Abstracts

Sociology and Social Policy

John Bond

Dowd, J. J., Conversation and social exchange: managing identities in old age, *Human Relations*, 34, 1981, 541–53.

Social exchange theory[1] has been somewhat neglected by social gerontologists in recent years; this article shows how it may still have some explanatory value. Briefly, exchange theory suggests that an important characteristic of most human relationships is the element of an exchange between two or more actors in an interaction. In economic relationships such as bartering between two parties we can say that all parties benefit. The fisherman gets a new canoe and the canoe maker gets fish to eat (or to exchange for other goods and services). Modern economic transactions, of course, are not quite so simple, yet in all economic relationships all parties must benefit in some way. It is perhaps difficult to see how this can be the same for all social relationships. In traditional societies old people might exchange experience and wisdom for fitness and strength. In modern industrial societies old people may think they have less to offer than their counterparts in traditional societies. How do old people negotiate favourable or even equitable rates? The focus of this article is the negotiation and maintenance of exchange relationships. The purpose of the article is to investigate the role of conversation in the conduct of social exchange involving people of different ages.

Dowd argues that the status of old people in modern industrial societies is likely to be devalued because of a decline in power resources when people move into old age. As a result old people find it increasingly more difficult to negotiate favourable or even equitable exchange rates in their relationships with younger people. The importance of conversation in such relationships is emphasized by Dowd: 'Conversation, either in the form of language or communication through gestures and appearance, is the principal medium by which social exchange is initiated and either maintained or discontinued... Grounded in conversation, social interaction (and, hence, social exchange) involves continual negotiation'. (p. 543.) How is this so?

In keeping with the symbolic interactionist and phenomenological traditions Dowd argues that interaction involves negotiation. Rather than accepting the normative behaviour expected of certain roles the actor will

tend to interpret externally imposed rules in ways favourable to their own interests. Nevertheless outcomes of interaction will tend to favour the more powerful exchange party. Status differentials based on ascribed characteristics such as age or gender may be balanced in the negotiations of exchange rates by personal resources such as wit or wisdom. Thus although old people occupy a low status they can achieve favourable exchange rates by directing the negotiations toward their positive resources. Dowd argues that this is undertaken in conversation.

It is not just the participation in conversation by old people which is necessary. The control and manipulation of the content of conversations is also important if they are to establish the legitimacy of their claims to favourable exchange rates. The elderly lady who does not engage in conversation during interactions becomes more vulnerable to negative labelling by others. She will be unable to provide others with the necessary positive information so that they can see her in a more favourable light. Thus it is the 'silent' elderly who are more susceptible to being labelled as sick, senile, incompetent or useless. Since negative labels of this kind are acquired through conversation the person whose resources enable her to participate in conversations with younger people is in a position to help construct a more positive identity for herself than would emerge otherwise. Dowd, however, concludes that social exchanges which characterize old age do not usually permit the older person to maintain her idealized image of self. Old people are usually placed in situations in which they have little choice but to internalize the negative labels imposed by others.

COMMENT

I enjoyed reading this article because it stimulated me to think of a variety of situations in which the role of conversation is an important explanatory concept. For example, it provides a further explanation of why grandparents appear to relate more favourably to their grandchildren than their children. There is less status differential between grandparents and grandchildren and through conversation the older person has a means of displaying her resources to the younger child. Perhaps more importantly the article describes a mechanism which assists professionals working in institutions in institutionalizing older residents and patients. However the article does omit to mention other characteristics of exchange relationships. First it ignores non-verbal communication, which although less significant than conversation, probably plays some part. Second it does not account adequately for the balancing of exchange relationships prospectively. The balance in the exchange relationship between parents and their children changes throughout the child's life time. To some

extent old people will be receiving return for their personal resources invested in their children during childhood. However, both these periods are outwith the central focus of the article and do not, therefore, detract us from its inherent usefulness.

NOTE

1 Blau, P., *Exchange and power in social life*, Prentice-Hall, New York, 1964.

Crawford, M., Not disengaged: grandparents in literature and reality, an empirical study in the role satisfaction, *Sociological Review*, 29, 1981, 499–519.

An important area where social exchange theory might be useful is in the study of role relationships in families. This article does not describe such relationships but describes some of the aspects of the role of grandparent as they are perceived by grandparents themselves at the beginning of their grandparenthood. It is concerned primarily with the normative aspects of the role, the satisfactions to be gained from it and its place in the context of ageing in middle age.

The article reports data collected at interviews with fifty-four grandfathers and fifty-three grandmothers, including forty-seven married couples. These couples were interviewed separately but simultaneously in their own home. The data reported in this article were collected at a second interview which was held nine months after the subject became a grandparent. (Data are not reported from the first interview held two months before grandparenthood.) The data reported were principally concerned with the nature of the role of grandparent and the impact of grandparenthood on self-image. Most of the data reported are 'qualitative' but some 'quantitative' data were collected in order to make cross-cultural comparisons with the work of Neugarten and Weinstein.[1] However, although these data are reported, no direct comparison with the American data is included.

From both the 'quantitative' and 'qualitative' data Crawford concluded that the role of the grandparent, as perceived by these grandparents, is clearly of value to both grandparents themselves and to the family unit. Few negative implications for the role were reported. Neugarten and Weinstein[2] found that the American grandparents they

interviewed perceived themselves as distant figures or as older people concerned with the moral development of the child or as 'fun people'. In contrast Crawford reports that her British subjects did not perceive themselves as distant figures and although half agreed that a grandchild should respect and obey a grandparent they selected a number of other dimensions of the role. These included the propagation of the family, the chance to help the grandchild, companionship for the child and the opportunity to be a second parent for the child.

Crawford suggests that these data confirm that predictions of the 1950s that the family was in decline and that the role of grandparent would be changed because of the role of the welfare state or because of social and geographical mobility were wrong. Grandparents continue to have exchange relationships despite the changing role of women in society. Exchange relationships continue because grandparents derive considerable benefit from being grandparents.

COMMENT

I found this article a little disappointing in a number of ways. The title suggests that we would be given a description of the idealized view of grandparents as portrayed in the mass media and in British literature and contrasted against the reality as perceived by the author's informants. Except for a brief mention in the opening paragraph the article does not mention the idealized view of grandparenthood. The article also lacks a picture of what the families of the grandparents were like and how family members related to each other. People's perceptions of their roles are interesting in themselves but without the backcloth of the structure of their roles the interpretation of their perceptions remains a little thin. Such thinness in the content of this article also meant that some of the conclusions were not too strongly supported. This is most glaring in the case of those conclusions concerning the relationship between ageing and grandparenthood.

In traditional societies the attainment of grandparent status signifies the arrival of old age. In Britain we often claim that old age is defined administratively (by the retirement age) but for some people formal definitions of old age still exist; for the young chronic sick, for the unemployed older worker and the early retiree. These people are often of the same age as the grandparents reported in this article. The fact that surprisingly few grandparents were concerned about the ageing effect of grandparenthood does not necessarily reflect 'the growing recognition that grandparenthood and old age are no longer synonymous'. (p. 514.) Perhaps, they were never synonymous. We will not know unless the data

about changes in the mass media's stereotyped portrayal of the grandparent are reported as suggested in the title. A discussion of what the author or her informants meant by middle age and old age would also have been helpful.

NOTES

1 Neugarten, B. and Weinstein, K. K., The changing American grandparent, *Journal of Marriage and the Family*, 26, 1964, 199–204.
2 *Ibid.*

Evers, H. K., The creation of patient careers in geriatric wards: aspects of policy and practice, *Social Science and Medicine*, 15A, 1981, 581–8.

Social exchange theory may not be particularly useful in situations where elderly people have little or no power in a relationship. Such relationships occur frequently in institutions where caring staff are dominant in nearly all relationships with residents or patients. This article describes the ways in which nursing staff determine the nature of patient–nurse relationships in geriatric wards. However, the main focus of the article is the relationship between public policies, professional ideologies and the careers of patients in geriatric wards.

Evers uses MacIntyre's[1] distinction between 'humanitarian' and 'organisational' philosophies in public policy. 'Humanitarian policies stress social conscience in response to needs of the elderly, whereas an organisational view seeks to minimize the economic burden on society at large of providing for these elderly people unable to provide for themselves.' (p. 581.) She argues that both perspectives are evident in current policy statements concerning the care of the dependent elderly.

Social gerontology has had an important influence on the development of public policy and professional ideologies. Evers argues that Activity Theory[2] has been responsible for the application of three important prescriptions in the organization of geriatric care in hospitals:

'1. Active intervention and therapeutic optimism should characterise initial stages in creation of patients' careers by health professionals until "proved" inappropriate.
2. Patients' physical and psychological independence should be promoted

and encouraged (since independence is assumed both to be what people want, and to enhance quality of life).

3. Patients' feelings of self-esteem, and quality of life, are best sustained, restored or enhanced through engagement in purposeful activity.' (p. 582.)

From these prescriptions a number of patient care goals emerge. The nature of these goals clearly affects the process of a patient's career in hospital. The article describes data collected in eight wards in different hospitals which are used to identify a typology of patient care goals. Non-participant observation of eighty-six patients provides the main sources of data for this article. Other sources include case notes and interviews with medical and nursing staff.

Evers found that four distinctive types of patient care goals were used in geriatric wards: (i) short-term care, rapid cure; (ii) medium-term care, rehabilitation and eventual discharge; (iii) dignified or 'good' death; and (iv) long-term care. The case studies described in this article contrast the characteristics of type (i) – short-term care and type (iv) – long-term care. Typical of short-term care is what Evers calls personalized careers in which the goal of cure and discharge is explicitly subscribed to by staff, the patient and his relatives. Patients pass rapidly through the hospital system receiving active medical and nursing intervention and care, frequent physiotherapy and occupational therapy and visits from social workers and other interested professionals. Their care is patient centred. In contrast long-term care is what Miller and Gwynne[8] described as warehousing care. Patients' careers are characterized by a lack of treatment-oriented intervention, physical and psychological dependence and little or no attempt to provide purposeful activity. This description conflicts in many ways with the prescriptions derived from activity theory present in both public policy and professional statements on the subject of geriatric care. From these data Evers concludes that a new model for the long-term care is called for. The remainder of the article is concerned with establishing such a model.

Evers distinguishes between minimal warehousing where patients' care is organized to the benefit of the organization and not the patient and personalized warehousing where some attempt is made to provide a personalized service to individual patients. She argues that personalized warehousing is preferable to minimal warehousing because the patient careers in personalized warehousing may be less incongruent with the care prescriptions. As a short-term strategy personalized warehousing would probably also give rise to less unintended patient suffering.

How might this strategy be achieved? Evers suggests that the organ-

ization of the care of long-stay patients should, at the minimum, have the following features:

'1. Explicit acknowledgement, supported by organizational arrangements, public policy and professional ideology, of the legitimacy and social value of an exclusively care-oriented goal within a distinct sector of institutional care provision for the elderly;
2. Formal organizational separation of care oriented, non-medically managed institutional care facilities, from cure oriented, medically dominated facilities;
3. Clinical and managerial authority and responsibility which rests first and foremost with non-medical carers as of right, as opposed to informal authority accruing, e.g. to nurses, through the tacit consent of the medical profession;
4. Availability of medical professionals, on a consultancy basis, as resources to be called upon by the prime carers and or their patients; and availability of remedial therapy skills as required for maintenance of independent functioning. These skills could be provided either from remedial professionals, or by training the prime carers themselves in these skills.' (p. 586.)

COMMENT

The study upon which this article is based was funded by the SSRC. I would hope that even Sir Keith Joseph* with his low estimate of social science research, might recognize the usefulness and value of the analysis and its prescriptions. If one wanted to find a criticism for this article it might be to suggest that the link between the analysis and conclusions of the data to the strategy for change might have been more clearly delineated. In my view the author has made a credible attempt. Yet some members of the medical profession, may find the fairly radical suggestions unpalatable and take a more critical view.

Health Care Research Unit, University of Newcastle upon Tyne.

NOTES

1 MacIntyre, S., Old age as a social problem. In *Health Care and Health Knowledge*, Dingwall, R., Heath, C., Reid, M. and Stacey, M. (eds.), Croom Helm, London, 1977.
2 Havighurst, R., Successful ageing. In *Processes of Ageing*, Williams, R., Tibbitts, C. and Donahue, W. (eds.), Atherton, New York, 1963.

3 Miller, E. J. and Gwynne, G. V., *A Life Apart: a pilot study of residential institutions for the physically handicapped and the young chronic sick*, Tavistock, London, 1972.

* Britain's current Minister of Education.

Social Services — John E. Tibbitt

Masterton, G., Holloway, E. M., Timbury, G. C., 'Role of local authority homes in the care of the dependent elderly: a prospective study', *British Medical Journal*, 283, 22 August 1981, 523–4.
Ovenstone, Irene M. K. Bean, Philip T., 'A Medical Social Assessment of Admission to Old People's Homes in Nottingham', *British Journal of Psychiatry*, 139, 226—229.

The place of the old people's home within the range of provision for the care and treatment of the elderly is a matter of serious debate: a debate which becomes ever more urgent in the face of increasing numbers of frail elderly and a restricted supply of resources. The dilemma faced by local authority social services is whether to continue to admit to homes old people with the greatest dependency needs who are not being cared for elsewhere, or whether to select only those who require a level of care which maintains a manageable prevalence of disability in the home, given the level of skills of the staff and the desire to create a sufficiently 'homely' environment.

These two papers which report studies carried out in different areas, have something to say about the consequences of each of the above approaches. Ovenstone and Bean studied a sample of 272 consecutive admissions to seventeen old people's homes. All residents were given a full physical, psychiatric and behavioural assessment and a social 'questionnaire' within one month of admission to the home. The study revealed a high level of undetected medical and psychiatric pathology, and showed that over half the sample suffered some degree of dementia and eighty-three per cent were moderately or severely disabled. The authors comment on the low numbers of staff with nursing qualifications and on the apparently intermittent availability of various domicilliary social services to those in the community prior to admission. They conclude, on a basis that is not stated, that only a little over half the residents were correctly placed and one-third should have been in hospital care.

Masterton et al. conducted a two-year prospective study of eleven local authority homes, and used some of the same assessment scales as Ovenstone and Bean. They showed no increase in the degree of behavioural dis-