Abstracts

Sociology and Social Policy — John Bond

Matilda White Riley, 'On the significance of age in sociology'. *American Sociological Review*, **52** (1987), 1–14.

In 1986, in her role as president of the American Sociological Association, Matilda White Riley addressed the eighty-first annual meeting of this learned society. In her seventy-sixth year it would seem most appropriate that she should choose to provide a personal account of the contribution that the sociology of age has made to the discipline. Of course, she is well qualified to have undertaken such a review, because of her substantial output on the subject of age stratification. The theme of the address was the interdependence of age and social change.

The sociology of age, like other specialist subjects within the discipline and sociology itself will only be successful when theory and method are aligned. Riley saw this as a basic dilemma of all sociology, and emphasises the need to provide appropriate methods for the testing of sociological theory. Implicit in this address was the central role of quantitative methodologies, which have been grounded in the positive tradition of much of American sociology for the last forty years. Her criticisms of other approaches to sociology are never made explicit throughout the address, but we are left in no doubt of her life-long allegiance to positivism and structural functionalism.

The interdependence of age and social change is clearly highlighted by the recognition that both people and society undergo process and change. First, people from different generations or in different age cohorts experience different life careers. The life styles of grandparents and parents are usually substantially different from those of the child or grandchild. Secondly, society changes as people from different cohorts pass through the social institutions which are organised by age. Because society changes, people in different age cohorts age in different ways, so that the ageing process is altered by social change. Yet, because members of successive cohorts age in new ways, they contribute to changes in the social structure. These two principles, which Riley calls 'the principle of cohort differences in ageing' and 'the principle

of cohort influence on social change', together offer an analytical view of the interdependence of individual ageing and social change.

Riley also offers the important third 'principle of asynchrony'. Whereas individual life careers follow a common pattern for each age cohort being constrained by the biological lifespan, social change is relatively unpredictable, being influenced not only by the age stratification system but by external social and environmental events.

In an address punctuated by example from American sociology throughout Riley's career, we are shown how ageing not only refers to a person's interactions and relationships but also involves the interplay of social processes with genetic predispositions: changes in the immune, endocrine, neural and other physiological systems; and changes in perceptual, cognitive, emotional and other psychological processes. Thus any understanding of ageing necessitates to multidisciplinary approach both within sociology and across disciplines.

COMMENT

Presidential addresses are rarely substantive articles, and this example had time only to restate a number of basic principles about the study of ageing. It is often useful on such occasions to remind the professional audience of such principles and to acknowledge the substantial support that these principles command. However, it is also a time to look forward and consider innovative approaches both to theory and method. This address has not included such speculation, which perhaps reflects the static consensus of structural functionalism.

J. Scott Osberg, Gayle E. McGinnis, Gerben DeJong and Marymae L. Steward, 'Life satisfaction and quality of life among disabled elderly adults'. *Journal of Gerontology*, **42** (1987), 228–230.

This and the following paper are written within the positivistic tradition of American sociology, and focus on the issue of determining the quality of life of elderly people. This paper investigates predictors of life satisfaction and quality of life among severely disabled adults using an adapted causal model of life satisfaction.[1] It examines 97 people discharged in 1984 from three medical rehabilitation facilities in metropolitan Boston who had been admitted with moderate or severe functional incapacity.

Data were collected from medical records, self-administered questionnaires, telephone-administered checklists, and health care providers

serving the study participants. The causal model was adapted to remove from the independent variables a measure of subjective health, which has been shown to be strongly correlated with most measures of life satisfaction. In its place a measure of the activities of daily living was substituted. The measure of life satisfaction used comprised four items in contrast to the 13-item index used for the development of the causal model. Independent variables included: annual household income, age in years, marital status, functional capacity and activity.

The adapted model applied in this analysis found that the measure of functional capacity was the best predictor of life satisfaction. Income affected life satisfaction through its influence on activity, which along with age and functional capacity were the only significant predictors.

Although functional capacity is not a good predictor of life satisfaction among younger able-bodied people, it is an important predictor of the life satisfaction of disabled elderly people. The authors conclude that activity types and levels and quality of life can be predicted by the basic characteristics of individuals, namely age, gender, marital status, income and functional capacity. Within the limited framework of stratification theory this conclusion has some merit. However, the authors recognise the importance of more sophisticated multivariate explanations, which focus on extrinsic factors such as environmental accessibility and social support networks.

COMMENT

This paper illustrates a major limitation of positivism and multivariate statistical models; namely that the result of an analysis depends on the inputs to the model. If one only considers a handful of independent variables it is likely that they will significantly predict the dependent variable. But perhaps more damaging to the creditability of this paper is the lack of discussion about the measure of life satisfaction used as the dependent variable. Testing a model is one thing, concluding that it confirms a relationship between the dependent and independent variables is another.

> Michael J. Salamon, 'Health care environment and life satisfaction in the elderly'. *Journal of Aging Studies*, 1 (1987), 287–297.

This second paper on the quality of life is not concerned with the prediction of life satisfaction but with comparisons of the life satisfaction levels of elderly individuals experiencing different health care environments. It reports data about elderly clients of two clinics affiliated with

senior centres, three private physicians' offices, two hospitals, four health-related or intermediate care facilities, three skilled nursing facilities, and two health care service programmes providing care to home-bound elderly people. A random sample of 294 people was selected from the client lists of these facilities: 241 agreed to participate, and returned completed questionnaires.

Life satisfaction was measured using the Salamon–Conte Life Satisfaction in the Elderly Scale (LSES),[2] which utilises five of the domains hypothesised by Neugarten and colleagues and an additional three domains drawn from an extensive review of the literature.[3] It is shown that the LSES is a psychometrically sound instrument.

The questionnaire completed by respondents contained information on a variety of independent variables including age, gender, marital status, occupational status, income, education, race, living arrangements, club affiliations, self-report ailments and provider-reported ailments. The bivariate associations between life satisfaction and these independent variables were calculated, showing that socioeconomic status, affiliation with voluntary organisations, and perceptions of illness are related to overall wellbeing. Those who were white, had higher levels of income, had completed most formal schooling, reported affiliations to clubs although not necessarily active participation, and perceived themselves as healthy had the higher levels of life satisfaction. These results are not dissimilar to those from the previous paper and a large number of other studies.

A one-way analysis of variance was performed using the total scores of the life satisfaction measure. This analysis showed that the average life satisfaction scores were higher for those residing in intermediate care facilities or skilled nursing facilities than those receiving health care at home. These findings, although based on a small selected group of facilities, were not expected, since in general people living at home are assumed to have the highest life satisfaction.

The use of a measure of life satisfaction to compare individuals in different health care facilities may be particularly relevant for a social policy for old age. In both north America and western Europe there are policies to promote home care services and to care for elderly dependent people in the community. These policies derive from dual perceived benefits related to consumer preferences and cost-savings. If these data were to be replicated in other studies and in other settings a first assumption of current policy, that individuals prefer to be in private households, would be threatened. A second assumption – that home care is less expensive than forms of institutional care – has already been threatened.[4]

COMMENT

Riley's overview reminds us that social change and ageing interact. Social policy which has been informed by research undertaken in earlier decades may no longer be appropriate. Not only might the expectations and perceptions of more recent cohorts of elderly people differ, but the social, political, economic and cultural systems have changed. What is apposite in the 1960s may not be right for the 1990s. We should therefore discount neither studies like this which provide contra-indications nor those, like that reported in the previous abstract, which replicate earlier studies. Sociology and social policy are not static: both disciplines are constantly evolving new theories and methods to maintain relevance in our ever-changing world.

NOTES

1 Markides, K. S. and Martin, H. W. A causal model of life satisfaction among the elderly. *Journal of Gerontology*, **34** (1979), 86–93.
2 Salamon, M. J. and Conte, V. A. *The Life Satisfaction in the Elderly Scale*. Psychological Assessment Resources, Odessa, Florida, 1984.
3 Neugarten, B. L., Havighurst, R. J. and Tobin, S. S. The measurement of life satisfaction. *Journal of Gerontology*, **16** (1961), 134–143.
4 United State of America, General Accounting Office. *The Elderly Should Benefit from Expanded Home Health Care Services But Increasing These Services Will Not Insure Cost Reduction*. Document Handling and Information Services Facility, GAO, IPE-83-1, Gaithburg, Maryland, 1982. Weissert, W. G., Livieratos, T. W. B. and Katz, S. Effects and costs of day care services for the chronically ill. *Medical Care*, **18** (1980), 567–584.

Health Care Research Unit,
University of Newcastle upon Tyne

Cognitive Psychology of Old Age — Patrick Rabbitt

F. I. M. Craik and Joan McDowd, 'Age differences in recall and recognition'. *Journal of Experimental Psychology: Learning, Memory and Cognition*, **13** (1987), 473–479.

The generalisation that memory becomes less reliable in old age is true, but unhelpful. Memory for what? And how assessed? Do we mean the ability to take in new information, to retain information indefinitely without loss, or to retrieve information still somewhere potentially available in the brain? Are we discussing merely quantitative changes? Do we mean that as people with 'good' memories grow old their