'extra' years it can produce for them. To most specialist geriatricians in Britain, the idea that an elderly person should be precluded from expensive treatment on the basis of age alone would certainly be utterly abhorrent. No doubt, even in the United States it would only be the poor elderly whose natural life-spans would be defined. The problem is that, although age is a variable that tells us a great deal about the average outcome from the medical treatment of groups of people, it tells us little or nothing about the actual outcome of individuals within those groups. It is surely the welfare and rights of individuals that Anglo-American civilisation is distinctively concerned to promote.

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Older Women

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Terry Arendell and Carroll Estes, 'Unsettled future: older women: economics and health'. *Feminist Studies*, **1**, 1 (1987), 3–25.

The importance of this paper by Arendell and Estes lies in the analytical framework offered by the authors which seeks to combine a structural analysis of the disadvantaged position of older women in the United States with a life-course perspective. In doing so they are able to demonstrate that disadvantage 'is *not* a result of old age, but *is* a result of life-long patterns of socio-economic and gender stratification in the larger society'. They argue that, because of deep-seated inequalities, service solutions to the needs of older women, while vitally important, will not provide all the answers. They suggest that what are needed are 'broad based solutions that address sex, race and age discrimination in the labour market, unequal pay for jobs of comparable worth, and the invidious quality of income security programs for older women that are predicated on inaccurate assumptions, wage discrimination, and a life time of devalued caregiving work'.

To support this argument, their analysis centres on the complex interrelationship between the informal sectors (the family) and the formal sectors (the labour market and social policy) of women's lives, which they use to demonstrate how economic status and health status are directly linked. To do this the paper presents a range of interesting

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and up-to-date material concerning the lives of older women in the United States. In particular, the links are made between: marital status and economic status; marital status, availability of informal care and health status; and marital status, employment, income and health-care costs.

In discussing the 'feminization of poverty', the authors highlight the fact that poverty is not unique to older women but that accumulated disadvantage throughout the life-span can push women of all ages into this state. Of particular interest, however, is material concerning the situation of mid-life and older women who lose their home-making and family roles as a result of marital separation, divorce or the death of their husband. Such displaced home-makers are said to number between four and six million in the United States. The effects of such life-style changes of women's economic position, especially with regard to mid-life divorce, have been little researched in the United Kingdom, and this material provides some useful insights.

The paper reviews the sources of income available to older women in the United States and outlines the inequalities of the social-security system. It then turns to health care and especially health-care costs. Given the growth of private health insurance in the United Kingdom, it is valuable to learn that older women have to rely heavily on the publicly funded health-insurance schemes, Medicare and Medicaid-private schemes being primarily linked to employment. Yet Medicare only meets 44% of elderly people's health costs. They also comment that, 'since women's marital status is a more significant predictor of their health-insurance coverage than is their own employment status, older women lose access to health coverage when they lose their spouse through death'. For displaced home-makers who are too young to qualify for Medicare, the situation is also bleak, with many having no coverage at all. With health-care costs escalating in the United States, older people pay a substantial proportion of their income on health-care costs not covered by insurance.

Having discussed income and health care in detail, the paper then looks at the influence on these areas of the care-giving role of women and, more especially, the 'opportunity costs' of this role. While care-giver women jeopardise their own sources of income for later life, they are also likely to suffer high physical-health risks. All of these factors lead to what the authors call an 'unsettled future'. They pose the following question: 'given the longevity, chronic illness, lower incomes, care-giving activities, under-insurance- and inadequate health and long-term care policy, can the formal service system provide what is needed to meet either older women's economic needs or their health

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needs? The answer at present, they fear, is no, and they point to several factors to substantiate their view, including:

(1) Given their financial position older women are among the least likely to benefit from the current trends of tax cuts and benefit reductions.

(2) Both reductions in federal health programmes and health-cost containment policies are curtailing access to health care.

(3) Earlier hospital discharge is resulting in an increased burden to care-givers.

(4) Reduction in federal budgets for social services, community health and mental health services.

(5) The deregulation and the increasing entry of the private sector in health and social services means that some non-profit organisations which serve the low-income elderly have had to increase their prices.

(6) Changes in the Medicare programme mean that older people and their carers are having to pay more for their health care.

That these issues sound all too familiar within Britain today makes Arendell and Estes's conclusions most pertinent. They state: 'Key issues for older women are adequate income, health and long-term care coverage and social policies that enable women to be paid fairly and to remain in the labor force as long as possible, to achieve equity in their own retirement earnings, and to participate in family aging without fear of destitution, depression, or serious illness'. Few would disagree with this. This is a well-researched paper which convinces by the wealth of evidence and the quality of the argument.

Shulamit Reinharz, 'Friends or foes: gerontological and feminist theory', *Women's Studies International Forum*, **9**, 5 (1986), 503–514.

The title of this paper is a little misleading as the author does not see a conflict between the development of feminist and gerontological theory; rather she presents a clear and stimulating account of how the experience of feminist studies thinking and action in the United States had direct parallels for the development of the anti-ageism movement. And she sees gerontology as 'the theory that furnishes the ideology of the anti-ageism movement'.

Reinharz makes five conceptual linkages between feminism and gerontology: '(1) the struggle over the extent to which "their group" is defined by biology or by social conditions; (2) the strategic use of statistics to demonstrate the existence of inequality and to press for policy changes; (3) the struggle over whether to consider the group as a whole, or to be concerned primarily with those subgroups which

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suffer the greatest inequalities; (4) the struggle over the choice of a strategy which demonstrates the group's strengths or unfair treatment; and (5) the struggle to prevent or challenge a backlash which would arise among powerful groups or other relatively powerless groups'. These conceptual themes are drawn from a wide-ranging discussion which includes the following areas: women and biological ageing; their health and self-image; the parallels between ageism and sexism; why women who have experienced the consciousness-raising of feminism may now be espousing age consciousness, and why some have ignored this perspective up until now. This last theme is explored in depth, the author using numerous examples of personal experience to illuminate how 'being female is a continuous developmental process'. Women's powerlessness is continued into old age and this is illustrated in relation to the caring work of women in later life, their employment histories, and the feminisation of poverty.

Finally, on a positive note, a call is made for the 'blending of feminism and anti-ageism'. The author feels strongly that both perspectives have a great deal to offer each other. She states: 'the major contribution that the issue of aging can make to feminism is the mandate to re-examine all feminist theory in the light of this dimension. And the major contribution that feminism can make for those concerned with aging is to provide a model and some of the personnel of a successful social movement.'

In this sense the paper by Arendell and Estes discussed above provides a prime example of the cross-fertilisation of ideas from both fields. Shulamit Reinharz's paper is of particular value to all those doing gerontological research who have consequently been drawn to the feminist perspective, and those doing feminist work whose interests now lie within the scope of gerontology.

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Human Development — Peter Coleman

Natalie Rosel, 'Clarification and application of Erik Erickson's eight stage of man'. *International Journal of Aging and Human Development*, **27** (1988), 11–23.

This is one of a number of recent articles which explore themes from Erikson's theory of psychosocial development over the life-span. It

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