Abstracts

Sociology and Social Policy

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Armstrong, D. Pathological life and death medical: spatialization and geriatrics, *Social Science and Medicine*, 15A, 1981, 253–257.

This article, although it is perhaps not entirely clear from the title, is about the development of geriatrics as a separate medical discipline. In his introduction Armstrong compares the growth of paediatrics and geriatrics and shows that whereas paediatrics is a universally established thriving discipline which is popular among young doctors, geriatrics has failed to obtain universal recognition or enthusiasm from its parent discipline of clinical medicine.

Armstrong suggests explanations for these different developments in the essentially similar disciplines of paediatrics and geriatrics. A focus on growth and development in paediatrics and on ageing in geriatrics appear to be comparable perspectives since both involve a temporal element in the way that the medical problems of patients are defined. However, whereas pathology among children corresponds to a social definition of abnormal, pathology, in the elderly may be defined as normal. By drawing on theories from both clinical medicine and gerontology geriatrics was able to offer two alternative explanations of the ageing process: pathology and ageing.

In order for geriatrics to establish itself as a distinct discipline it had to accommodate these conflicting perspectives. One approach was to search for a universally acceptable definition of normality. From a medical perspective a more fruitful approach was to re-emphasise the pre-eminence of the pathological model. Specific methods of diagnosis and treatment, rather than age, became the criterion for defining geriatrics. But given these cognitive elements can it then be a separate discipline from general medicine?

By ignoring age a geriatrician's work could be framed in terms of chronicity. Thus organizationally geriatrics became synomous with the chronic sick and geriatricians developed methods of diagnosis and treatment consistent with a pathological perspective. The result, of course, was a constant ambivalence of both general physicians and geriatricians towards one another.

Armstrong suggests that these cognitive and organizational elements might in Foucault's language[1] be termed aspects of medical spatialization. Foucault argues that new forms of medical spatialization reflect a new belief in disease 'as having an existence or pathological life within and alongside the natural or physiological life (in contrast to the old view of disease as existing *contra* nature)' (p 256). Such a reconceptualization is mirrored by a new emphasis and meaning to death. In practice medicine concedes that normal or biological death can occur. However death 'from old age' is a rare phenomenon and the death of an old person is usually given a pathological explanation.

COMMENT

I found this an interesting article to read, although not always easy. I felt that Armstrong was attempting to develop a sociological spatialization! Is he trying simply to say that geriatrics is unacceptable to modern clinical medicine because it has endeavoured to incorporate a social construction of ageing within its perspective or has he a more profound message?

NOTES

1 Foucault, M. *The Birth of the Clinic: An Archeology of Medical Perception*, Tavistock, London, 1972.

Elwell, F. and Maltbie-Crannell, A. D. The Impact of Role Loss Upon Coping Resources and Life Satisfaction of the Elderly, *Journal of Gerontology*, 36, 1981, 223–232.

One theoretical tradition which the discipline of geriatrics has drawn upon is role theory and in particular the notion of role loss. This article is a further contribution to that tradition and it describes a stress model which has been developed to explore the impact of role loss upon the lives of the elderly. The proposed model conceptualizes role loss as a stress which has an impact upon both the coping resources and life satisfaction of the elderly.

From empirical studies which indicated the differential effects that role loss has on various sub-groups within society the authors derived a number of propositions:

1. The lower the personal characteristics (old-old, education) the more

likely the individual will undergo role loss, and the lower the personal resources of health and income, available social support and life satisfaction.

2. The lower the personal resources of income and health, the lower the available social support and life satisfaction.
3. The higher the degree of role loss, the lower the income, the perceived health status of the individual, the family and organizational participation, and the life satisfaction.
4. The higher the degree of role loss, the higher the participation in informal settings.
5. The higher the social participation the higher the life satisfaction.

Thus their theoretical model shows that an inter-relationship is expected between personal characteristics, personal resources, and the availability of social support, all of which exert independent direct effects upon the overall life satisfaction of the elderly.

The model is tested using a sub-sample of 1660 male and female respondents aged 50 or over drawn from the National Opinion Research Centre (USA) General Social Surveys (1974, 1975 and 1977). Life satisfaction, perceived health status, social support and degree of role loss were measured using a number of standard measures. The causal analysis was undertaken using path analysis.

The authors found that role loss does have an indirect and direct effect on coping resources and life satisfaction, especially for men. Men and women may also use different coping resources in mediating stress.

In conclusion the authors argue for the inclusion of stress theory in studies of ageing. In order to assess adequately the impact of stress on the aged more has to be done than the authors were able to do in this paper. In addition to correlating the stressful event with some supposed outcome sensitive measures of the characteristics of the stressful situation need to be developed. Similarly they suggest that standardized measures of coping resources are required.

COMMENT

The authors conclude with a cry for explicit sociological theories of stress. The state of the art illustrated by this article certainly suggests that such theory is embryonic. Perhaps someone will take up their cries and develop such a theory.

Challis, D. J. The Measurement of Outcome in Social Care of the Elderly, *Journal of Social Policy*, 10, 1981, 179–208.

In contrast to the theoretical perspective this article provides a comprehensive literature review and is concerned with the practical problem of measuring the outcome of interventions of Local Authority Social Services Departments in the care of the elderly. Although concerned primarily with outcome *per se* it provides an extensive bibliography of the ways of measuring various characteristics of elderly populations.

In evaluating social service intervention Challis argues that the costs and benefits incurred by three different parties, the elderly person, the immediate family or carers and the community as a whole, should be assessed. In this article seven broad dimensions are identified: nurturance, compensation for disability, independence, morale, social integration, family relationships and community development. The effects of interventions can be assessed on each of these dimensions for the different parties.

Nurturance is used to refer to the most basic needs of the elderly person for comfort and security. Compensation for disability requires the enabling of independent living for the elderly and focuses upon difficulties experienced with certain activities of daily living. Maintenance of independence has a broader meaning than residential or behavioural independence. It applies to felt independence and self respect of the old person – feelings of self direction and control over their own life. Morale covers the broad range of psychological wellbeing from, on the one hand, continued personal growth and successful ageing to, on the other hand, the absence of psychiatric illness. Social integration is concerned with the reduction of isolation of the elderly within the community. Family relationships are discussed in the context of the central role of the family in providing care and support for old people. Community development is used in the sense of fostering and encouraging a system of social relationships from which help and assistance is more readily available for needy members of the community. This dimension is primarily concerned with the relationship between statutory and informal care.

COMMENT

It would be poor duplication to expand on the literature reviewed under each of these dimensions. They provide a good review of the ways that have been used to measure a variety of characteristics of elderly populations. Of course, there are some important omissions but no review can

be absolutely comprehensive. For anyone implementing an innovation who wants to measure changes in old people and their environment this is an important primary source for material on measurement methods.

Musgrove, F. and Middleton, R. Rites of passage and the meaning of age in three contrasted social groups: professional footballers, teachers and Methodist ministers, *British Journal of Sociology*, 1981, 32, 39–55.

Traditional gerontological theories have laid great stress on role loss and particularly retirement. Indeed retirement is the classic *rites de passage*. This article throws some doubts on the usefulness of these traditional theories.

Focused interviews were carried out with 24 professional footballers in their twenties, superannuated Methodist ministers in their seventies, and teachers in their thirties who were taking part-time higher degrees, to discover what they saw as the significant stages, turning points or landmarks in their lives and the way they saw age differences influencing their social relationships.

The study had been directed towards the meanings that the respondents found in age and particular transitions in the course of the life cycle. The traditional *rites de passage* of adolescence, marriage, family building, retirement and death were not all seen as important by respondents. Nobody thought that adolescence had been a stage or turning point, although women teachers in their thirties thought that they had experienced a delayed adolescence in their twenties. For footballers and teachers marriage was fairly unimportant as a landmark but the first child was a watershed. However, acquiring a mortgage was the most highly symbolic and emotionally charged *rite de passage* of all. For the Methodist ministers, all married in the 1920s, marriage was a very important rite since they had all had to wait until they had completed seven years in theological college and probationary service. Ordination was a rite which had cut them off from normal secular life. 'Retirement forty years later was a rite not of separation but of incorporation which reunited them with society'. (p.47).

Although the two heavily age-graded groups – the Methodist ministers in their seventies and the footballers in their twenties – admitted that age differences were important and did influence behaviour, they had no particular sense of solidarity with their generation. A number of the footballers felt, like the Ministers, that age should be respected.

COMMENT

The usefulness of this article should not be discounted because it is based on only 24 subjects. It highlights well the deficiencies in the assumptions that many sociologists and anthropologists have made about rites de passage. It also illustrates that chronological age is still an important principle of social differentiation accepted by a broad cross section of social groups and not just the medical profession.

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Psychology and Psychiatry

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Johnson, C. H., McLaren, S. M. and McPherson, F. M. 'The comparative effectiveness of three versions of "classroom" reality orientation', *Age and Ageing*, 1981, *10*, pp. 33–35.

Reality orientation may well be the first psychological technique specifically designed for use with the mentally deteriorating elderly. The therapy was developed by Folsom (1968) at the American Veterans Administration Hospital in Kansas in 1958, but accounts of the technique did not appear until nearly a decade later. Wide scale interest in reality orientation seems to be a fairly recent phenomenon. This paper describes an investigation of three versions.

The three forms of reality orientation (R.O.) examined were, (1) *Standard Classroom R.O.* – Patients met in groups of 5–6 with a therapist for 30 minutes and were presented visually and aurally with information about time, place and person. The groups met each weekday for four weeks; (2) *Twice Daily Classroom R.O.* – Identical to the standard version except that the groups met twice daily for twenty days; (3) *Individual Classroom R.O.* – Patients met with a therapist for ten minutes once daily on twenty occasions. The first version of R.O. is that normally practiced and the aim, therefore, of this study was to test the possibility that the effects of R.O. would be enhanced if more than one session per day was held, and to find out if better results could be obtained, without greater expenditure of therapists' time, if patients met with the therapist individually for a shorter period.

A comparison of pre-treatment with post-treatment scores on the Test for Reality Orientation with Geriatric Patients (TROG – a specially designed questionnaire which is reported as correlating approximately