jews were classified as refugees, they were entitled to government benefits after age 65 as if they had spent their working lives in the United States. If new arrivals from the Soviet Union are classified as immigrants, they are not entitled to this federal support. In that case, the full burden of caring for those who come at age 65 and older will fall on the Jewish community. Accustomed to total state services in the USSR, Soviet Jews may expect Jewish institutions to provide for needs not normally covered by communal organizations (Gelfand 1986).

The largest of the three special populations considered here is the institutionalized Jewish elderly. By one estimate, Jewish elderly are institutionalized at one and a half times the national rate, 8 percent for the Jewish elderly compared to 5 percent nationwide. A study done in 1979 in which the use of Yiddish at home served to identify Jews estimated the percent of Jewish elderly in institutions at 6 percent. A 1990 study estimated 7 percent. There is general agreement that

proportionally more Jewish than non-Jewish elderly are institutionalized (Kahana and Kahana 1984; Rosenwaike 1986; Scheckner 1990).

There are several possible reasons for this situation. First, Jewish nursing homes usually have better reputations and are better known in the community. They are often larger, more centralized, and community-sponsored. This may give some families the sense that the home will provide better care. There may also be more trust because of the ethnic bond, but if so it is not clear how strong such a bond will be in the future. Second, as mentioned before, Jews are more likely than non-Jews to use formal services, and nursing homes and other residential institutions may be seen as parts of the formal service network. Third, if Jews do live longer than non-Jews then it would be natural that Jews institutionalize their elderly at higher rates since the "old old" are institutionalized at a higher rate than the "young old." Fourth, the urban elderly are institutionalized at a higher rate than the rural elderly because of the greater availability of institutions. Since virtually all the Jewish elderly are urban, perhaps this also has an effect. Finally, if Jews are more likely to live greater distances from aged parents than non-Jews, then it is harder for those children to care for their parents. The children may be placing their parents into homes in the communities where the parents reside rather than in the communities where the children live.

Although Jews account for only 4.2 percent of nursing-home residents in the United States, the institutionalized Jewish elderly are actually more important than their relatively small proportion of the institutionalized elderly may indicate. Many Jewish nursing homes sponsor research departments, and some of the most significant work on the institutionalized elderly is done in these departments. A recent survey of ten nursing-home research departments found that eight were Jewish-sponsored; the question why this is so is never asked. Therefore, much of what we think we know about the institutionalized elderly in the United States is really what we know about the institutionalized *Jewish* elderly. There are at present no studies that attempt to compare research results from Jewish and non-Jewish homes to see if there are any significant differences between populations that may be explained by cultural and social differences (Rosenwaike 1986; Cohen-Mansfield et al. 1990; Hantman 1985).

Nursing-home residence is as unpopular among the Jewish elderly as it is among the non-Jewish elderly and for the same reasons. Often the elderly fear that admission to a nursing home means abandonment by the family. Many institutionalized Jewish elderly are not in Jewish-sponsored institutions. It is not clear whether this is by choice or whether the Jewish community is failing to provide facilities for this group (Balter 1987; Kahana and Kahana 1984; Hantman 1985).

One indication that most Jewish elderly who are in non-Jewish homes are not there by choice is that those who have the cognitive and financial resources to decide between different homes usually prefer to be in Jewish-sponsored nursing homes. The Jewish atmosphere provides an added sense of security. In one study, 66 percent of institutionalized Jewish elderly preferred a Jewish staff. However, 90 percent of the staff in Jewish nursing homes are not Jewish. Many of these staff members, especially among the lower-paid aides who provide direct services to the residents, are black and Hispanic. Conflict between Jewish nursing-home residents and black and Hispanic staff is not uncommon (Hantman 1985; Role of Jewish auspices 1985; Kahana and Kahana 1984; Severo 1983).

It should also be noted that more acculturated Jews usually do better in nursing homes, perhaps because they are more used to dealing with large institutions (Kahana and Kahana 1984).

Jewish Communal Life and the Jewish Elderly

The Aging of Jewish Ethnicity

Jewish identity is a complex mix of familial, ethnic, and religious dimensions. Which one provides the primary definition for being a Jew has usually depended on the time and place the question is asked. In Eastern Europe before the Second World War, the Jews were considered a national minority. Immigrants from Central and Eastern Europe established a variety of institutions in the United States, from the B'nai B'rith to the Workmen's Circle, that regarded Jewishness either implicitly or explicitly as an ethnic identity (Kart 1987).

Jewish identity in the United States has been moving toward a more exclusively religious definition of Jewishness. This can be seen in the fact that the two institutions in American Jewish life that are doing relatively well are the synagogues and federations, both locally based and filling traditional religious roles of prayer and/or charity. Organizations founded on ethnicity are declining in membership, including those that were never based in the Yiddish-speaking East European immigrant community. In fact, the Yiddish-speaking organizations of the ultra-Orthodox are experiencing a renaissance due to the large numbers of children in this segment of the Jewish community and their desire to maintain their separation from the general community and from the Zionist movement (Elazar 1980).

The transformation of the nature of Jewish identity has already brought changes in the structure of the Jewish community. Many Yiddish newspapers have ceased publication or have diminished their frequency. In response to declining membership, B'nai B'rith began to accept women in its lodges. It is probable that other Jewish organizations are experiencing the same problems. These changes have several implications. First, the histories of these organizations must be preserved. Second, the social services they provided must be continued in some manner. Third, as new generations of Jewish elderly understand the meaning of Jewishness in different ways, the manner in which they wish to express their Jewish identity will change. Fourth, the relations of future generations of American Jews to other Jews in the Diaspora, especially to Jews living in Israel, could be profoundly affected by the disappearance of organizations that emphasized the ethnic/national elements of Jewish identity over religious commitment. All these issues must be considered in planning for the next generation of Jewish elderly.

The Jewish Elderly and Religious Activity

The study of the influence of Jewish religion and culture on the lives of the Jewish elderly is complicated by the problem of measuring Jewish identity. How "Jewish" does one have to be in order for Jewish identity to be an important part of how one ages? Must a person consciously affiliate with the Jewish community in old age for his or her Jewish upbringing to have an impact in these years? In one study, only 15 percent of elderly Jewish respondents said that being Jewish affected how they aged. This question has been less important until now because the majority of the current generation of Jewish elderly grew up in at least nominally observant homes in the United States or Europe. It will become more important with the appearance of new generations of Jewish elderly who grew up in less observant homes. The reason is that one's Jewish identity is formed in the period of early socialization. One need not be consciously aware of what attitudes derive from the Jewish tradition for those attitudes to play a significant part in one's life. But if those attitudes were never imparted to the individual while he or she was young, they will play no part in their lives as they age (Rosenthal 1984).

Much of the gerontological work on religious identity has used explicitly Christian models for measuring religiousness. For two reasons these models are inappropriate for measuring Jewish

identity even when explicitly Christian references are removed. First, most scales currently emphasize belief over behavior whereas Judaism, more so than Protestant Christianity, emphasizes behavior over belief. Second, for some Jewish elderly their very profound Jewish identity is based on a cultural, ethnic, or national understanding of Jewishness and not on a religious one. In Jewish studies research, some of the same problems exist because Jewishness is often measured by ritual behavior and organizational affiliation, criteria inappropriate for an elderly population where income and impairment may be serious barriers to both activities (Kart 1987).

Religious/cultural identity can be a source of strength as well as of problems of old age. Religion may reduce anxiety by providing a sense of comfort and connection to the past. It is true that the "old old" do not observe as many rituals as younger cohorts, but this may be a function of age and impairment. Many elderly Jews, although never very religious, venerate cultural and historical ties, and these can have the same impact as religious symbols. Those possessing knowledge of Jewish history and ritual enjoy special status (Kart 1987; Kahana and Kahana 1984; Federation of Jewish Agencies 1987; Myerhoff 1978; Jayanti 1986).

Although much of the experience of older Jews today is unique because of the events of the recent past, much of what can be said about the beneficial value of Jewish identity in old age can be said with little modification about the value of religious-cultural identity in general for older persons. For example, traditional Judaism ascribes a special status to the aged. Orthodox elderly especially enjoy high status in the family and community. The same can be said for the elderly in many (but by no means all) religious traditions (Kahana and Kahana 1984; Jayanti 1986).

Judaism can provide meaning even when the elderly person becomes somewhat impaired. While working in a nursing home, one rabbi demonstrated that some *mitzvot* (commandments), such as being counted for a *minyan* (ritual quorum), can be observed even by residents with significant physical and mental impairment. Ritual in this case allows people with some impairment to participate in the life of the community. The same rabbi modified the service marking the new moon to enhance the participation of women, who constitute a majority of nursing-home residents (Friedman 1987; Hazan 1984; Myerhoff 1978).

Jewishness can link the elderly to past, present, and future. The rituals of religion, some of which may not have been practiced for decades, can be used by the elderly to forge a link with a time past when parents, relatives, and friends now dead were alive. A study of Jewish widows aged 70-92 residing in senior citizens' apartments in upstate New York found that each woman wanted to light her own Hanukkah menorah rather than participate in a communal candle lighting. For these women, lighting the menorah was an act linking them to the past. The women seemed ambivalent about religious services. Attending Orthodox services seemed too painful because of early memories these services brought back. On the other hand, they felt alienated from the Reform services broadcast over the radio because they were so unlike the services they remembered as children. Many of their best memories were related to food and family gatherings. In a study of patients on an experimental hospital ward, Fox reports that Jewish and Italian patients mentioned food as the thing they missed most (Weintraub 1985; Fox 1959).

Participation in religious as in other groups can enhance social status and recognition, preserving the elderly person's sense of self-worth. Religious identity also provides a future orientation when the elderly person is aware that he or she is passing on an ancient culture -- including its language and literature as well as its religious tradition -- to a new generation (Jayanti 1986; Wiley 1986; Kahana and Kahana 1984).

Jewishness can help the elderly cope with major problems of old age. One rabbi examined the manner in which a congregation of elderly Jews modified and amplified the ritual of the *mi-she-*

berakh-le'holeh prayer for the sick recited during the reading from the Torah on the Sabbath morning. The congregants used the opportunity to talk about the individuals who were ill, thereby maintaining social contact and disseminating information concerning those present and not present. At the same time, the recitation of the prayer often elicited comments on how the congregants felt about illness and death and their ambivalence -- sharpened by the American liberal ethos -- about the efficacy of the prayer (G. Glicksman 1987, 1988).

Jewishness can serve as a coping strategy in old age only if the individual was socialized at an early age to a strong Jewish identity. Jews who seem to turn to Judaism after a life with minimal contact with the Jewish community often experienced powerful Jewish influences as children. Chronological age is much less important than cohort, socioeconomic status, and gender in determining whether a given individual will participate in Jewish life in old age (Jayanti 1986; Kart 1987; Braun and Bengtson 1972; Kalish and Creedon 1986).

A strong Jewish identity, however, is not always a buttress against the problems of old age. If children and grandchildren are highly assimilated or intermarried, a strong sense of Jewish identity can cause pain and rifts among the three generations. This again is part of the struggle to balance both Jewish and American values (Weintraub 1985; Frances 1984).

Philanthropy

While the "old old" give less to federation campaigns, overall the elderly contribute in higher proportion than younger populations. In New York, as cited above, 64 percent of the elderly gave to a federation campaign. The data suggest that a higher proportion of elderly give because a higher proportion are asked -- more elderly are reached through the federation campaign. Even if this is the case, and the elderly are not simply giving in greater numbers, it still leaves the question of why the elderly are easier to reach. Are they more involved with Jewish organizations so that they are easier to locate? Again, we may be looking at a cohort effect -- the elderly give not because they are old but because of their life experience. If this is the case, even if the next generation of elderly have more disposable income, they may not donate as much to federations or other Jewish causes (Federation of Jewish Agencies 1987; Silberstein et al. 1987).

One trend that has not received much attention is the movement among residents of some retirement communities, often affluent people, to leave some of their estate to their neighbors in those communities rather than to organizations. While this may not yet be a widespread trend, it does point to a movement toward rewarding individuals who have been personally significant in the lives of these elderly people rather than to national charities that do not directly benefit the survivors of the deceased (Rosenfeld 1979).

Communal Responses to the Jewish Elderly

The Jewish community has been a leader in creating innovative services for the elderly. While there have been problems with individual agencies and particular situations, overall the community can be proud of its accomplishments (Kahana and Kahana 1984).

Some types of service for the elderly are available in all organized Jewish communities in North America. The Jewish elderly and their families in turn often expect services for the elderly to be provided by the Jewish community -- particularly those that are the most "home-like," such as in-home services and institutional residence. The range of services offered by a Jewish community is determined by the size of the community, the availability of nonsectarian and governmental services, and the quality of those services. The larger the community, and the poorer the quality of the non-Jewish services, the more the Jewish community is called upon to provide services for

its elderly. In 74.4 percent of North American communities, the Jewish elderly rely more on sectarian than on nonsectarian services (Federation of Jewish Agencies 1987; Habib 1985).

The primary providers of services to the noninstitutionalized Jewish elderly are the Jewish community centers (JCCs) and Jewish family-service agencies. About 20 percent of the people served by JCCs are elderly Jews. Some synagogues have begun to examine ways to better integrate elderly congregants in the life of the congregation as well as to serve as a conduit to other social services for the elderly (Greenspan 1988).

Home-like and residential services are the costliest of all services provided for the aged. There have been attempts to increase in-home services, costly in themselves, to decrease the need for residential services. There are two basic types of residential services: community-sponsored housing and nursing homes. These two types of housing must be evaluated separately because of the vast differences in financing and regulation as well as the general level of functioning of the residents.

There are 110 nursing homes in the National Association of Jewish Homes for the Aged, with approximately 15,000 beds. Many of these homes have long waiting lists. However, the majority of Jews in nursing homes are probably not in homes sponsored by the Jewish community. Funding for nursing homes comes from the families themselves, the Jewish federations, and from the federal government through Medicare and from state governments through Medicaid and similar programs. Medicare pays for nursing-home residents who meet certain strict requirements concerning need for skilled medical services. Medicaid pays for residents who have no money to pay for themselves. Changes in federal policy for financing health care, especially for the elderly, as well as state policies toward the poor will have profound effects on the ability of nonprofit Jewish nursing homes to provide care (Greenspan 1988).

There are also apartments and other types of community-sponsored housing for the elderly. The development of more such housing has been a major concern of the Jewish community for some years. There is a large demand, especially from low- and moderate-income elderly. For such building to occur on the scale needed, the federal government would have to make a major commitment to financing housing for the low- and middle-income elderly. Financing could include the guaranteeing of mortgages as well as subsidizing the building of new housing and the renovation of older housing. While such programs exist today, they are woefully underfunded and cannot meet current needs. Jewish communal policy in this area should continue to be oriented toward encouraging more federal spending on populations in need, including the elderly and the poor.

Of apartments and other types of community-sponsored housing for the elderly, the most successful are those that provide support services and a sense of security and control over the environment for the elderly residents. A national survey of Jewish institutions housing the elderly has been suggested to find out how the Jewish elderly are being served (Varady 1987; Gildin 1985; Kurland 1987; Kosmin and Scheckner 1987).

As of 1985, 93 percent of North American Jewish communities offered volunteer opportunities, 74 percent offered intergenerational services, and 55 percent offered employment services. In that year, 88 percent planned to expand services, notably in the area of transportation. However, the continuing assimilation of the American Jewish community will probably lead to increasing use of nonsectarian services (Habib 1985; Kahana and Kahana 1984).

Most services are not means based; 88 percent of North American Jewish agencies expect the elderly to contribute in some way, and 62 percent expect the family to help out. Other financing comes from federal and state governments through Medicare, Medicaid, Area Agencies on Aging, and other programs. In addition, United Way and other nonsectarian funds are often used to

support Jewish communal services for the elderly. Services paid for by nonsectarian or government funds must be made available regardless of religion (Habib 1985).

Many elderly people needing social services, including those who need them most -- the poor, the sick, those without family supports -- fail to receive help because they are unable to deal effectively with the system. In Los Angeles, only 14 percent of the people in need are being served. The higher the educational level of the elderly (or their grown children), the more likely they are to obtain needed services. Communities must be more aggressive in outreach. The service model that requires the client to ask for help is counterproductive with the elderly. Some Jewish elderly actually resist going to a Jewish agency for certain types of services, particularly financial assistance (Federation of Jewish Agencies 1987; Olitzky 1986; Huberman 1984).

Some 39 percent of communities report difficulty staffing services for the elderly. To some extent this is part of the general problem of attracting social workers to provide direct services. Successful careers are made by fund-raising, case management, and information and referral services rather than through providing direct services to clients. A "Jewish" attitude toward social service would stress the importance of direct services and would reward the providers accordingly. Today -- at schools of Jewish communal service and in in-service training in Federations and other Jewish communal agencies -- service providers are receiving training in Jewish values, which is reflected in the enhanced Jewish content of many of the services and programs provided by Jewish agencies. A problem arises when such services are subsidized by nonsectarian and government agencies, which require that services be open to all regardless of religion. There have already been statements to the effect that agencies receiving such funds should devote certain proportions to serving the minority aged. (In this context Jews are not counted as a minority.) Should such views be enacted into law, the "Jewish" quality of Jewish communal services for the elderly would become problematic (Bubis 1986; Habib 1985).

Nationally, a number of Jewish organizations have become involved in serving the Jewish elderly. The Council of Jewish Federations has taken a leading role in the coordination and dissemination of knowledge about services for the aged. The Association of Jewish Family and Children's Agencies is coordinating a national Elder Support Network to provide services for aged parents whose children live in another community. The American Jewish Committee has been working to develop a coordinated family policy that will include recommendations concerning the Jewish elderly and held a conference on the subject in 1989 (Opportunities for mutual assistance 1985; Greenspan 1988; Federation of Jewish Agencies 1987; Aging parent 1980).

Despite this increased concern, serious problems remain. Many of these involve the issues of financing services for the Jewish elderly and the importance attached to this need relative to others in the Jewish community.

Are the Jewish Elderly Different?

This review points to two conclusions: first, there are significant differences between the Jewish and non-Jewish elderly; second, these differences lie not in the types of problems encountered by the elderly but in their responses to them. Illness, loss of friends and relatives, the high costs of medical services are problems common to all elderly persons, regardless of religion, race, or ethnicity. But the manner in which individual, family, and communal resources are mobilized differs significantly between Jewish and non-Jewish elderly. Patterns of family life and expectations, as well as traditions of communal care, make Jewish responses to aging distinctive. Of course, other dimensions of aging may be more determinative of some aspects of the lives of individual Jews. Gender, socioeconomic status, and above all physical and emotional health have always been

understood to be the main determinants of the quality of the lives of elderly people. But, as we have seen, being Jewish affects even these dimensions.

The study of the Jewish elderly is now sometimes subsumed within a larger field, the study of the "Euro-American" elderly. This new ethnic conglomerate, comprising the descendants of European immigrants to the United States, has begun to receive special attention in counseling and other areas. There have already been conferences about this group. While one might ask if this diverse group shares anything more than geographic origin and skin color, the designation at least recognizes that "white" is not an ethnic group. At the same time, we must be careful that it does not become a substitute for "white," obscuring the varied cultural and religious traditions of this population (Hayes, Kalish, and Guttman 1986).

Conclusions

Trends for the Future

Current trends within the American Jewish community will increasingly affect new cohorts of the elderly. As the current middle-aged generation enters old age, fewer elderly Jews will define themselves as Orthodox. Late marriages will mean that more younger Jews will have elderly parents and that these younger Jews will be setting up house just as their parents begin to need care. Communities will age, and the time may come when UJA funds will have to be sent to other communities to help support their services for the elderly. This will be especially difficult for young communities that are just beginning to establish their own institutions (Tobin, Ellor, and Anderson-Ray 1986; Fishman 1988; Kosmin, Ritterband, and Scheckner 1987).

Generational change in the aged will change the demands placed on the community. It is possible that as generations accustomed to formal services age, they will expect more formal services and place fewer demands on the family. Moreover, as norms for "successful aging" become more widely accepted in the general population, anxieties may be raised as to whether a particular older person is "aging properly," and a new set of demands may arise. Elderly people may be expected to be fit and alert when that is no longer possible. On the other hand, the well elderly may want preretirement counseling, employment services, and recreational and social services that are not now provided by Jewish communal agencies.

Finally, the elderly Jew in the future will think more in terms of his or her own fate and less in terms of the fate of the Jewish people as a whole. The consequences for the aged person and for the community as a whole will be significant.

Policy Recommendations

Communal policy toward the Jewish aged must be based on traditional Jewish values and current research in gerontology. We must understand that Jewish values cannot always be reconciled with fashionable ideas about "quality of life."

Concern about the aged must begin with the very young. Respect for the elderly must be taught at all levels of formal Jewish education. The value of direct work with the elderly should be stressed in schools of Jewish communal service. Communal institutions should recognize that value by rewarding it in material ways.

What is being learned in gerontology must be applied by Jewish communal agencies in articulating a comprehensive policy toward the Jewish family. How do the needs of the elderly relate to the needs of children, working mothers, single parents, and other members of the American

Jewish community? Only by placing the elderly into the broad picture of the Jewish family in the United States will we be able to serve them and enlist them as a communal resource. At the same time, agencies must realize that some of the problems of the elderly are different from those of other sectors of the community, and that even when the problems seem to be the same, the solutions will be different. For example, poverty in the elderly must be dealt with differently than in younger age groups. In some cases, employment may be useful for the elderly poor, but it cannot replace direct grants. Further, many of the issues that have confronted the Jewish community in the past two decades, such as the democratization of decision-making and the "Jewishness" of services, will also confront the providers of services to the elderly population. It is very possible that people who were not users of Jewish services in their younger years will begin to use them now, and at the same time will resent being forced to observe religious restrictions, such as *kashrut*. While those elderly with limited resources may be forced to accept whatever the community offers, those with more resources may not be willing to participate in community programs.

Jewish communal institutions should also serve as conduits of information about the concerns of the elderly to the population at large. What special services are available? Are new proposals -- for example, reversible mortgages, which give elderly people money now based on the value of their homes -- beneficial? There must also be more exchange of information among agencies. In New York City, Project Ezra has been working for many years with the city's poor, including the elderly. Can such a program succeed in other communities? What about coalition building with non-Jewish agencies and organizations concerned with the elderly?

We are now beginning to understand the stress on adult children who must care for their aging parents and still work. Employment policies such as flexible hours and leave time to care for parents offered by Jewish agencies would not only maintain the reputation of Jewish agencies as leaders in developing services for the elderly but would confirm their commitment to traditional Jewish values.

Areas in Need of Further Research

Research is needed on the younger generations of Jewish elderly. As certain benchmarks are passed, such as a significant decline in the proportion of first-generation American Jews among the elderly, we can expect changes in the attitudes and life-styles of the Jewish elderly. These changes will affect all service areas.

Other developments must also be studied, such as the movement of well Jewish elderly to retirement communities far from their children. Are these Jews isolating themselves from their families and communities? What is the effect of this trend on the Jewish community?

For the elderly in need of services, an honest appraisal of which services the Jewish community can provide and how it uses nonsectarian and government funds must form the basis for future planning. A national survey of Jewish institutions that house the elderly is needed. In addition, more attention must be paid to the psychological status of the Jewish elderly.

We must also learn more about the people who provide service to the elderly. On an unconscious level, interaction with the elderly often reminds the younger service provider of his or her own parents. Thus sometimes the problems professionals face in dealing with the issue of sexuality in the elderly come from their own anxiety concerning the sexuality of their parents. Sometimes medical care is withheld by physicians because the patient is "so old." We must understand our own motivations as providers of services to the elderly in order to better serve them.

We must make sure that professionals are trained in both clinical and academic specialties to understand the special needs of the Jewish elderly. While there are many outstanding experts on

American Jewish life and on the lives of elderly people, few can claim expertise in both areas. The study of the Jewish elderly must be placed in the context of both the American Jewish community and the aged in the United States to understand the various dimensions of what it means to be an elderly Jew in America. It is especially important that the study of the Jewish elderly not remain the province of one academic discipline or one methodology. Just as it is important to continue demographic studies, so psychological, ethnographic, and other methodologies must be used to complete the picture of the American Jewish elderly of the American Jewish community as a whole.

"With Our Young and With Our Old"

When Moses stood before Pharaoh and demanded that the Children of Israel be allowed to leave Egypt, he said: "With our young and with our old we will go" (Exodus 10:9). In doing so, Moses was not simply taking responsibility for those members of the community who could not care for themselves. He saw that the community was a single entity -- the young were its future, the old were the repositories of its wisdom.

This paper has attempted to bring together what is currently known about the Jewish elderly from academic and planning research and, in doing so, to be faithful to Moses' exhortation. It is the author's hope that community planners, academicians, rabbis, social workers, and clinicians will find this material informative, useful, and provocative.

Sources for Further Study

Certainly the best place to begin a study of the literature on the Jewish elderly is to examine the bibliographies of the sources cited in this document. Annotated bibliographies on aging in the Jewish world are *Bibliography on Aging in the Jewish World* (Jerusalem: Brookdale, 1987) and D. Guttmann, *Jewish Elderly in the English-Speaking Countries* (Westport, Conn.: Greenwood Press, 1988). An excellent series of publications from the 1985 Conference on Aging in the Jewish World has been published by the International Coordinating Council on Aging in the Jewish World at the Brookdale Center in Jerusalem. The Council also publishes *Kesher*, a newsletter to keep people throughout the world in contact with what is happening in the area of the Jewish elderly. Of the articles available on the Jewish elderly, most come from the *Journal of Aging and Judaism*, the *Journal of Jewish Communal Service*, the *Journal of Gerontology: Social Science*, and the *Journal of Gerontology: Psychological Science*.

The Interuniversity Consortium for Political and Social Research (ICPSR) in Ann Arbor, Michigan, holds a major collection of data sets on the elderly, and the North American Jewish Data Bank in New York has an excellent collection of data from Jewish communities in the United States and Canada.

Expertise on these issues can be found through the Planning Department of the Council of Jewish Federations, the Gerontological Society of America, the Society for the Social Scientific Study of Jewry, and the Association for Jewish Studies.

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