Abstracts

Sociology of Ageing   Tim Dant

Walter R. Gove, Suzanne T. Ortega and Carolyn Briggs-Style, The maturational and role perspectives on ageing and self through the adult years: an empirical evaluation. *American Journal of Sociology*, **95**, 5 (1989), 1117–1145.

This paper reports an important empirical study of 2,248 respondents, a random probability sample over the age of 18 years and resident in the 48 contiguous states of the United States. The study addressed the self-concept and self-evaluation of men and women over the life course. Using a 22-item check-list, the researchers asked respondents to identify those adjectives that they believed described themselves. Factor analysis produced the five scales of personality attributes: instrumentality, competitiveness, socio-emotional support, emotional discomfort and uncooperativeness. The scales were treated as representing the respondent's self-concept. Questions with scaled responses were asked to measure life satisfaction, self-esteem and the feeling that life was meaningless. The data analysis divided respondents into seven age bands and controlled for gender, race, education and income.

The researchers present their findings in the context of two major views of ageing. Firstly, role theory, which suggests that a sense of self is stronger during early years with a full 'role repertoire' and that self-concept and self-evaluation decline with the loss of role in later years. Secondly, maturational theories, which suggest that early adulthood is associated with a high level of ego involvement reflected by a strong focus on self and situation. As they age people's ego concerns decline, they become more attuned to inner needs, more accepting of life and less controlled by external events. The antecedence of both of these theoretical perspectives is respectfully established before there is any discussion of the study or its findings.

The findings are interpreted as definite in meaning. Role theory would predict that instrumentality and socio-emotional support attributes decline with age. In fact they do not. Role theory would also predict that uncooperativeness and emotional discomfort would increase with age   they actually decline. In contrast, the researchers are able to conclude that the 'data are generally consistent with the

maturational perspective' (p. 1134) even after the effects of income, education, race and gender have been controlled. Role theory would appear, on this evidence, to be wrong while theories of ageing based on a succession of stages of maturation, such as Erikson's 'ages of man', would appear to have empirical support.

The data on self-evaluation confirm the findings about the self-concept. So, for example the meaningless-of-life would, following role theory, increase with age whereas in fact people aged 18–25 years have the lowest level of life satisfaction and self-esteem and none of the other age groups differ markedly from the mean. Once the data is adjusted for the effects of income, education, race and sex, old age is associated with positive self-evaluation. The researchers comment that 'age emerges as a strong predictor of life-satisfaction and meaninglessness' (p. 1137) but the pattern is the reverse of that which would be predicted by role theory.

An interesting but tentative interpretation of the data is that with age males become more 'feminine' and females more 'masculine'. This might be accounted for a general smoothing of differences between the individual and their environment: 'The general impression is that as persons age they become increasingly comfortable with themselves and their social environment' (p. 1138). The researchers suggest that presumed gender differences in personalities (men as more likely to describe themselves as instrumental and competitive, women as more likely to describe themselves as having attributes of socio-emotional support or as experiencing emotional discomfort) are generally supported by the data. With age there is relatively little change but men are more likely to report attributes of socio-emotional support and women less likely to report attributes of emotional discomfort.

The researchers are careful to recognize that they are using cross-sectional data and that the features they have identified could be the result of cohort effects and compositional effects. They consider other studies to try to show that cohort differences are not strong in the area of psychological well-being. However, they have to admit that attrition may have an impact on the composition of their older age groups and affect the significance of the data. Overall, they claim that these consequences of their method weaken the support for the maturational perspective rather than substantially altering the findings.

Comment

This study seems almost anachronistic in its use of quantitative research methods to tackle things so difficult to measure as 'self-concept' and

'self-esteem'. While the research process seems to have been followed rigorously, the tools for measurement still look very crude – especially when the results are related to what are really very complex and different theoretical perspectives within which there is room for considerable variation.

However, there is a very positive message that emerges in contradiction to a taken-for-granted idea of old age as a time when the sense of self-identity is diminished. The perspective across the life course is also welcome because comparisons are often limited (not least by older people themselves) to those between mid-life and old age. This study reminds us that young adulthood is a time when the very range of opportunities and prospects can restrict the degree of life satisfaction and self approval compared to the levels that can be found in the later stages of life. Of course, even this depends on the degree of confidence with which these methods can be treated – perhaps a different check-list, a different regression technique or a different way of interpreting the behaviour represented by the scales would have produced a different picture?

Andrea Fontana and Ronald W. Smith, Alzheimer's disease victims: the 'unbecoming' of self and the normalization of competence. *Sociological Perspectives* **32**, 1 (1989), 35–46.

This paper reports in essay style a participant observation study undertaken in a senior day-care centre in a large metropolitan area of the United States. The researchers used an interactionist perspective to study the self as a unique individual and as an entity based on social constructs. The authors' contention is that 'Alzheimer's patients remain social actors due to socially constructed and embedded routines and practices' (p. 35).

The researchers observed over a year the activities in the day centre and took field notes. They also attended support group meetings for informal carers and staff meetings at which they were able to ask questions. Some of the staff meetings were tape-recorded but this paper does not report that any interactions involving patients were recorded other than by field notes. The paper includes indented material of four types; quotes from cited texts, case study summaries, reportage of a sequence of events in the day centre, reportage of speech from patients. The reported speech of patients also occurs embedded in case study material and reportage of event sequences.

The authors construct an account using their data as a resource to give an authentic voice to their story. The first chapter is headed the

'unbecoming self' and describes the progressive effects of Alzheimer's disease on the victim's memory and understanding, and the effects of awareness of the loss of mental function. There is an elision of the boundaries between the categories of 'mental function' and 'self' so that loss of the former is cited as evidence of the loss of the latter. For example, 'numerous primary indicators of the deteriorating self' (p. 37) are listed as loss of the ability to perceive and make sense of complex phenomena, of the limited number of thoughts that can be retained at any one time, the inability to develop strategy for action (e.g. in playing games) and the increasing inability to interpret others and situations as opposed to responding in a routine way.

The researchers begin to interpret their observational evidence of the declining mental function of patients using a cue offered by staff who 'frequently describe the patients as children in terms of mental functioning and conduct' (p. 38). But the authors resist the idea that those suffering from Alzheimer's disease become childlike because some skills remain that children do not have – these are the social constructs that have been learnt through habit and routine.

Garfinkel's account of the routines of everyday life is used to show that people suffering from Alzheimer's can successfully pass as normal in many interactions. The researchers report that when informally discussing events at a table, they were joined by someone who began chatting. They took him for a staff member but it later became apparent that he was one of the patients. They offer other examples of behaviour which appeared 'normal' for some time but eventually was recognisable as the behaviour of someone with a deteriorating mental function. What the researchers take to be happening is the continuance of ritual forms of interaction even when the content is meaningless. The response of informal carers is to fall in with the ritual interaction as evidence of normality and repair any failures in apparent competence of the Alzheimer's victim by producing a 'normalizing account'. The authors suggest that such accounts may be used to deal with new and odd behaviour, because carers do not wish to admit to the behaviour, because they do not wish others to be frightened by it, or because it is simpler or less embarrassing to take over and act for someone.

The researchers identified a number of behavioural features that remain intact even as the disease progresses. These include social rituals such as saying thank you and please. More importantly they report that Alzheimer's disease victims continue to express feelings and emotions and to seek out the attention and love of carers. Patients also generally made simple associations such as between food and certain times of day and between the shape and function of objects (such as

chairs). Early and routine learning seemed to remain in the ability to tie shoe-laces or remember the words of a song. Patients apparently indicated a preference for openness and freedom as opposed to confinement and constraint in their physical surroundings – they seemed calmer with open doors, space to walk and uncovered windows. They did however respond to the environment being structured and predictable. In the later stages of illness the victims became increasingly selfish; protecting space or food, and hanging on to physical objects.

The authors conclude that Alzheimer's disease involves a progressive loss of the self in which the first things to go after memory and some mental function are unique individual expressions. What remains through much of the progress of the disease are the social rituals and customs that make up much of social life. These habitual behaviours and basic emotional needs constitute what remains of the self. Both the victims and carers of victims of the disease will 'rely on rituals and interactional rules to accept and sustain the sense of self' (p. 45).

Comment

The topic of this paper was interesting, particularly in contrast to that of Gove *et al*. Both are concerned with the self, normally a topic associated with psychologists. Whereas the former paper takes a quantitative approach to the concept of the self, this addresses an interactional notion of the self using qualitative research methods.

While methodologically I sympathize with the Fontana and Smith paper, it is the less stimulating. This is because what they take to be the self is not unpacked before they begin to analyse the effects of the disease. I remain unconvinced that the self undergoes a process of 'unbecoming'. Nonetheless, the reported changes in different types of behaviour are interesting and provoke several questions about not only the progression of Alzheimer's disease but also the appropriate ways of responding to its victims. Because the data were observational and the interpretive frame was derived from Goffman and Garfinkel, the notion of self that the researchers seemed to work with is an external, locus of interaction construct. While this is hard to accept (even for a sociologist), it does focus attention on the significance of what happens to those around the victim – it is the carers and researchers who seemed to lose the victim's self; what the victim lost was mental function. I was surprised that the authors did not pay more attention to the emotional dimension: a different interpretation would have stressed the continuance of the self as indicated through expressed emotions and emotional needs.

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Dorothy Jerrome, Age relations in an English church. *Sociological Review*, **37**, 4 (1989), 761–784.

This also pays attention to the ageing individual, this time to ageing identities. It begins from the assumption that age roles are to a large extent the product of negotiation between acquaintances and intimates who share common assumptions about normal and appropriate ways of moving through the life span. To explore this process, Dorothy Jerrome chose to study a set of voluntary informal relationships. The social gerontology literature suggested that people generally choose to associate with peers and she has reported accounts of the experience of ageing among elderly peers elsewhere. This paper reports an account of a particular setting, where there was an age-mix and the opportunity for age-specific groupings as well as for interaction across age lines: an English Methodist church.

The method of research was ethnographic so that the social features of the particular church studied are reported in some detail. We are told of the age differentiation in the seating arrangements and the age distribution of members. Kinship, locality and membership of church associations cut across the age boundaries. We learn however that while kinship ties clearly link people of different ages, locality and formal groupings within the church tend to reinforce links between people of similar age and similar interests. 'Neighbours are often members of the same cohort with common interests derived to some extent from a shared past' (p. 765). From amongst a number of church organisations, it is only the drama and singing group that has an even spread between people in their thirties, forties and sixties.

While subgroups within the church are organised by age groups or around interests that attract particular ages, the congregation as a whole is mixed in age and forms what the author calls a 'moral community'. Each of the subsidiary groups is linked to the whole through the Family Committee which ensures that each group contributes appropriately. The moral order is derived from an idealistic conception of the family. The theme operates through a series of metaphorical and metonymic links to describe unity, coherence and obedience of members' own families and the family of the church. A second unifying principle is that of fellowship, which links people even where there is no clear familial link, in caring, service and sharing resources. This is guided by principles of modesty, humility, non-assertiveness, discipline, self-control and tolerance, which reinforce what the author calls the 'crucial value…of conciliation' (p. 767) as opposed to conflict. Relationships are characterised by passivity and lack of criticism. They have as an ultimate aim the extension of God's

kingdom on earth and the church is concerned to expand its material resources and its membership as well as its spiritual territory in members' lives. In the author's account there is a circularity between the expressive goals of spiritual and emotional gratification, since they are summed up in the concept of 'fellowship', and instrumental goals to do with more worldly matters which are also reduced to fellowship as the guiding principle.

The complex bureaucratic structure of the church is fascinating. There are 150 committee posts to be distributed amongst 123 members. Once other formal roles and those in affiliated organisations are added, the total number of jobs rises to 235. In fact the work of the church is largely undertaken by a smaller group of 48 people aged 45–65 years. We learn that there is resentment that the work falls on to a few shoulders but the emphasis on fellowship and conciliation leaves no space for the open management of conflict. While age is not a criterion of worth or an official division outside of the youth groups, the author describes a church career with age-specific stages. So, for example, involvement in minor church work such as that of door-stewards is a rite of passage for church managers (p. 773). By the time old age is reached, a man will have held most offices in the church. An old woman however, is less likely to have been involved in committee work and more likely to have been involved in pastoral and charitable work. The stages of the church career do not correspond directly with age – there is room for individual choice about the timing of transitions. This leads to a form of conflict that the author refers to as 'problems of placement' (p. 775). These derive from popular stereotypes about the capacities and characteristics of old age, which enable people to use age as a reason either to stay in their place or to leave it. The author points out that there are two contradictory strategies available: one that says older people ought to be active, the other that old age is an excuse for inactivity (p. 778).

In concluding, the author argues that ageing in the context of a setting characterised by age-mix and a history extended over several generations is a distinctive experience. She maintains that people at different age stages hold reciprocal expectations and each cohort provides a role model for the next. Old people have a value as living legends and young people acquire virtue through their concern for the old.

Comment

I was disappointed in the lack of cross-reference to other social settings in this paper. If the English Methodist church is distinctive, it would

have been helpful to have comparisons drawn with other settings that did or did not show the same reciprocal age expectations (the British communist party or the legal profession perhaps?). This problem is connected to the method and the perspective it offers, which purports to be an in-depth 'naturalistic' account. Yet the author's perspective is present. I would have preferred an explicit account of where the author was coming from. We are told the Methodist Church is an extravagant bureaucratic structure: the logic of its structure seems to lie in tying its members up in a set of tasks that prevent them taking an active part (other than wage labour) in society outside of the church. But Jerrome tells only of the benefits of this process – the relative privilege of older people within the church society – without mentioning any dis-advantages.

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Education and Older Adults   Frank Glendenning

K. Warner Schaie, The hazards of cognitive aging. *The Gerontologist*,
29, 4 (1989), 484–93.

For some years, American psychologists have been commenting on the emerging results from their numerous longitudinal studies which involve older people (one of which goes back to the late 1920s). One of the best known is the Seattle Longitudinal Study (SLS), begun in 1956 as Schaie's doctoral dissertation. Seeking to understand why some individual's retain their behavioural competence well into advanced old age, whereas others show early decline, the research has followed the development of mental abilities from young adulthood to old age. A database has been developed from five test cycles (1956, 1963, 1970, 1977, 1984) and there have been several collateral studies. The 1956 sampling frame comprised approximately 18,000 potential adult subjects. By 1984, the potential numbers had swelled to 219,000. The original sample of 500 (from a health maintenance organization (HMO) in Seattle) had shrunk to 97 by 1984. But each seven years, all accessible previous subjects were retested and new subject panels were randomly selected from the parent population. The particular HMO involved blue- and white-collar workers, craftsmen, service workers and all levels of professionals [*sic*]. Between 1956 and 1984, nearly three