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# Abstracts

## Social Policy — Lorna Warren

Gail Wilson. 1997. A postmodern approach to structured dependency theory. *Journal of Social Policy*, **26** (3), 341–350.

This paper contributes to recent discussions of postmodernism in the Journal of Social Policy. It considers the implications of the approach for the understanding of older people's lives and, in particular, for a critique of structured dependency theory.

Reviewing the dominance of the notion of structured dependency in social gerontological theorising, Wilson outlines the development of the concept of ageism, of a conflict rather than a consensus theory of society, and of the notion of social policy – in particular retirement – as a form of social control and a way to maintain a reserve army of labour.

Although not necessarily applied rigidly – Townsend, for example, noted the contrast between public stereotyping of older people and the views of families and friends for whom the age of individuals is of secondary significance – trends revealed by empirical research have suggested that structured dependency may be overly deterministic. They include falling retirement ages, increased life expectancy and mortality, retirement as a proactive choice and, until the 1980s, rising pensions.

Recognising that there are a great many, often conflicting, definitions of postmodernism, Wilson argues that the approach offers four important themes with implications for structured dependency theory. Firstly, it advances the critique of grand theory as white, middle-class and male, by challenging the very use of constructed categories. Such terms fail to capture individual difference and may be patronising and undemocratic. Popular ('low') culture is thus re-evaluated and subjective imagination and individual agency prioritised. Emphasis on popular culture may, at first sight, appear to exclude older people especially with its focus on material consumption. The stance is particularly pertinent, however, considering that certain products, such as anti-wrinkle cream, are targeted at a specific age-related market and that, within social policy, service users have been recast as consumers or customers. Finally, postmodernism prompts us to recognise diversity amongst older people in the range of accumulated life events. This has implications for research analysis, for rarely do older people see themselves as dependent, at least in individual terms. It also raises questions about the research process. By homing in on sources of support which traditionally signal dependency, such as home help and residential care, investigators may overlook instances of older people buying in help, for example with gardening, hairdressing and private transport, or providing mutual aid such as food exchange – the acceptable face of dependency.

The pervasiveness of grand theory has led to a tendency in policy and practice to treat older people as marginal and passive dependants, and service providers as agents of their oppression. Recognising older people as, albeit limited, consumers may mean that service providers begin to address their wants and not just their needs. The idea that this is the route to empowering older people needs to be treated with caution, however, since it may fit all too well with a neo-liberal emphasis on individual expenditure over public welfare, and the marketisation of service provision. Neither is Wilson ready to ditch ageism as a concept, arguing that some clearer identification of the structure and mechanisms of power and social control are still needed.

Julia Twigg. 1997. Deconstructing the 'social bath': help with bathing at home for older and disabled people. *Journal of Social Policy*, **26** (2), 211–232.

Assistance with bathing has featured centrally in welfare debates as an example of a service which falls on the boundary between social and health care. Yet analyses of the 'social bath' have failed to move beyond traditional rationalistic and disembodied social policy accounts, with implications for older and disabled people as service users.

Julia Twigg attempts to give colour and substance to this 'grey' area of provision, exploring the topic from three angles: the medical/social divide; the meaning of the tasks; and the site of the practices involved. Both institutional and ideological factors combine to shape the first. Long-term care has been recast as social care predominantly as a result of the rising expense of meeting chronic needs and the subsequent retreat of medicine in its institutional basis. Medical care is still seen largely as a collective responsibility and remains free to the individual, while social care, a personal concern, increasingly involves charging practices. The parallel emphasis on explicit targets and focused provision characterising the new managerialism in both sectors compounds the rejection of routine bathing by the nursing service as part of its role and reduces its availability as a discrete aspect of social care. Institutional factors are underpinned by the larger ideological context which gives dominance to the medical model and legitimises medical needs as 'real'. It thus follows that a bath is given by the community nursing service to create the proper setting for medical treatment while a 'social bath' is not absolutely necessary, but a pleasant option.

Factors concerning the practice and meaning of bathing are equally complex and subject to change. The idea of bathing as a means of getting clean is a relatively recent arrival, linked to material developments such as dedicated rooms, fixtures and products for the activity. But baths are also about luxury, relaxation, invigoration, and healthy living. Narrow managerial discourses, which reduce the issue to a question of hygiene, neglect these additional meanings by focusing on the practical matters surrounding bathing. They also fail to recognise variation in bathing patterns arising from such things as past working class practices of weekly baths supplemented by

strip washes, or the symbolic use of baths to signal points of transition, for example between night and day.

The field is also marked by social ambiguities regarding touch and nakedness. Older people are typically absent in considerations of the role of touch, while there is no commercial model of bathing to provide potential guidelines for public provision. Nakedness is associated with intimacy and creates vulnerability. These features may be more complex for older service users bathed by people who are clothed and young. But, despite new concerns within the social sciences with the body and embodiment – in particular, how bodies come to be gendered – the literature on social care remains preoccupied with issues of rostering, substitution, costing and skill-mix.

This is not to suggest that older people are entirely without agency in the context of social bathing. The fact that the bath takes place in users' homes endows older people with a degree of power not present in the hospital or institution since home is the source of privacy, autonomy and identity. Sharing these norms, service providers cannot subsume the practice wholly under the medical gaze, though it is not entirely clear how the social reality of bathing fits into community care.

John Rowe and Robert Kahn. 1997. Successful ageing. *The Gerontologist*, **37** (4), 433–440.

This article reviews recent research on, sets out a conceptual framework for, and considers routes to successful ageing. Successful old age is defined as being composed of three main elements: avoidance of disease and disability, high cognitive and physical functional capacity, and active engagement with life.

Each of these components includes parts. Avoidance of disease and disability involves minimisation of risk factors. Research increasingly confirms that many usual ageing characteristics are due to lifestyle and other factors that may be age-related but are not age-dependent. Studies of twins have shown that the magnitude of the risk associated with one twin dying of coronary heart disease (CHD) decreased as the age at which the other twin died increased. Risk factors associated with CHD are linked to other potentially avoidable features such as the amount and distribution of body fat and reduced physical and dietary factors. Intervention trials demonstrated that these features could be modified by a programme of exercise and, more effectively, weight loss. In addition, Rowe and Kahn urge that a new category of 'altered within-individual variability in physiologic functions' – or short-term variations and changes – should be included in studies of ageing which typically concentrate on absolute levels of variables. Fluctuations in blood pressure are clearly related to CHD for example, though for other functions it may be decreased variability which poses risks.

In terms of the maximisation of functional status, characteristics associated positively with high levels of cognitive ability include length of education, amount of physical activity – which can enhance the memory – and perceived self-efficacy, or belief in one's capabilities to tackle certain situations effectively.

While there may be an age-related reduction in the degree to which cognitive functional capacities may be improved, studies have shown that they can be increased by training. Physical functions, which tend to be linked to socio-demographic and health status characteristics, may be maintained even by moderate levels of activity, such as leisurely walking.

The third component of successful ageing, engagement with life, involves the maintenance of interpersonal relations and productive activities. Differences across situations and between people mean that no single type of social support is uniformly effective. However, studies suggest that isolation is a risk factor for health, while both emotional and practical support have positive effects. Of importance to productive activities – defined here more as informal help-giving and unpaid volunteer work than paid employment – are characteristics highlighted earlier, including functional capacity, education and self-efficacy. Belief and ability to be productive contrast with feelings of vulnerability and fatalism which mitigate against such behaviour.

Taking into account the daily hassles of life as well as stressful life events such as illness, bereavement, retirement and experiences of crime, Rowe and Kahn note that people may move 'in and out of success'. They propose the concept of resilience to describe the rapidity and completeness with which people recover from such episodes, though the concept needs thorough evaluation.

## COMMENT

Despite their call for a 'more robust' and 'multidimensional' picture of successful ageing, Rowe and Kahn's account is firmly rooted in the bio-social paradigm of ageing studies. Few of the findings reviewed come as any surprise to us. We all know the importance of keeping our brains and bodies healthy and active, and of maintaining social support networks. What is arguably lacking is a fuller understanding of the reasons why people do not adopt the 'criteria of success'. As Wilson points out, 'individuals hold logically conflicting views on life and health' but we have little understanding of how this is so, especially amongst older people whose voices have not sounded very loudly in gerontological research. Her call to get away from 'scientific' paradigms is not a rejection of any one kind of paradigm in favour of another: the simplest reading of a postmodernist approach leads us to question the authority of universal truths. Whether or not postmodernists would accept her alternative of combining insights from the modern with the post-modern is open to question. Nevertheless, Wilson is to be supported in urging us to question the taken-for-granted. Without this, it becomes all too easy, for example, to blame individual older people for not meeting the criteria of successful ageing. Twigg's analysis of the social bath represents a fascinating and much more detailed illustration of the way in which a commonsense aspect of older people's lives may be analysed and the complex implications which such an exercise bears for academics as well as policy-makers.

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# Age in Australia

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The issue of ageing and its social and economic implications has received unprecedented publicity in Australia in 1997. The hosting of the 16th World Congress of Gerontology in Adelaide was a major factor in raising this profile, and resulted in considerable local media attention on the vast number of experts in attendance and their views on why we age and what the future holds for an ageing society. This media attention not only highlighted Australia's research participation in the global phenomenon of ageing but also provided valuable public education and awareness. Another significant event that has highlighted ageing issues in 1997 was the passing of the new Aged Care Act (1997) which introduced, among other things, nursing home entry fees. Many older people will have to sell their family home to pay the entry fee. This has resulted in a huge political fracas with the major political parties making claim and counter claim that their respective policies will benefit both 'the aged' and the general community in the long run as 'the tidal wave of the aged', as one politician put it, passes through. The fact that two important journals have published special issues on ageing, as reviewed below, further reflects his higher profile of ageing issues in Australia today.

Focus on Ageing. 1997. Special Issue, *The Medical Journal of Australia*, Vol 167, No 8, pp 401–456.

This special edition of the journal points out that it joins 100 other medical journals world-wide in devoting an entire issue to the theme of ageing. The journal consists of three main sections, each devoted to a particular topical aspect of ageing, plus a number of smaller editorials, articles and letters. The first main section on care in hospitals has articles on hip fractures in elderly men, use of inpatient hospital services by people aged 90–99 years, and a discussion of Acopia (inability to cope) as an admitting diagnosis. The hip fracture article concludes from a small study of 51 men and 51 age matched women that the men have higher mortality and more risk factors for osteoporosis. The nonagenarian study presents a more optimistic finding on this under-researched group: despite their often multiple medical problems, most hospitalised nonagenarians return directly to their previous living circumstances. The acopia discussion concludes the section by highlighting the very important but often undiagnosed social grounds for hospital admission.

The 'Aged Care in the Community' section covers health promotion by GPs, chronic disorders of community dwelling older people, and mobility measurement by an automated 'up-timer'. As might be expected, shortage of time was the greatest barrier to GPs utilising health promotion programmes, even though there was widespread support for such practice. The authors highlighted the irony of this finding by arguing that health promotion may, in the longer term, provide GPs with more time for patients due to the benefits accruing to preventive activities. The next article was a study of 537 community residents for chronic neuro-degenerative disorders which found

that diseases such as gait ataxia, visual impairment and cognitive impairment were the most prevalent cluster, and likely to dominate future health care needs of the aged. The final article in this section involved the validation of an automated 'up-timer', strapped to the patient's thigh, to enhance measures of mobility and activity. The authors found the timer to be a practical, objective and reliable means of measuring mobility which can be used to complement other subjective measures such as self-report and observation.

The third major section of this edition concerns the mental health of older people and focuses on Alzheimer's disease. The first article looks at both risk and protection factors for Alzheimer's and states that, in relation to risk, only four can be regarded as confirmed, viz., old age, family history of dementia, apo-E genotype and Down's syndrome. The article then reviews the slim or inconsistent evidence of some of the other possible risk factors such as ethnic group, head trauma and aluminium in drinking water. Possible protective factors such as anti-inflammatory drugs, oestrogen replacement therapy and premorbid intelligence and education are examined. Although none of these can yet be confirmed, they suggest possibilities for preventive action, especially since the confirmed risk factors are not modifiable. The next article on drugs for the prevention and treatment of Alzheimer's is slightly more pessimistic regarding protection factors, and suggests that currently available drugs provide only modest relief of symptoms for varying periods of time but have no proven preventive action against the disease. It emphasises that drug treatment is only one component of a comprehensive management plan, and that support and education of the patient and the family can be effective in delaying institutionalisation.

Reviews of Current Research. 1997. Special Issue. *Australian Journal of Ageing*, Vol 16 (2), pp 97–144.

This special issue of the journal was released to coincide with the first meeting of the International Association of Gerontology to be held in Australia. It provided the three main organisations represented through the journal (the Australian Association of Gerontology, the Australian Society for Geriatric Medicine, and the Australian Council on the Ageing), the opportunity to take stock of the field in Australia, and to note the growth in volume and depth of Australian ageing research since the last IAG meeting in Budapest in 1993. Once again this special edition of the journal is presented in three main sections covering geriatric medicine, ageing in the community, and aged care from a regional Asia-Oceania perspective.

In the section on advancing geriatric medicine, the first article notes the rapid growth in the number of geriatricians. It points to areas such as dementia, falls and fractures, assessment and hospital based geriatric services, where significant gains have resulted in beneficial interventions for older Australians. On the other hand, the authors raise concerns about future funding both for research and for the provision of aged care services, due to the severe constraints recently put on State hospital funding. The authors believe this new funding regime, which favours free-for-service care, will

adversely affect the ability of hospitals to provide comprehensive aged care assessment and treatment. The second article is more optimistic in relation to psychogeriatric practice in Australia, noting the rapid development of services and the quantity of research. It points to the special issue of the *International Journal of Geriatric Psychiatry* published in 1997 which featured Australian research in psychogeriatics. The article also notes the expansion of areas of inquiry into nursing home psychiatry, caregiver research and neurotic disorders in later life.

The major article in the 'Ageing in the Australian community' section reviews the results of 21 local community care studies conducted between 1990 and 1995. The author finds great diversity not only in the design and methods of community research, but also in the range of services studied and the outcomes investigated. She notes however the unilateral emphasis on whether community care prevents admission to residential care. This research collage, she concludes, thus fails to provide a representative account of community care and also presents too narrow a view of the range of outcomes achieved by community care. The author is critical of these studies for not showing the many other benefits that community care can provide to community dwelling older people. She argues that factors such as the psychological effect on the individual of knowing that some assistance is available, be it only one hour per week of home help for example, are greatly under-acknowledged and under-reported in this research. The article then makes a number of recommendations to strengthen Australian community care research including the need to investigate what may seem to researchers like the small changes this type of care provision can make, but which may be invaluable to older recipients.

Aged care in the Pacific Rim is the third main section of the special issue and includes a comparative view on gerontology in Japan and New Zealand. The article on Japan first points out similarities to Australia in its aged care. These include the similar proportion of people over 65 years, the generally low expenditure on public outlays and health expenditure per GDP (by OECD standards), the universal health systems, and the rapid expansion of aged care since the mid 1980s. In Australia the latter is due to the Aged Care Reform Strategy, and in Japan to the Gold Plan of 1989 and the New Gold Plan of 1994. There are also major differences in that Japan's health care is insurance funded while Australia's is predominantly tax funded. Future issues for aged care in Japan include overhauling the allocated nursing home system to provide greater choice to older Japanese people. The author hopes the Long-term Care Insurance Bill recently submitted to the National Diet will help foster greater choice. The article on New Zealand points to that country's long public commitment to ageing dating from the 1898 Old Age Pensions Act. Despite its small population, gerontological research and practice is seen to have grown consistently in clinical, epidemiological and sociological areas. Recent microeconomic reform in health policy and funding, however, is highlighted as a threat to maintaining expansion of services. More research on the ageing of Maori and Pacific Island peoples is seen as a priority.

COMMENT

The special issue journals and their varied articles reviewed here paint a fairly positive and productive picture of ageing research and practice in Australia and the Asia-Oceania region. As stated, it is admirable that ageing issues have risen in their public and political profile. The focus on ageing by the Medical Journal of Australia is a significant achievement as it not only has a wide readership, but is subscribed to predominantly by GPs, who play such a key role in services for older people. However, as the content of the special issue of the Australian Journal on Ageing points out, this rising profile of aged services is possibly a double-edged sword. There are frequent suggestions in both journals that while great progress has been achieved recently, the future looks slightly more ominous. There are indications that the health system is undergoing significant changes in funding, and the role of the state is decreasing with more emphasis on user-pays and contracted services. This of course does not automatically mean that health services for older people will deteriorate, but gerontologists do need to closely and objectively monitor these developments in terms of their implications for health services access by all older people. Letters to the editor of mainstream newspapers, and talkback radio shows indicate, particularly in relation to the new nursing home entry fees referred to above, that there is great concern among older Australians themselves that an adequate health system should be available to them if they need it. While this harsh approach to care of the very frail may literally scare some older people to death, it could also, ironically, provide the impetus for greater political action by advocacy groups.

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