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POLICY ANALYSIS AND OLDER PEOPLE: A
CONCEPTUAL FRAMEWORK

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The policy sciences, says Harold Lasswell, require "clarification of goals, analysis of conditions, project of future developments, and invention, evaluation, and selection of alternatives."¹ This process is imbued with values and often these values lie unrecognized.² Both personal values of the individual analyst and social values of the Society can be and often are involved. The purpose of this paper is to illustrate four policy problems involved in analyses concerning the elderly, and to suggest some additional considerations which would bring these problems into the open and aid in specification and focusing of policy research in this area. While only two of the areas specifically concern values, the remaining two contain implicit value issues. This effort, and others, at laying out basic issues involved in policy analysis of the condition of the elderly is essential if policy and planning are to be carried out in an understandable and appropriate manner. As Gil indicates, "there is... a curious lack of clarity as to what social policy actually is..." and an "...insufficient comprehension of the nature of the key processes through which policy systems operate..."³ One part of that policy process is construction of an intellectual/conceptual backdrop. This paper represents an attempt to specify more concretely a set of considerations in each of four areas crucial to policy for the elderly. Unless the policy analysis process itself is analyzed, we remain victims of our assumptions and preconceptions.

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The first of these problems is the structure of the value context of policy. In the rash of power elite studies, and interest group governance, we need, perhaps, to remind ourselves that there is a value structure, and that both the values and the structure have an important part to play in what is on the "policy agenda" for the elderly in any decade.

The second policy problem is one of recipient stereotyping. Analysts often think in terms of "the elderly" as one unified group of people past a certain age. As such, there is an over-simplified type of thinking which prohibits more individualized development of programs for the elderly. Insufficient policy discriminations have resulted in a categorical rather than a phenomenological approach to policy-making.

The first two problems - of context and assumption - lead to a third - policy targets. There often is a lack of definition of what, exactly, more specific targets of policy intervention should be.

Finally, for each of the three problems above, there is a lack of specification of a policy model, suggesting what are the causes and effects of the targeted problems, and where intervention could occur.

In each of these areas, there needs to be a comprehensive, historical approach taken by the academic policy analyst. Sometimes constants and changes are missed by a "too recent" analysis of what is happening in some particular policy arena. All too often policy research is narrow and ahistorical. Therefore, the analyst takes as an explanation something which, over the longer term, needs to be seriously questioned. For example, Robert Heilbroner, among others, felt that much of the anti-welfare feeling in the United States was secretly masked racial prejudice.⁴ While there is undoubtedly an aspect of racial prejudice, Heilbroner ignored the fact that the poor have historically been disliked, regardless of race, creed, or color. Indeed, dislike of the poor is one of our most egalitarian activities. A narrow present-oriented approach leaves one feeling that the problem is something different than one might think given a more historical perspective. The recent work by Achenbaum on images of the aged in American society clearly shows how we have tended to ignore the fact that images of the old have changed over the course of our history.⁵ Whether historical analysis reveals constancy, as in the first case, or change as in the second, it provides a more accurate content for both.

THE POLICY CONTEXT: CYCLES OF VALUE

It is often assumed that values, in forming the backdrop of policy, are only linear and hard to assess. Structurally, values as Vickers suggests appear to come in "...complementary and partially inconsistent pairs, such as freedom and order, independence and interdependence, equality and self development, and justice and mercy."⁶ Vickers further comments that:

Each member of a pair is a compendious label for a number of "values" more or less inconsistent with those implied by the other, as well as being the contradiction of its own opposite. They thus supply an indispensable means to discuss the always conflicting and disparate costs and benefits which can be anticipated as likely to flow from any deliberate human intervention in the course of affairs.⁷

The Vickers formulation is important because it implies a cycle of value emphasis with first one, then another of a well-accepted value being emphasized in the system--an emphasis which often sets the stage for policy consideration.

A recent analysis by Tropman suggested a slight revision of the Vickers formulation, in which value arenas are seen as the crucial content within which more operational values contest with one another. These value arenas, adapted from Williams, are listed in Figure 1, along with their more specific juxtaposed value pairs. What Vickers did not note is that the values as they contest with one another may not be of equal salience - and one can argue that within each pair, one value-element is dominant, the other subdominant.^{8,9} The juxtaposed value pairs are organized in personal and social value sets, and are policy-relevant values with respect particularly to the elderly. On the left side of each pair are values often considered to be dominant in American society. Equity, work, private orientation, and a context motif, all suggest that the individual person fends for himself, and depends minimally upon others. On the right side of the pairs are adequacy, public orientation, leisure and entitlement - subdominant values. It is reasonable to argue that the sixties and the early seventies were a period which emphasized the subdominant values. Grants in Old Age Assistance and Social Security were raised. Then Old Age Assistance was moved over to the Social Security Administration in the form of SSI (Supplemental Security Income). The public sector was taking more responsibility than in the past, and recognizing some elements of dependency of the elderly. The elderly, too, were seen as entitled to these benefits, and the Congress went so far as to put a cost of living adjustment in the Social Security Benefit without putting one in the tax.

Similarly, in terms of personal values, the period just passed has been one of family rather than individual emphasis, dependence rather than self-reliance, and religious rather than secular emphases.

Both personal and social values may now be swinging back. Social Security is being looked at very carefully. Many negative comments are being made about pensions in general, especially when there is some

Figure 1

THE VALUE CONTEXT OF POLICY

<u>Personal</u>	
<u>Values Arenas</u>	<u>Juxtaposed Values</u>
1) Ascription	Individual/Family
2) Integrity	Self-Reliance/Dependence
3) Moral	Secular/Religious
<u>Social</u>	
4) Status	Equity/Adequacy
5) Mobility	Struggle/Entitlements
6) Independence	Private/Public
7) Work/Activity	Work/Leisure

EXPLANATION OF JUXTAPOSED VALUES

The values in each juxtaposed value pair revolve around the relative merits of individual versus collective solutions to society's demands and expectations. In each pair the value with an individual orientation is on the left side and the value with a collective orientation is on the right side.

Individual Values

Equity and struggle as values impose fairness as a rule of operation. No person should be afforded a standard of living or quality of life without "struggling" for it. This means that solutions to survival must be private or a matter of individual responsibility. Work is championed. Individual, self-reliant and secular orientation are idealized.

Collective Values

The values of adequacy and entitlements propose that there is a minimum or "adequate" standard of living or "quality of life" to which everyone is inherently "entitled." A public approach to achieving adequacy would require a collective effort--i.e., government intervention, labor unions, other organizations and clubs. Leisure or limited commitment is accepted and encouraged. Family, interdependent and religious orientations are supported.

suspicion of "double-dipping" (individuals receiving two legitimate pensions). Equity concerns (receiving a "fair" return for one's contribution) are being raised and the new retirement prohibition could, perhaps, be interpreted as a forerunner to a policy that elders should work like everyone else, rather than get public benefits.¹⁰

While the indicators are not yet completely clear, one might anticipate that, if the sixties and early seventies were, in fact, a period of the prominence of subdominant values, then the late seventies and the eighties might well be a period of dominant value resurgence. Practicing policy analysts for the elderly might anticipate something like the shift we are suggesting, and prepare policies which can capitalize on that agenda which is more likely to receive public approbation.

Thus, more emphasis on work, individual values, self-reliance, private and "equitable" programs might be expected to gain affirmation.

POLICY ASSUMPTIONS: IMAGE OF THE ELDERLY

A second major area of importance is the image that policy makers may have of the elderly, and the extent to which that image is sufficiently discrete enough to reflect the diversity of the elderly population. It appears that for a variety of reasons, the elderly are stereotyped explicitly as elderly. That category includes at least persons of a great diversity of ages, races, economic conditions, and the like. Maas and Kuypers comment that in their small sample of persons (142) there was much diversity.¹¹ They conclude that:

The term old age - used widely and arbitrarily to categorize persons in their sixties, seventies and eighties - provides an often pejorative label for an increasingly large and diverse population.¹²

James Schulz further comments, "A...major point in analyzing data on the aged is that it often does not seem appropriate to group people together who differ in age by as much as fifteen to twenty years."¹³

Much popular thinking and many articles on the elderly assume that there is, in fact, some kind of unified group.¹⁴ Even Erikson deals with old people as a single group.¹⁵ But, Maas and Kuypers comment that:

...the major implications of our findings on diversity and uniqueness have to do with public perspectives on and attitudes toward aging people. Stereotypes of "old age" have, in fact, no basis in reality.¹⁶

Bernice Neugarten has consistently emphasized the versatility in interests, activities, and capabilities among the "Young-Old" and "Old-Old."¹⁷ What is needed is a more refined system of age categories. Such a refined system has support from those interested in the life cycle. Cain, for example, cites the work on Linden and Courtney who posit creative, moral and retrospective/evaluative status roughly corresponding to the fifties, sixties and the seventies.¹⁸ Are those appropriate categories, and are they the appropriate psychological break characteristics? We cannot say as yet. Levinson's recent work suggests that there are specific points in the age cycle when a certain realm of concerns is at the forefront. He and his colleagues tapered off in looking at adulthood in the later years, but began old age about 60, suggested a period of late-adult transition between 60 and 65, moving then on into the late adult period. Perhaps more details will emerge there, as they did in earlier age epochs. The authors feel, for example, that a new phase begins at 80. They comment: "One of the greatest surprises was the relatively low variability in the age at which every period begins and ends."¹⁹ And Levinson and colleagues feel that this age-graded generalization might be quite universal, suggesting that a sequence of eras and periods "represent[s] the life cycle of the species."²⁰ While these authors looked only at men, there is no reason to suppose that a similar period/epoch sequence could not be applied to women.

The policy implications of activities and planning for the elderly are obvious. As Maas and Kuypers conclude: Given so much diversity... planning for "the aged" cannot appropriately be done in a monolithic way.²¹ This is true. But how should it be broken down, separated, targeted? Evolving work seems to suggest that a sensible, research-based series of periods and epochs would be one useful way to go. Financial concerns and abilities, as Schulz indicates, differ sharply by age groupings past sixty-five.²² Clearly for economic policy, and perhaps other policies as well, age targeting is a crucial component which has been overlooked by stereotypic thinking and lumping. This conceptual lumping has yielded only crude categories - males and females, for example. A much more refined system is needed, and the basis upon which one might be built is now developing.

POLICY STRUCTURING: THE TARGETS OF INTERVENTION

All too often, in thinking about improving the condition of someone or some group, advisors leap into programs without thinking through policy.²³ One key element is the conceptual framework for targeting a policy. In the last section age epoch within the elderly group was suggested as an important element, but there are others, as well.

Fundamentally, to consider the condition of the aged on any dimension, a modification of the "dual model" (described by Lowenthal and

her colleagues) seems the most appropriate.²⁴ It is a sort of an input/output model, which they refer to as "resources and deficits." While they operate on a psychological level, one could use this approach in looking at economic conditions, or transportation, or health status. The key exercise in each case is specification of an individual's resources (or input). Then one can deduct, or offset, or balance, those against the deficits, the output, the expenditures. Both are crucial to take into account, and both can be the target of policy.²⁵ One can seek to strengthen resources, or inputs, on the one hand, or to reduce deficits/outputs on the other. Raising income, for example, will not be helpful to an individual if expenses rise as well. Increased economic growth for a country is not helpful if the increased production results in more births which result in lower per capita resources! The question here is one of balance. For Lowenthal and her colleagues, mental health represents that balance: "...mental health represents an averaging of an individual's resources and deficits."²⁶

In this sense, there is a "balance," and it is the level of this balance, and the ways in which people "cope" in achieving balance, that is the "addition" to their model. Balance is not simply the "result" or "average" though it is certainly partly that. Quite clearly some people do more with fewer resources, or with more deficits, than others. While this "success" may be due to the individual, it may also be due to the family, the neighborhood, the community, the society, and the support they provide.²⁷ Thus, a target of policy can be to increase resources, to remove deficits, or to assist in maximizing the resource/deficit ratio. In a sense then, there are three potential targets of policy.

There are also different levels of intervention at which policy can be targeted.²⁸ As implied by the above examples, a target can be the entire society, for example with respect to birth practices.²⁹ The neighborhood, the family, and the community, as well can all be the targets of policy. Sometimes, it is sensible to make the individual the target of one policy (for example, of increasing resources) and the society the target of another (of decreasing deficits, for example). While this scheme is perhaps too complicated to use all the time, it does represent something which outlines targets more precisely. It is displayed in Figure 2.

The concept of balance has two dimensions - one of balance between resources and deficits (cells C1-6) and one among resources and among deficits (cells 7A, 7B). Thus, a neighborhood resource can supply assistance where individual capability is not present. Similarly, a community deficit can create problems which there are none in the individual. This idea of variability of resources and deficits extends the concept of balance as advanced by Lowenthal and her colleagues, but they develop it in its more direct sense. They comment that: "...one resource may offset a number of deficits and ...a resource at one life stage may not prove to be a resource at another stage."³⁰

FIGURE 2
 LOCI OF INTERVENTION BY INPUT/OUTPUT CATEGORIES, WITH ILLUSTRATIVE INTERVENTIONS

Input/Output Categories	Loci						
	1 Personal	2 Group/ Family	3 Neighbor- hoods	4 Organiza- tional	5 Commu- nities	6 Society	7 I-Balance O-Balance
A Inputs (Resources)	Increase income; Provide counseling; provide employment; provide education	Increase family & group care; Home health care; Adult foster care; foster grand-children	Increase neighborhood centers/facilities; Neighborhood transportation systems; Bar-rier free neighborhoods	Increase quality of hospitals; nursing homes & adult care facilities; pre-retirement programs; pension programs	Increase recreational facilities; transportation services; Legal services	Pro-elderly politics; elderly impact assessments; legislature; advocacy.	Use one system to compensate others as needed
B Outputs (Deficits)	Reduce costs e.g. medical, food, staying in own home	Decrease isolation; Decrease care of staying with relatives, friends	Decrease crime; Control gross land clearance	Decrease age discrimination	Decrease 'redlining'	Decrease "life-lease" liability; Decrease negative taxation	Rank and prioritize deficits
C I/O Balance (between inputs & outputs)	Programs aimed at maintaining a balance, e.g. negative income tax	Programs aimed at maintaining a balance of individual & family/group life	Programs aimed at keeping neighborhood balanced by age, facilities, etc.	Programs aimed at keeping organizational policy & function balanced, e.g. ombudsman	Programs aimed at keeping communities aware of the I/O balance and;	"ratchet" policies which come into effect at certain I/O points.	

The possibility that resources (and deficits) may differ at different stages gives added weight to the notion of epochs within the senior years, and highlights the importance of the availability of support networks to replace individual deficits. This is especially imperative during advanced years when individual resources are more likely to be minimal.

THE POLICY MODEL: CAUSE AND EFFECT IN POLICY INTERVENTION

An ahistorical approach, as well as stereotypic thinking and lack of target specification, often lead to a lack of explication of the causes and effects which are assumed in policy intervention. It is granted that in the social and policy sciences, specificity is difficult to achieve, but it is nevertheless important to work in that direction. Specifying one's model focuses and exposes for testing the relationships that are expected. Causal assumptions are at the heart of any effective intervention, even if one does not know the mechanisms by which the causes "causes" the effect.

Policy toward the elderly, or for the elderly, or about the elderly, is an especially good area for considering this issue for two reasons: Firstly, because old people are at the end of the life cycle, the many temporal problems which beset causal analysis in the social sciences can be set aside. Causes usually come before effects, and so one can look at the life course, and its character and characteristics as "causal."³¹

Secondly, policy regarding the elderly often "begins at 65." Policy analysts can immediately link policy with the status of the older recipient and evaluate how relevant the policy is for the older recipient. Elderly people, for example, are given discounts on public transportation in many cities upon retirement. For the affluent, this perquisite of age is trivial. For the elderly black, who has suffered discrimination all of his life, and continues to feel it in retirement, directly and indirectly, through reduced pension and other benefits, such a perquisite is also trivial, although for different reasons.

The central hypothesis maintained here is that the conditions which affect the elderly are the same conditions which affect them throughout their life. Maas and Kuypers, commenting on the similarity of elderly parents, note: "The most remarkable of our findings is the repeated evidence that many of the parents, found to be similar in life style or in personality in their old age were also alike in their young adulthood."³² About health, specifically, they add that "...health problems in old age are likely to be clearly foreshadowed in the early-adult years..."³³ And in the economic analysis research, now ongoing, those factors which produce lower income throughout life are found to also work after retirement.

What are such crucial, "causal" factors? There would doubtless be dispute, but at least some of the more obvious elements of a model can

be suggested. This scheme, illustrated in Figure 3, contains five independent variables. In terms of sociological categories, two - race and gender - are ascribed statuses which cannot, themselves, be changed. Two more, educational level and marital status, are more within the control of the individual person, and the society and community around the person. The last, health, is determined mutually by ascribed and achieved statuses, and exogenous variables.

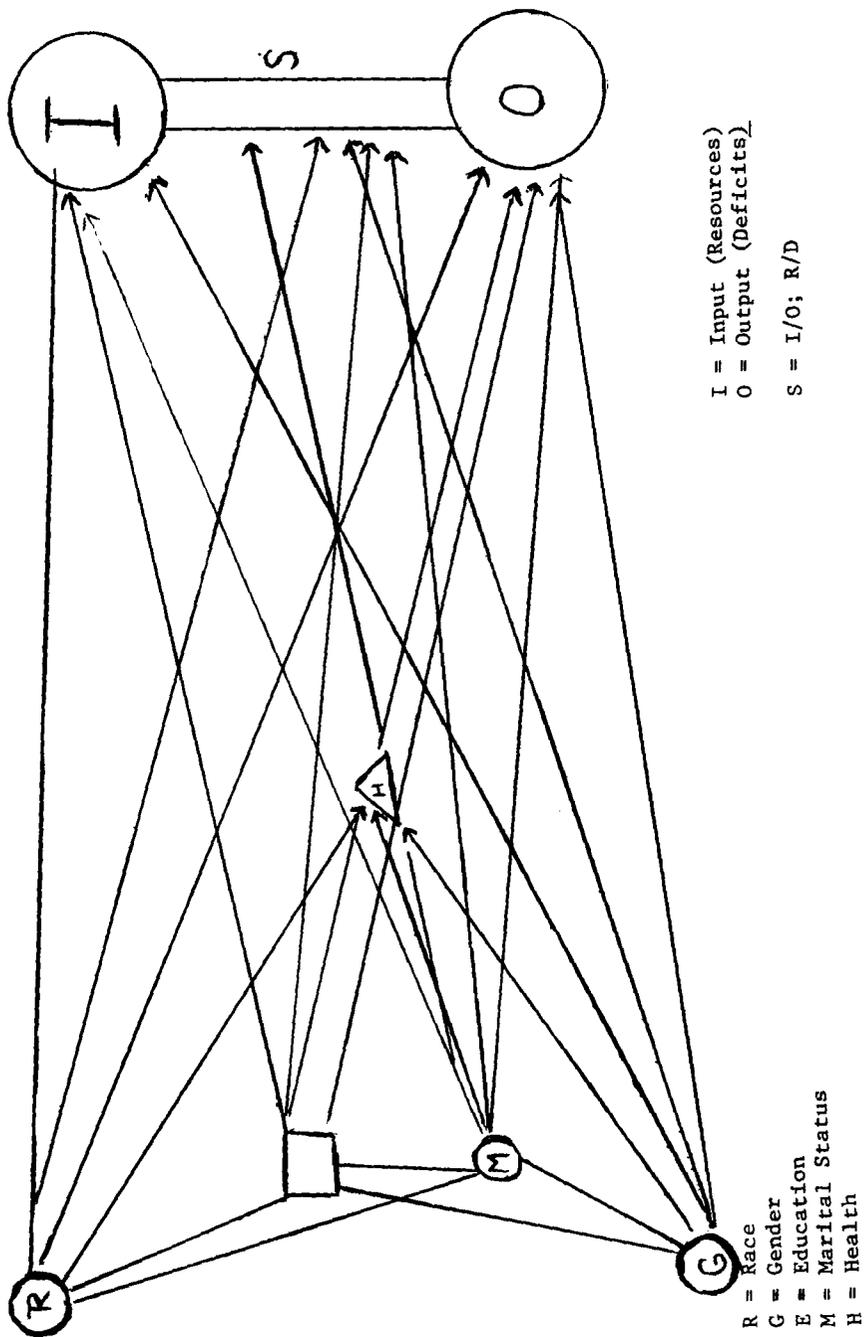
At least on a preliminary basis, the "condition" of the elderly person is a result not only of what happens to him or her as an elderly person only, but what has happened to that person throughout life. Men and women are treated differently, and have different incomes, different patterns of psychological and health resources and deficits, and different key points in the life course. The same is true with blacks as opposed to whites. Education has come into some disrepute recently as a predictor of earnings.³⁴ However, it appears that the correlation strengthens after retirement.³⁵ In addition, to the extent that it is a proxy for intelligence, it becomes an important resource.³⁶

Marital status as it relates to upward mobility is an important component for men. Men who remain married to their original wives move up significantly higher in occupational status than men who are separated, divorced or widowed. Thus, for men, marriage is (or has been) important to their social mobility.

Health, affected by gender and race, and by education and marital status as well, is crucial to lifelong functioning, as previously noted.

Consistent with the previous line of argument, this model should have at least two sets of dependent variables - age grade on the one hand, and resources, deficits and their balance for each age grade on the other. The effect of race, for example, may be to both increase costs and decrease resources for blacks, and result in the reverse for whites. Similarly, these effects may differ from one senior epoch to another. We should not, however, lose sight of the crucial element here - much of what is important to, and happening to, the elderly is not "new;" it has been affecting them all their lives. Policy toward the elderly, therefore, should be policy for everyone. Remedial actions are fine, but, in many instances they are just that--palliatives which cannot overcome a lifetime of racism, sexism, poor health, low education and isolation from others. On the other hand, it should not be forgotten that there are those elements which can usefully be addressed at particular ages. This separation needs to be made, and cannot be successfully accomplished, without at least a causal model which can be modified and changed.

FIGURE 3
 A SUGGESTED CAUSAL MODEL FOR CONSIDERING THE CONDITION OF THE ELDERLY



CONCLUSION

This paper has attempted to document the need for and importance of a phenomenological approach to policy making. It has highlighted the delicate balance between considering older people categorically on the one hand, and as individuals requiring specialized attention on the other. Considering older people categorically efficiently spotlights them as a group worthy of attention. Yet, by the same token, they become vulnerable to loss of individualism and stereotyping. As is true of all people, it is sometimes beneficial for older people to be identified as part of a group and sometimes it is not. It is in understanding the complexities of this dilemma that policy analysts meet their greatest challenge. An awareness and understanding of value context, historical context, and life span variabilities and constants is a crucial step toward meeting this challenge.

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22. James Schulz, The Economics of Aging, (Belmont: Wadsworth, 1976), he found, for example (p. 17, Table 6) that for the non-married the proportion who had incomes of less than \$1,000 was 14% for the 60-65 group, and 39% for the 80+ group!
23. See Daniel P. Moynihan, "Policy vs. Program for the Seventies," in John E. Tropman, et al., ed., Strategic Perspectives on Social Policy, (Elmsford: Pergamon Press, 1976).
24. Marjorie Fiske Lowenthal, Majda Thurnher, David Chiriboga, Four Stages of Life, (San Francisco: Jossey-Bass, 1975). For "resources" they use 15 variables, plus 3 measures of health (Table 10, pp. 102-103). In summary, these are in six categories: 1) accommodation; 2) growth; 3) hope; 4) mutuality (familial and extrafamilial); 5) intelligence, and 6) health. For deficits they had 10 operational indicators, two were crucial: 1) the subjects' own perceptions of psychological problems, and 2) measures of psychological symptoms. Note that 1 and 3 of the measures show significant differences between their stages of the life cycle (high school, middle aged, newlywed, preretirement), 2 deficits and 11 resources. Of the 11 resources, the pre-retirees show an increase except in hope and health measures. This type of approach is similar to the "self esteem" approach reviewed by Larson (op. cit.).
25. In a monograph on the Economic Condition of the Aged, Alludine and Tropman use this mixed approach to assess economic well-being: income on the one hand and expenditures on the other.
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27. Howard McClusky, "A Dynamic Approach to Participation in Community Development," Journal of the Community Development Society. Vol. 1, Spring 1970, pp. 25-32. McClusky has developed a complementary paradigm. His conceptualization is designed to encompass all aspects of older people's condition--economic, psychological, sociological, physiological. He sets up a ratio between "Load" and "Power," with load representing the demands confronting an older person and power, the resources he/she commands. The surplus (if any) he calls the Margin. The greater the margin, the broader the range of options available.
28. See, for example, John E. Tropman and Milan Dluhy, "The Loci of Social Change," in Tropman, et al., eds. op. cit., and Henry J. Meyer, et al., "Social Work and Sociology," in P. Lazarsfeld, W. Sewell and H. Wilensky, eds., The Uses of Sociology, (New York: Basic Books, 1967).
29. Population represents a good example of this approach. It is the sum of births, minus deaths and plus or minus migrations; high birth rates become problematic, usually, under conditions of low death rates. While we do not consciously embark upon a policy of increasing death rates, Malthus noted that this would happen. Controlling only one, however, is insufficient for total "demographic health."
30. Lowenthal, Thurnher, and Chiriboga, op. cit., p. 118.
31. Causes in some sense may, occasionally, come after effects. One example of such a situation, at least in part, is the idea of anticipatory socialization, in which a person, knowing he is going to college, socializes himself to college norms and values before the event has actually occurred.
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