COMMENT

This is a complex analysis, and Hardy has left some of the steps in the argument less than explicit. The presentation could have benefited from the clarity of expression evident in the previous two selections. We can also level the same kind of criticism against Hardy as we did against the others, namely that a number of key variables appear to have been excluded from the analysis. Would it not have been possible to enter the basic macro-economic variables such as inflation and unemployment rates into the model? We can observe at present a direct relationship between increasing unemployment and earlier retirement, so it would not be dangerous to assume that the same kind of relationship probably was happening 10–12 years ago.

My grouses aside, this article makes an important contribution towards our understanding of retirement patterns. If it only shows that social policy (used here in its wider sense) influences retirement patterns it will have been worthwhile. Along with Beck, and O'Rand and Henretta, Hardy emphasizes the importance of the relationships of health status and income with retirement patterns. We may not be able to do much about the health status of the old, but as a society we certainly are in a position to do something about low incomes. If we are to increase life satisfaction, happiness and psychological wellbeing among the old we ought to be considering appropriate social policies in order to increase the incomes available to the old and particularly to old women.

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Social Services

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Martha N. Ozawa. 'Self-perceived deprivation and personal resources among the low-income elderly', *Social Work Research and Abstracts*, 18 2, Summer 1982, pp. 3–8.

If services are to be developed for the elderly which are to be regarded by their users as effective then it becomes important to understand the determinants of feelings of well-being among elderly people. Well-being depends not only on the actual level of resources available to an individual but also on how living conditions are perceived. The primary objective of this American study is stated to be an investigation of the relationship between the personal resources of the low-income elderly and their sense of deprivation in general. The article presents however an analysis of specific areas within this overall concern.

Based on data collected in a nationwide survey of the low-income aged and disabled conducted by the Social Security Administration and the U.S. Bureau of the Census, a regression analysis is carried out which examines the effect of 12 independent variables on first, feelings of deprivation in medical care, and second, feelings of deprivation in social contacts. The independent variables include demographic factors such as age, sex, and race, social characteristics such as educational attainment, marital status, annual income, and size and region of residence, and a number of specially constructed indices of financial anxiety, physical functioning, social interaction, and use of social services. Financial anxiety was found to be the strongest predictor of both dependent variables. The index of physical functioning also showed a statistically significant relationship with both. Interestingly, the social interaction index was not significantly related to either, and the use of outside services was related only to feelings of deprivation in medical care.

Ozawa then offers a rather speculative discussion of possible explanations of the results obtained. She claims the variable financial anxiety has an 'overriding influence' on the degree to which the elderly feel deprived of both medical care and social contacts and argues that the 'feeling of financial security seems to be the cornerstone of the perception of adjustment in old age', and that the subjective evaluation of financial condition seems more important than the objective income level in determining whether and how much the elderly feel deprived of medical care and social contacts.

COMMENT

One cannot help feeling that Ozawa makes some bold, not to say extravagant assertions in the light of the evidence she presents in this paper. Her independent variables together accounted for only 9% of the variance in feelings of deprivation of medical care and 7.3% of variance in feelings of deprivation in social contacts, and although it was the largest predictor, financial anxiety contributes only about one-third of the total variance explained. The study shows up starkly the shortcomings of relying on one research method in trying to get to grips with a concept so complex as understanding the well-being of elderly people.

T. Booth *et al.* 'Levels of Dependency in Local Authority Homes for the Elderly', *Journal of Epidemiology and Community Health*, vol. 36, no. 1, Spring 1982.
T. Booth *et al.* 'Dependency: Challenging the Myths', *Community Care*, 21 October 1982, pp. 17–19.

The debate about the implications of current resource constraints on the characteristics of elderly people in residential care continues to attract considerable attention in the literature. The results from published studies have not always been consistent; perhaps this is not surprising, as most of the recent studies have been carried out in single localities, and most have been concerned with one point in time only. This study is significant however because of its size and its longitudinal design.

A full census of some 7,000 residents in 175 old people's homes in four local authorities was carried out in 1980 using an assessment schedule developed by the research team (described elsewhere, Booth, T. (1982)).[1] The results of the initial survey are described in the first of the papers listed above. One year after the initial census it was repeated using the same methods in the same homes, thus making possible analysis both of the changes in the residential population as a whole and in the personal functioning of individual residents during a 12-month period in care.

The potential in the data set which has resulted is apparent from the second paper. The authors demonstrate that there has been no significant change in patterns of dependency in the residential population, although in individual homes the balance of independent, moderately and severely dependent residents altered quite markedly between the two census dates.

The real interest in the paper lies in the comparison of three different cohorts of residents, referred to as the lost cohort containing those people who died, left care or moved for other reasons; newcomers who entered one of the homes after the first census and were still resident at the time of the second; and survivors who were present at the time of each census.

Not surprisingly the lost cohort contained a disproportionate number of the more severely dependent. Of the newcomers, their profile of dependency levels closely matched that for all residents, and showed little change from 1980 to 1981. Of particular interest are the changes through time in the survivors cohort, some 69% of the original population. Overall, this group grew more dependent, but this overall trend masks considerable movement between dependency categories in all directions. The dependency scale used permitted analysis of change on 4 dimensions – self-care, continence, social integration and mental state. Looking at changes within dependency categories, the authors show that almost one-quarter of residents improved on at least one dimension of dependency, one-third deteriorated, and 10% improved on some and declined on others, the remainder showing no change on any dimension.

COMMENT

This study is an important contribution to research on dependency in old people's homes. The richness of the data has not been fully exploited in these papers, but more are to follow. If looking for changes in dependency over only one year is rather a short timescale to argue that the feelings of staff that they are having to cope with more and more frail residents are misplaced, the paper is able to demonstrate that residential care does have its successes, and is not all downhill.

NOTE

1 Booth, T.: 'A Reliable Assessment Schedule for use in Homes for the Elderly', *Social Work Service*, no. 29 March 1982.

Lissa Robin Kapust, 'Living with Dementia: the Ongoing Funeral', *Social Work in Health Care*, vol. 7 no. 4, summer 1982, pp. 79–91.

Dementia is an illness which profoundly affects the patient's physical and emotional well-being, and whose impact extends far beyond the patient himself, touching each family member or neighbour involved in the patient's care. As deterioration progresses, they experience powerful and at times conflicting emotions as they struggle to meet the patient's physical and emotional needs. As the author puts it, 'the healthy spouse and family experience life as an ongoing funeral... without the formalised rituals to help them through'. This paper draws on clinical social work practice with families of patients with dementia to describe common themes, questions, and eventual resolutions which emerge. It takes one from initial responses of denial and anger, on to changes in roles within the family that are needed, and the social predicament of the healthy spouse who may have to live in a kind of social limbo, neither married nor single. In the final stages, families often become depressed and withdrawn.

The paper then goes on to discuss the contribution social workers can make at each stage of this process both to cope with the day-to-day caring for the patient and to accept the eventual necessity of residential care if the family is not to be placed under intolerable strain. Particular emphasis is given to the importance and effectiveness of support groups for relatives in giving relief to caregivers upon discovering that their feelings of anger, sadness, guilt, and fear were also experienced by others, and in sharing practical solutions to problems of caring.

COMMENT

Social workers are frequently not good at communicating in terms others can understand what their contribution to the resolution of social problems can be. This paper is a refreshing distillation of 'practice wisdom' in a very readable style which clearly relates different service responses to the typical stages through which a family with a member with dementia will pass. It is only to be hoped that practitioners will find their work situation allows such a sensitive service to evolve.

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Psychology and Psychiatry

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Linda Powell-Procton and Edgar Miller, 'Reality Orientation: A Critical Appraisal', *British Journal of Psychiatry*, 1982, 140, pp. 457–463.

What *is* 'RO'? A transcendental password whispered by a guru? A warning that only your best friend should hiss? Neither – yet both – seems to be the verdict of this Cambridge paper which adds to the growing number of question marks poised over reality orientation, a fashionable philosophy of care for old people in institutions.

The authors agree that RO is unique in being a widely accepted approach specially designed for mentally frail old people, and that care staff trained persistently to cue and prompt residents to use correct information on time, place and person are more likely to interact positively and to find their work more rewarding.

However, they also assert that RO, like a mantra, does have an element of mystique, is not well thought out and appears somewhat vague and woolly. While they do not come right out with it and say that RO actually smells, they wrinkle their noses in a pained way and leave us to draw our own, not very difficult, conclusions.

Essentially, Powell-Proctor and Miller argue, RO is a signpost which has been mistaken for the desired destination. We *should*, they urge, be