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# Aging and Health Care: Social Science and Policy Perspectives

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mounts in the society, the average functional level of differentiation decreases and the society goes through a period of regression. [There is] more behavior by certain subgroups that impairs the functioning of other subgroups and more symptoms of all types. (251, n. 29).

The family process that transmits levels of differentiation works as follows: people of common levels of differentiation tend to marry. Some of their children may have similar levels of differentiation-undifferentiation, and some siblings are more or less differentiated. Those siblings less differentiated tend to marry similar partners and have children, one or more of whom are even less differentiated. These also marry on an equal level of differentiation. After several generations this process yields a highly undifferentiated family and one member who is caught up in the group anxiety and acts out the provocations of the group (ch. 8).

Murray Bowen, M.D., is clinical professor at Georgetown University Medical Center and director of the Georgetown University Family Center. He was a pioneer in the development of family systems theory and in research and treatment of schizophrenia. Michael Kerr, M.D., is clinical associate professor at Georgetown University Medical Center, Washington, D.C., and director of training at the Georgetown University Family Center.

Bowen has written an epilogue to the book in which he states his "40-year odyssey in developing family systems theory and therapy, also known as the Bowen theory" (339). True to the theory of differentiation, Kerr wrote the major portion of the book without Bowen's knowledge of its content. They are intellectually linked and remain separate in their scholarly development. A brief book review cannot adequately cover the impact, wisdom, depth, beauty, and importance of the Kerr-Bowen book.

**Aging and Health Care: Social Science and Policy Perspectives**, edited by Marcia G. Ory and Kathleen Bond. London, New York: Routledge, 1989. 255+ pp.

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In the Foreword to the book, Matilda White Riley and T. Franklin Williams state that "there is a growing feeling that too many books on the health aspects of 'aging' are being published. . . . It is as if some outside voice were telling us, 'More books will not solve our problems.'" So why another book on aging and health care? The justification is that the contents of this text are drawn from

empirical studies and, as such, the text makes a significant contribution to those who work in the field to serve a rapidly growing-older population.

For the most part, the twenty-six articles resulted from grants received from the National Institute on Aging and the National Center for Health Services Research. It would be ideal to review each article in some detail; however, this review will be limited to a chronological presentation of the book as presented by the editors.

## **Introduction**

Encompassed within a comprehensive introduction written by Ory and Bond, are five common themes. These are summarized as follows:

1. Health and health care for older persons constitute a complex set of dynamic interactions and linkages.
2. While families and others in the informal support system are the primary providers of service, the distinctions between the informal and formal care systems are not always clear.
3. Presently, most social science and policy research is engaged in specifying the sources and consequences of different types of health care for older persons.
4. The process of aging itself has an influence upon risk factor identification and modification; however, social and behavioral risk factors change over the course of a life.
5. Generally, political realities and ethical considerations set the context for research questions and solutions.

## **Part I. Epidemiology and Models of Health Care**

Individuals and social factors that affect the quality of health care for the older population are examined in this section. Kaplan and Haan investigate the demands for health care services by older adults in the community. Data gathered from a population of 7,000 adults over a period of twenty-two years (the Alameda County study) are used to track social and behavioral risk factors which adults encounter as they age. The conclusion drawn is that the health experience of older adults is "influenced by a broad range of risk factors" and that the evidence presented by the study "does not suggest that poor health, dependence, and social isolation are inevitable consequences of getting old." In response to the question, "Is there a role for prevention?" the answer is that

with appropriate intervention in behavioral, social, or socioeconomic risk factors there could be significantly improved health and quality of life for older adults.

In the second article, Wan provides an overview of factors that influence how older people utilize the formal health care system—physicians, hospitals, nursing homes, and home health services. If future researchers respond to Wan's eight recommendations, his contribution could have influence on the field far beyond this article.

## **Part II. Older People and Formal Health Care Systems**

This portion of the book addresses how and to what degree older persons utilize the formal health care system. Mossey, Havens, and Wolinsky assess the consistency with which older adults use formal health care systems. The authors report that there is more consistency in the use of physicians than in hospital care; however, contrary to stereotypes, the use of either is a "relatively rare event for most older individuals."

Eisdorfer, Mullner, and Cohen examine the increased role the hospital plays for older adults and how this role has changed over the past few years. The authors suggest that geriatric hospital care could be improved if, in addition to critical care, long-term and rehabilitation needs were given greater attention.

Utilizing existing data, George and Maddox examine the nursing home as a social institution. The processes by which persons are placed in nursing homes and the living environments are discussed. However, the primary focus is on how the social and behavioral aspects of the experience affect both patients and their caregivers. To quote the authors, "A long-term care institution is more than an address—it is an environment with its own social structure and norms. Few of the behaviors and outcomes of nursing home residents can be understood without taking the features of that environment into account" (136).

## **Part III. Older People and Informal Health Care Systems**

Data from a community study of frail elderly is examined by Tennstedt and McKinlay to support numerous other findings which show that most older adults receive the greater portion of care from family and friends rather than from the formal support system. While such knowledge has been deduced by most observers, the empirical data presented provides credibility to support such casual observation.

Gallagher, Lovett, and Zeiss address the issue of the physical and mental condition of the informal caregiver in relation to the decision to place the patient in institutional care. The authors point out that the caregiver's own condition is

frequently the deciding factor and that little is known about appropriate intervention for caregivers that might influence the quality of life for both caregiver and patient. Further research is suggested.

#### **Part IV. The Interplay between Formal and Informal Care**

The balance that is needed between formal and informal care is addressed by Soldo, Agree, and Wolf, while Kane and Kane (based on the assertion that the health of the elderly and the care they receive is a dynamic system) suggest that a better means of transitions between these systems would benefit the patient. In the epilogue, written by Mechanic, future challenges are identified for those in the health care system that serves older adults. And, like most of the authors, he recommends future research.

#### **The Reviewer's Conclusion**

I know of no better way to express my own sentiments related to the text, and to show my appreciation to the editors and other authors, than to "borrow" a quote from the Foreword by Riley and Williams:

All too few studies have focused on the impact of health care on the numerous biological, psychological, and social changes that people experience as they grow older. Nor has adequate attention been paid to the different types of care available to people as they move along their own life course through the health care system. For its contribution toward filling some of this void, we salute this volume. (ix)

**Children in Recovery**, by Rosalie Cruise Jesse.

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What a daunting task Rosalie Cruise Jesse faced when she wrote *Children in Recovery*: to tell the story of the effects of alcoholism on the family. Alcoholism is of interest to clinicians and researchers from many disciplines. Investigators have looked at alcoholics and have seen different faces: a person with a genetically transmitted disease, one with an aculturally determined behavior pattern, a victim of ethanol molecules attacking liver cells or distorting central and