

Inequalities in Old Age:

An examination of age, sex and class differences in a sample of community elderly

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ABSTRACT

This paper examines the distribution of personal resources – financial, social, health and psychological – between age cohorts, sex groups and social classes in a random sample of community elderly. As expected, the young elderly, males and those from middle-class backgrounds have a disproportionate share of three out of four of these resources, but for social support the balance of advantage is reversed. When age, sex and class are combined to yield eight subgroups, younger working-class males consistently rank high on all resources and older working-class females consistently rank low. Older middle-class females rank low on all resources other than on close friends.

All groups experience a loss of nearly all resources over time, but the size of the loss varies by sex and class. The decline in health and functioning is particularly marked and provides evidence for the erosion of earlier middle-class advantage – especially among females.

Introduction

After a long period of treating the elderly as a homogeneous group social gerontologists are becoming increasingly interested in its internal differentiation.¹

The distinction between the ‘young’ and the ‘old’ elderly is now commonplace and assumes considerable importance in discussions of demand for health and social services. We know that compared with those aged 65–74 those 75 and over have a greater number of

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long-standing health problems, they experience more illness² and their use of services is twice, and in some instances four times as great.³ We also know that the old elderly are more likely to live in poorer housing⁴ and to have incomes below or on the margin of the state's standard of poverty.⁵ But in other respects we know that by comparison with their younger peers the 'old' elderly are advantaged; they have larger families,⁶ are more likely to have a child living in the neighbourhood⁷ and are generally more satisfied with their lives.⁸

The basis for many of the differences between elderly males and females lies in differential life expectancy. At age 65 a Scottish woman can expect to live for another 15.7 years whereas a Scottish man can only expect another 11.7 years.⁹ As a result of this greater longevity elderly women are twice as likely to be widowed¹⁰ and three times as likely to be living alone.¹¹ Of course, elderly women are also more likely to live alone because they were less likely to marry in the first place, slightly over 10% of all women over the age of 65 being spinsters whereas only 4% of men over the age of 65 are bachelors.¹² These demographic differences between men and women have important financial consequences. In his discussion of poverty among the elderly Townsend shows that those never married and widowed have lower incomes and fewer assets than those currently married.¹³ There are also consequences for social support, all men over the age of 65 being twice as likely as their female contemporaries to have a spouse and slightly more likely to have a surviving adult child.¹⁴ Health constitutes another source of inequality between the sexes. Elderly women report more long-standing health problems, they experience more illness and they report more GP consultations.¹⁵ Elderly women also seem to have poorer psychological functioning than their male peers; they are more likely to suffer loneliness,¹⁶ anxiety,¹⁷ to have weaker self-concepts¹⁸ and lower levels of morale/life satisfaction.¹⁹

As far as class differences are concerned, both Wedderburn and Townsend have shown that compared with elderly from non-manual occupational backgrounds, those from manual backgrounds are less likely to have accumulated savings, property and private pension rights and, as a consequence, they have lower net disposable incomes and lower net unit assets.²⁰ The best evidence for class differences in the health of the elderly comes from the General Household Survey (GHS). Taking the incidence of long-standing illness as the best single indicator of ill health, recent reports show that while the rates for those aged 65 and over show the same class pattern as is found in younger age groups, the gradient is less pronounced. The overall evidence from GHS and other sources suggests that those from middle-class occupational back-

grounds enjoy a clear health advantage in later life.²¹ Evidence for class differences in psychological functioning is rather sketchy.²² American researchers have consistently found a direct relationship between socio-economic status and morale,²³ but other dimensions have not received the same attention. The culture of poverty literature contains numerous studies suggesting working-class – particularly lower working-class – disadvantage, but since most of these studies are descriptive the evidence is, at best, suggestive and inferential.²⁴ This catalogue of working-class disadvantage is partly offset by their greater share of available family support. In this country both Shanas and Abrams, in studies 20 years apart, have confirmed that by comparison with their middle-class peers, working-class elderly have more children and more siblings and are more likely to live with or near their close kin.²⁵

The evidence reviewed indicates that we already know a good deal about the ways in which the elderly differ from each other. Unfortunately the evidence is scattered between a number of studies employing difficult definitions and levels of analysis. The present need is for a more systematic approach to these differences, and we feel that the concept of 'personal resources' provides the basis for such an approach. By personal resources we mean those reserves which individuals draw upon when coping with difficulties. For present purposes we have identified four categories of resource – income and savings, social support, health and psychological functioning. The sense in which each constitutes a personal resource is too obvious to require lengthy comment. Briefly, income and savings serve as a basic resource in a wide range of potentially stressful situations, obvious in those involving material hardship, but also relevant and efficacious in those involving emotional loss and trauma. Social support constitutes an equally varied resource, ranging from specific services to more generalised forms of emotional sustenance. The importance of health as a resource cannot be over-emphasised. Taken for granted by the young, it becomes increasingly problematic among the elderly and is one of the most important influences on their overall satisfaction with life. Psychological predispositions such as morale, self-esteem and self-competence are generalised resources primarily by virtue of their influence on the definition of events and situations. Those with a strong sense of personal worth and competence are less likely to perceive situations as stressful, and for those which are defined in this way, they are better able to cope with them.²⁶ Our selection and definition of these four categories of personal resource is fairly typical of other attempts, although we must acknowledge that it is not exhaustive – housing and education being two obvious omissions.

More generally, it is worth noting that the personal resources perspective is becoming increasingly popular in social gerontology, and George has recently utilised the concept of personal resources along with that of personal coping to produce a general model of adjustment in old age.²⁷ In terms of our overall theoretical perspective we would subscribe to this general model, but our immediate purpose is more limited and modest.

Our primary aim in this paper is to describe the way in which personal resources are distributed between age cohorts, sexes and social classes in a random sample of the non-institutionalised elderly. Our enquiry will be guided by three general assumptions which can be stated in the form of working hypotheses:

- (i) that personal resources diminish with age, i.e. that the 'young' elderly (60–74) will have more than the 'old' elderly (75+);
- (ii) that elderly men have greater resources than elderly women;
- (iii) that elderly men and women from middle-class occupational backgrounds have greater resources than those from working-class occupational backgrounds.

On the basis of the evidence we have already reviewed we would not expect these hypotheses to be confirmed across all four resource areas, but they represent our starting assumptions and we will revise them in the light of the findings which we present.

Our secondary aim is rather more ambitious. We would like to know how resources are distributed when age, sex and class are considered simultaneously. For elderly populations such analyses are extremely rare.²⁸ If we treat men and women separately and distinguish between the 'young' and the 'old' elderly and between those from middle- and working-class backgrounds, we have eight age/sex/class subgroups: young middle-class males, young middle-class females, young working-class males, young working-class females, old middle-class males, old middle-class females, old working-class males and old working-class females. Our aim is therefore to identify those age/sex/class subgroups which are best and worst endowed on each resource separately, and then on the four resources overall. On the basis of our earlier assumptions we would expect younger middle-class males to have most personal resources and older working-class females to have fewest, i.e. if each of the eight subgroups was ranked on resources, younger middle-class males would always rank highest and older working-class females would always rank lowest. Of course, our interest is not just in those ranked top and bottom on each resource, we are also interested in those groups which consistently have an intermediate ranking and those which are high on some resources and low on others.

Our third aim is more ambitious still, indeed, we have some methodological doubts as to whether it should even be attempted. We are interested in the differential loss of resources within old age, in knowing whether women's resources diminish at a faster rate than men's, and whether those of the working class diminish faster than those of the middle class. We are particularly interested in the effects of ageing on class differences. Is old age, as is often supposed, a social leveller?²⁹ Or do class differences persist – perhaps even in an amplified form – into extreme old age?³⁰ The problem with such questions is that they require answers based on longitudinal data. Only by interviewing the same people at different ages is it possible to distinguish between the effects due to their ageing and those due to the historical context or period in which they have grown old.³¹ We do not yet have longitudinal data and can only proceed if we are prepared to assume that all identified differences between the 'young' and the 'old' elderly are attributable to ageing itself. For most purposes this assumption is entirely unwarrantable, but our interest at the moment is speculative rather than definitive. We want to use our cross-sectional data to sensitize us to some of the changes which we will subsequently be able to study longitudinally.

The Aberdeen styles of ageing study

Sample

The data reported in this paper were collected as part of the first stage of a continuing longitudinal study of coping behaviour and adjustment in later life. The target population consisted of all those aged 60 and over living in their own homes in the city of Aberdeen. Sampling was based on GP patient records and proceeded in two stages, random selection of GPs preceding selection of patients. At the second stage patients were stratified into twelve age/sex strata each containing 65 old people. Interviewing was completed in the first three months of 1980 and resulted in an achieved sample of 619 cases. This achieved sample, containing almost equal numbers of males and females in each of the five-year age cohorts, has been weighted by the appropriate fractions to correspond with the age/sex distribution of the elderly population of the city of Aberdeen. All subsequent figures are based on this weighted sample.

Class

We are well aware that occupation is only a rough indicator of class position and that its use on an elderly population presents a number of conceptual and technical problems which cannot be discussed here.³² We have, nevertheless, followed conventional practice and have classified men and women with jobs according to their own main lifetime occupations, and women who had never worked according to their husband's main lifetime occupation. There was insufficient occupational detail to classify seventeen (2.7 %) of the sample. We used the Registrar General's six-fold classification and collapsed social classes I (Professional), II (Intermediate), III (Non-Manual) and classes III (Manual), IV (Semi-Skilled), V (Unskilled) to provide the conventional grouping of middle and working class.

Measures

We have tried to use conventional measures wherever possible and only those which are novel or composite are described in detail.

1. INCOME AND SAVINGS

Four measures are available:

- (i) total household income per week;
- (ii) total savings/investments;
- (iii) feeling of financial security – respondents were asked to think of the future and rate their feeling of security on a 4-point scale;
- (iv) ease of obtaining emergency cash – respondents were presented with a hypothetical emergency and asked how difficult it would be for them to raise the sum of £200.

2. AVAILABILITY OF SOCIAL SUPPORT

Four measures are available, but it should be noted that they deal with social support from a structural point of view only, i.e. whether a potential source of support is present or absent, regardless of whether it is likely to be called upon or offered:

- (i) marital status, specifically presence/absence of spouse;
- (ii) number of children living locally (within city);
- (iii) number of siblings living locally (within city);
- (iv) number of friends/significant others – i.e. those apart from children and siblings whom respondents defined as being important to them.

3. HEALTH AND PHYSICAL FUNCTIONING

Four self-report measures are available:

(i) number of chronic conditions – respondents were shown a card with 10 common chronic conditions (e.g. poor eyesight, arthritis, ‘nerves’) and asked about any other long-standing health problems or disability;

(ii) number of acute symptoms experienced over last month – respondents were shown a card with 15 common complaints (e.g. indigestion, difficulty in sleeping, constipation) and asked if they had experienced any of them over the last month;

(iii) number of difficulties in functioning – respondents were asked if they experienced difficulties over a range of activities and tasks – from socialising and shopping through tasks around the home to the conventional activities of daily living;

(iv) overall rating of health – respondents were asked to rate their overall health as poor, fair, good or excellent.

4. PSYCHOLOGICAL FUNCTIONING

Four measures are available:

(i) self-esteem – respondents were asked to indicate the strength of their agreement/disagreement with the 10 statements in Rosenberg’s ‘Self-Esteem Inventory’,³³

(ii) self-competence – respondents were asked to indicate the strength of their agreement/disagreement with six sentences concerned with self-competence (e.g. ‘When I make up my mind to do something I expect to be successful’, ‘I sometimes feel I have little control over the things that happen to me’);

(iii) morale – a composite measure based on separate self-estimates of happiness, worries, loneliness, anxiety and life-satisfaction;

(iv) health optimism – respondents were asked about the extent of their agreement/disagreement with four sentences concerned with the relationship between health and old age (e.g. ‘It’s a fact of life that as you grow old you also grow ill’, ‘There’s a lot you can do to keep healthy in old age’).

Findings

Income and savings

It is notoriously difficult to obtain comprehensive and reliable information on income and savings,³⁴ and our data have most of the limitations

reported in previous research. For example, 11.5% of our respondents refused to divulge information on income and 23.3% on savings. Moreover, many were unsure of the details of some sources of income. These limitations notwithstanding, the data on household income and savings provide evidence of substantial age/sex/class variation in financial resources.

Overall, the 'young' elderly (60–74) have higher incomes and savings than the 'old' elderly (75+), males have higher incomes and savings than females, and those from middle-class occupational backgrounds have higher incomes and savings than those from working-class backgrounds. These differences are in line with our expectations, and the reasons for them are comparatively well known.³⁵ In relation to our own data two comments are in order. First, the male–female difference is not fully explained by their different marital situations – most men being married and most women being either widowed or single – because even when household income is controlled for marital status (not shown on Table 1) females are still disadvantaged. A full explanation of this female disadvantage would have to include differences in average age as well as occupation-related differences in earnings and pensions. A second and similar point can be made in relation to the difference between classes. The middle-class advantage in household income is not an artefact of household composition: indeed, the middle class have a slightly lower proportion of two-person/two-pension households. Again, the difference results from a combination of factors – greater lifetime earnings, occupation-related pensions, annuities, legacies, and so on.

If we turn our attention from 'objective' reports of financial provision to its subjective appraisal and assessment we can see that while the latter tend to reflect the former, the match is by no means exact. Males envisage less difficulty in obtaining emergency cash than females, and those from middle-class backgrounds, less than those from working-class backgrounds, but the cohort difference is less than we might expect on the basis of differences in provision. When we examine overall feelings of financial security there are clear class and cohort differences, but the latter are in the opposite direction to that expected, i.e. it is the younger rather than the older cohort which feels less secure. Sex differences are negligible.

The combination of age, sex and class identifies the younger (60–74) middle-class males and the older (75+) working-class females as the extreme groups. This is as expected, but the differences are none the less striking. None of our sample of younger middle-class males had a household income of less than £30 per week and over 50% had in excess

TABLE 1. *Income and savings*

	Age		Sex		Class		60-74						75+							
	60-74		75+		M		W		M		W		M		W		M		W	
	Male	Female	Male	Female	M	W	M	W	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Household income per week	20.6	45.6	10.8	39.0	20.1	30.9	0.0	0.0	24.2	7.5	34.5	11.7	33.5	32.2	66.4					
< £30	23.8	28.5	21.9	27.3	22.4	27.0	10.0	10.0	24.0	21.4	31.6	42.0	27.0	33.1	24.4					
£30-£39	21.7	13.1	25.0	15.3	16.3	21.1	21.2	16.4	26.6	21.8	20.7	10.5	26.7	6.1						
£40-£49	14.1	4.4	16.2	8.1	11.9	11.2	16.9	12.9	21.0	8.3	0.0	7.9	3.8	3.0						
£50-£59	19.8	8.5	26.0	10.2	29.3	9.8	51.9	22.6	23.5	3.8	25.6	21.1	4.2	0.0						
£60+	44.8	35.5	48.8	37.8	47.1	39.6	58.7	44.4	49.2	36.7	44.9	41.7	36.7	29.4						
Mean (sample) 42.1	(39.1)	(160)	(218)	(333)	(177)	(358)	(42)	(80)	(121)	(134)	(10)	(45)	(38)	(65)						
Savings	29.1	33.2	23.9	34.4	10.4	39.4	4.3	10.4	23.7	37.0	0.0	6.8	28.4	42.3						
< £250	32.9	29.9	24.7	36.7	27.4	33.6	11.2	23.0	22.2	36.5	14.2	23.8	17.0	26.5						
£250-£999	24.7	23.2	32.2	19.2	30.8	21.1	24.8	18.0	25.4	13.6	29.3	22.4	23.7	23.7						
£1,000-£4,999	13.3	13.7	19.2	9.7	31.1	5.9	59.7	48.6	28.6	12.9	56.5	43.4	32.2	7.5						
£5,000+	(35.0)	(139)	(191)	(298)	(150)	(325)	(40)	(76)	(120)	(125)	(10)	(24)	(27)	(53)						
East of obtaining emergency cash	67.3	68.1	74.5	63.1	85.9	57.6	93.7	80.0	68.8	48.7	94.1	87.9	60.6	52.9						
No difficulty	21.0	15.7	18.1	20.3	10.7	24.9	4.4	16.0	23.4	29.6	5.9	7.6	23.2	18.7						
Some difficulty	11.7	16.1	7.4	16.6	3.4	17.5	1.9	4.0	7.8	21.7	0.0	4.5	16.1	28.4						
Impossible	(435)	(176)	(239)	(372)	(204)	(387)	(48)	(96)	(133)	(144)	(11)	(52)	(40)	(69)						
N	16.4	25.9	20.1	18.6	28.7	14.7	27.3	24.6	17.0	7.7	31.8	36.6	18.4	22.7						
Feeling of financial security	67.1	67.0	63.5	69.4	64.1	67.9	62.1	67.3	61.1	72.9	65.9	59.6	69.2	69.9						
Very secure	13.5	6.5	13.4	10.2	6.3	14.8	10.5	6.7	16.7	17.3	2.3	2.3	11.8	7.4						
Fairly secure	3.0	0.6	3.0	1.8	1.0	2.6	0.0	1.4	5.2	2.1	0.0	1.5	0.6	0.0						
Rather insecure	(432)	(177)	(240)	(369)	(207)	(386)	(48)	(93)	(133)	(144)	(11)	(52)	(41)	(69)						
Very insecure																				
N																				

Note: M = middle class; W = working class (for all tables).

of £60; by comparison over 60% of older working-class females had an income of less than £30 per week and none had in excess of £60. Similarly with savings, only 4.3% of younger middle-class males compared with 42.3% of older working-class females had savings of less than £250. These group differences in income and savings are reflected in estimates of difficulty in obtaining emergency cash, middle-class males anticipating least difficulty and working-class females anticipating most difficulty. However, it is worth noting that there is no cohort difference, younger and older working-class females being equally likely to experience some difficulty. When we examine group differences in feelings of financial security the situation is rather different and contrary to expectations. Overall, those from middle-class backgrounds feel more secure, but it is the older rather than the younger group which feels most secure. In the working classes there is a similar reversal; it is the older rather than the younger group which feels most secure. This discrepancy between objective situation and subjective perception has been noted in previous research on the elderly,³⁶ and may be explicable in terms of the young and old elderly employing different temporal comparisons. The young elderly are not only more likely to compare their current with the pre-retirement income, but compared with their older peers they are also more likely to feel that what they have has to last them for a longer time. Thus despite their better 'objective' provision, it is the young elderly who feel most insecure.

Social support

For three out of the four measures of social support – the presence of a spouse and the number of children and siblings living locally – the young elderly (60–74) have an advantage over the old elderly (75+), males have an advantage over females³⁷ and those from working-class backgrounds have an advantage over those from middle-class backgrounds.

For the fourth measure – the number of close friends – the advantage is reversed: the old elderly having more friends than the young elderly, females having more friends than males and those from middle-class backgrounds having more than those from working-class backgrounds.

If we begin our more detailed examination of the eight age/sex class groups by looking at those who still have a spouse, it is clear that class differences are swamped by those stemming from age and sex. Younger men are more than twice as likely, and older men more than four times as likely to be currently married than women of the same age. These differences are only slightly affected by social class, so that while

TABLE 2. Social support

	Age		Sex		Class		60-74						75+									
	60-74		75+		Male		Female		M		W		Male		Female		M		W			
Marital status																						
Married	61.4	30.8	77.0	37.2	47.3	55.7	82.0	42.6	81.2	50.6	75.5	17.6	58.1	17.5								
Widowed	24.0	54.6	14.3	44.9	32.8	33.3	6.3	36.9	10.6	33.5	22.7	51.2	33.0	73.9								
Separated/divorced	4.3	2.3	2.1	4.5	5.0	2.6	6.9	6.3	0.7	5.2	0.0	1.5	1.6	2.7								
Single	10.0	12.3	6.6	13.4	14.9	8.4	4.8	14.2	7.5	10.7	1.8	29.7	7.3	5.9								
Children living locally																						
None	34.7	42.5	36.9	37.0	50.7	29.2	55.2	44.7	31.7	22.7	40.0	60.2	30.5	37.1								
One	35.2	29.4	33.0	33.8	33.7	33.4	30.7	37.1	33.6	36.9	32.0	30.7	33.4	26.0								
Two or more	30.1	28.1	30.1	29.2	15.6	37.4	14.1	18.2	44.7	40.4	28.0	9.1	36.1	36.9								
Mean (sample) 1.2	1.2	1.1	1.9	1.2	0.7	1.5	0.7	0.8	1.3	1.7	1.1	0.6	1.4	1.4								
Siblings living locally																						
None	42.3	56.8	36.9	37.0	57.7	40.6	48.0	61.0	36.2	33.5	56.1	60.9	56.2	53.9								
One	22.9	21.8	33.0	33.8	21.8	23.4	34.9	15.0	22.3	26.3	22.7	22.2	21.9	20.6								
Two or more	34.8	21.4	30.1	29.2	20.5	36.0	17.1	24.0	41.5	40.2	21.2	16.9	21.9	25.5								
Mean (sample) 1.18	1.3	0.8	1.2	1.2	0.8	1.3	0.8	0.9	1.5	1.6	0.9	0.7	0.8	0.8								
Close friends																						
None	33.1	24.9	38.1	25.9	24.4	33.9	31.4	27.6	41.4	29.3	15.6	13.7	42.6	24.4								
One	24.3	26.4	25.9	24.3	22.5	25.8	27.3	18.0	22.9	28.0	47.9	20.6	29.2	24.8								
Two	22.5	23.1	19.7	24.6	21.6	23.0	20.0	19.8	18.2	27.9	16.5	27.5	19.2	24.3								
Three or more	20.1	25.6	16.3	25.2	31.5	17.3	21.3	34.6	17.5	14.8	20.0	38.2	9.0	26.5								
Mean (sample) 1.4	1.4	1.6	1.2	1.6	1.7	1.3	1.4	1.8	1.1	1.4	1.4	2.1	1.0	1.7								

younger middle-class males emerge as the most advantaged, and older working-class females as the least advantaged, neither group are distinguished from their class peers by more than a single percentage point. However, if we go on to examine group differences in the percentages of those who are widowed and single, class effects become more pronounced, and they provide some confirmation for our initial assumption that the older working-class female is indeed the most disadvantaged. Concentrating on the older cohort of women we can see that while those from working- and middle-class backgrounds are equally unlikely still to have a husband (17.6%, c.f. 17.5%), those from middle-class backgrounds are less likely to be widowed (51.2%, c.f. 73.9%), mainly we suspect because so many more of them have remained single (29.7%, c.f. 5.9%). Our observation is truistic, but since there are grounds for regarding widowhood as a more vulnerable status than spinsterhood,³⁸ it does identify the older group of working-class females as the most disadvantaged.

If we turn our attention from the availability of spouses to the availability of children the pattern of advantage/disadvantage is rather different, most of the variation being explicable in terms of class rather than age or sex.

The fact that the working class have more children living locally is a direct consequence of larger family size (a mean of 2.3 surviving children compared with middle-class mean of 1.6), but it is also a result of their geographical immobility. When age, sex and class are combined it is the group of younger working-class females which is the most favoured, with an average of 1.7 children living locally, and the group of old middle-class females which is the least favoured, with an average of only 0.6 children living locally. We have already seen that this latter group contains a high proportion of spinsters, and this undoubtedly explains part of their disadvantage.

Moving from children to siblings, those in the younger cohort are more likely (mean 1.3) to have brothers or sisters living locally than those in the older cohort (mean 0.8), and those from working-class occupational backgrounds are similarly advantaged (mean 1.3) in relation to their middle-class peers (mean 0.8). This class difference, like that already observed for children, is also a consequence of class-related differences in family size and geographical mobility. The subgroups most and least favoured are, once again, younger working-class females (mean 1.6) and older middle-class females (mean 0.7).

Our information on spouses, children and siblings has been combined to provide an overall index of available family support. Defining those without any of these potential forms of family support as the least

favoured, we find that they constitute a higher percentage (20.4) of older middle-class females than of any other subgroup. Correlatively, defining those with both a spouse and a child living locally as the most favoured, we find they are most numerous among younger working-class males, constituting 61.5% of this subgroup, and least numerous – indeed totally absent – among older middle-class females. Moreover, if we look at those who only have access to a sibling – probably the least dependable of the three forms of family support under consideration – we find that they constitute a higher percentage (22.2) of this group of older middle-class females than of any other subgroup. It is therefore the older middle-class female who emerges as the most disadvantaged overall, the family support available to her being considerably less than that available either to her male class peers or to her working-class sisters. However, we shall see that this disadvantage is partly offset.

Kin are not the only potential source of informal support, most respondents reporting at least one close friend. We have already seen that the distribution of these close friends reverses the balance of advantage – from young to old, from male to female, and from working to middle class. Consequently it is not surprising to find that older middle-class females have more close friends than any other group. It is not just that their average number of friends is greater (2.1) than that of any other group; they are also least likely to have no friends and most likely to have three or more friends. Thus their disadvantage in available family support is offset by their advantage in having close friends. In effect, there is a form of substitution, friends for family members. On the basis of the age, sex and class differences already noted we would expect younger working-class males to report fewer friends than any other subgroup. It is, in fact, the older group of working-class males which reports fewest friends, and though the overall difference between them and their younger peers is rather small, their likelihood of having three or more friends is substantially less. This falling-off in friends between the younger and the older cohort only occurs among working-class males, all other groups reporting an increase.

The age, sex and class differences which we have found in friendship have, of course, been noted in previous research. The sex difference reflects the totally different situation of men and women in later life, most men being married and most women being unmarried, i.e. either widows or spinsters. There is some evidence that widowhood, the experience of most elderly women, promotes friendship;³⁹ by contrast retirement, the experience of most men, often terminates friendship.⁴⁰ On our evidence this termination would seem to be more common among males from working-class backgrounds. Overall class differences

in friendship are usually explained in terms of working-class people – of all ages – preferring to restrict their social life to family members.

Friendship notwithstanding, there can be no doubt that it is the group of older middle-class women which is most disadvantaged in terms of available support. This is worth stressing, because in most discussions of the elderly the class dimension is ignored and all elderly women are held to be disadvantaged. By comparison with elderly men this is of course true, but we have seen that within the older cohort of women those from middle-class backgrounds have fewer social resources than their working-class peers.

Health and physical functioning

On all three ‘objective’ measures⁴¹ – number of chronic conditions, symptoms and difficulties – our general expectations are confirmed and the health advantage lies with the younger over the older cohort, males over females and middle class over working class. This general pattern of advantage is also found in the fourth measure – subjective self-ratings.⁴²

If we begin our more detailed examination of the eight age/sex/class groups by looking at chronic conditions, contrary to our expectation we find that it is the group of older middle-class females which is most disadvantaged, having an average of 3.4 conditions. By contrast, and in line with our expectations, those reporting fewest chronic conditions (mean 1.6) are the younger middle-class males. The pattern is similar for symptoms experienced over a 4-week period, older females reporting most (mean 3.8), but it is the older rather than the younger middle-class males who report fewest (mean 1.8).

In Table 3 chronic conditions and symptoms have been examined separately, but since both are important components for health a combined measure is desirable. This has been constructed by trichotomising symptoms and conditions (low, medium and high) and reclassifying cases into five illness categories:

- (1) those with no chronic condition and no symptoms;
- (2) those with a medium score on conditions and symptoms;
- (3) those with a high score on symptoms but a low/medium score on conditions;
- (4) those with a high score on conditions but a low/medium score on symptoms;
- (5) those with a high score on both conditions and symptoms.

If we define those in category 1 as a health elite and those in categories 4 and 5 as near invalids we find that the group of younger middle-class

TABLE 3. Health and functioning

	Age		Sex		Class		60-74						75+								
	60-74		75+		Male		Female		Male		Female		Male		Female		Male		Female		
	M	W	M	W	M	M	M	W	M	W	M	W	M	W	M	W	M	W	M	W	
Number of chronic conditions																					
None	18.8	7.9	20.8	12.3	18.3	14.0	25.6	22.8	19.6	12.4	20.0	2.3	13.8	7.0							
One	21.6	17.9	26.1	16.9	21.1	20.2	25.5	23.0	25.5	15.0	21.7	12.8	27.7	16.1							
Two	23.4	20.3	24.0	21.6	22.3	22.8	21.4	23.8	26.0	21.5	19.6	20.5	23.2	18.9							
Three	19.4	22.0	16.8	22.3	21.0	20.2	16.9	19.6	15.8	24.0	27.6	25.3	18.4	21.7							
Four or more	16.8	31.9	12.3	26.9	17.3	22.8	10.7	18.8	13.0	27.1	11.2	39.0	16.8	36.3							
Mean (sample) 2.3	2.1	3.0	1.8	2.6	2.2	2.4	1.6	1.8	1.8	2.6	2.0	3.4	2.2	3.2							
Number of symptoms over last month																					
None	21.1	10.0	25.4	12.9	20.5	16.3	30.1	25.7	24.6	9.8	20.4	0.0	16.7	11.4							
One	19.2	16.9	21.8	16.4	20.9	17.8	19.0	21.9	22.4	14.1	23.6	18.3	21.0	12.3							
Two	19.5	16.8	17.4	19.6	20.8	17.7	15.1	24.0	15.6	20.5	23.9	17.5	20.4	11.9							
Three	10.9	14.0	10.9	12.4	11.5	11.4	14.6	9.2	7.3	12.5	17.8	10.7	16.2	12.4							
Four or more	28.3	42.3	24.5	38.6	26.3	36.8	21.2	19.2	30.1	43.1	14.2	53.5	25.7	52.1							
Mean (sample) 2.9	2.7	3.4	2.3	3.3	2.5	3.0	2.2	2.2	2.3	3.4	1.8	3.8	2.7	3.8							
Number of difficulties in functioning																					
None	55.4	15.8	57.5	34.8	44.8	42.6	71.7	55.2	60.1	43.4	24.0	3.0	38.7	11.8							
1-2	29.3	25.4	22.6	31.7	28.1	28.9	22.0	31.2	23.4	38.0	44.7	25.8	18.6	27.2							
3-4	7.2	15.8	9.2	10.0	9.2	10.2	3.7	7.4	9.2	7.1	10.7	17.7	15.0	15.7							
5 or more	8.1	43.0	10.7	23.5	16.9	18.3	2.5	6.2	7.3	11.5	20.6	53.5	28.6	45.3							
Mean (sample) 2.0	1.1	5.0	1.3	2.4	2.0	2.1	0.6	1.1	1.0	1.5	2.3	4.9	2.8	4.2							
Self-rating of health																					
Poor	6.5	10.0	5.8	8.6	6.2	8.0	4.4	5.3	5.6	8.2	7.6	9.2	8.5	11.6							
Fair	26.6	42.8	25.7	34.9	29.3	32.7	12.4	24.8	28.0	31.0	21.7	55.1	36.0	43.2							
Good	49.9	40.7	50.5	45.2	46.7	47.4	58.4	48.6	48.6	49.9	68.5	27.4	43.1	42.5							
Excellent	17.0	6.5	18.0	11.3	17.8	11.9	24.8	21.3	17.8	10.9	2.2	8.3	12.4	2.7							

males contains the highest proportion of the former (18.6%) and the lowest proportion of the latter (9.3%). By contrast, the group of older middle-class females contains none of what we have defined as the health elite and 36.5% of those we have defined as near invalids. Between these two extremes, other groups contain the following percentages of near invalids: younger middle-class females (10.6); younger working-class males (13.2); younger working-class females (24.7); old middle-class males (17.1); old working-class males (17.7) and old working-class females (35.6).

If we return to Table 3 and examine differences in functioning we find the previously noted health pattern repeating itself; the group of younger middle-class males reporting fewest difficulties (average 0.6) and, once again, the group of older middle-class females reporting most difficulties (average 4.9). The difference between the latter group and their working-class peers is substantial, the older middle-class women being less likely to report no difficulties at all (3.0%, cf. 11.8%) and more likely to report five or more difficulties (53.5%, cf. 45.3%).

Self-ratings of health reflect the 'objective' differences already reported by age, sex and class. Thus, if we compare those in the younger with those in the older cohort it is the former who are less likely to rate their health as poor or fair and more likely to rate it as good or excellent. Similarly, if we compare men with women it is the men who are less likely to rate their health as poor or fair, and more likely to rate it as good or excellent. Class differences are less marked, but the comparison reveals a general tendency towards middle-class advantage. Of the eight age/sex/class groups the younger middle-class males have the highest self-ratings and the older working-class females have the lowest.

Psychological functioning

Of the four separate resource areas under consideration psychological functioning is least affected by age, sex and class. There are differences, but they are less marked than we have observed for the other resource areas.

For three of the four measures – self-esteem, self-competence and health optimism – those in the younger cohort score higher than those in the older cohort, and for all four measures – morale included – males score higher than females and those from middle-class occupational backgrounds score higher than those from working-class occupational backgrounds.

If we begin our more detailed examination of the eight age/sex/class

TABLE 4. *Psychological functioning*

	Age		Sex		Class		60-74						75+						
							Male			Female			Male			Female			Male
	60-74	75+	Male	Female	M	W	M	W	M	W	M	W	M	W	M	W	M	W	
	Self-esteem																		
Low (0-28)	25.3	34.2	21.9	31.4	34.0	36.7	25.6	41.1	29.8	37.2	28.6	35.5	40.5	43.3					
Medium (29-30)	30.7	35.0	37.2	32.1	32.0	33.2	43.6	19.6	35.6	32.1	33.3	38.7	32.3	31.7					
High (31-40)	44.0	30.8	46.9	37.5	34.0	30.1	30.8	39.3	34.6	30.8	38.1	25.8	27.0	25.0					
Mean (sample) 30.27	30.4	29.9	30.7	30.0	30.4	30.3	31.0	30.4	30.7	30.1	31.2	29.3	30.5	29.8					
Self-competence																			
Low (0-15)	33.7	51.7	19.0	24.5	36.0	35.7	31.0	35.6	25.0	35.4	33.3	44.4	38.4	52.0					
Medium (16-17)	44.6	35.1	37.3	42.5	43.5	44.3	38.1	45.8	51.0	43.0	41.7	47.2	43.8	34.5					
High (18-24)	21.7	13.2	43.7	33.0	20.5	20.1	31.0	18.6	24.0	21.5	25.0	8.3	17.8	13.5					
Mean (sample) 17.2	17.3	16.8	17.4	17.0	17.2	17.2	17.8	17.1	17.4	17.3	17.5	16.8	17.0	16.6					
Morale																			
Low (0-28)	32.4	28.0	23.2	38.1	28.6	34.0	23.6	37.5	23.4	41.7	22.2	20.1	24.0	44.5					
Medium (29-33)	37.2	40.0	41.2	34.5	41.7	34.3	39.4	40.5	43.3	27.9	23.2	51.3	42.6	26.5					
High (34-38)	30.4	32.0	35.6	27.4	29.7	31.7	37.0	22.0	33.3	30.3	54.7	28.5	33.4	29.0					
Mean (sample) 29.9	29.9	30.0	31.1	29.2	30.1	29.9	31.2	29.1	31.0	29.1	32.5	30.4	30.8	28.9					
Health optimism																			
Low (0-12)	27.0	40.0	32.7	30.0	22.4	35.4	26.3	17.1	32.8	28.2	14.6	30.8	44.5	49.1					
Medium (13-14)	32.2	36.0	32.4	34.5	33.8	32.5	27.7	32.3	29.1	36.2	53.1	39.5	33.6	30.3					
High (15-20)	40.8	27.0	34.9	35.5	43.8	32.1	46.0	50.6	38.0	35.6	32.3	29.6	22.0	20.6					
Mean (sample) 13.8	14.0	13.3	13.9	13.8	14.3	13.6	14.6	14.5	14.0	13.8	14.0	13.7	12.9	13.1					

groups by looking at self-esteem scores we can see that while the overall differences are relatively small, the highest-scoring group are the older middle-class males (mean 31.2) and the lowest scoring are the older middle-class females (mean 29.3).

Differences between subgroups on self-competence scores are equally small; younger middle-class males have the highest mean score (17.8) and older working-class females the lowest (16.6).

Differences between subgroups on morale scores are more substantial. Older middle-class males have the highest mean score (32.5) with well over 50% scoring in the 34–38 range. By contrast, older working-class females have the lowest mean score (28.9) with almost 45% scoring in the 0–28 range.

Health optimism, an original measure designed to tap subjective appraisal of the possibility of remaining healthy in old age, is more strongly affected by age and class than by sex. Younger middle-class males have the highest mean score (14.6) and older working-class males the lowest (12.9). But perhaps more revealing than the group averages is the overall distribution. Two findings are particularly noteworthy: the high percentage (50.6) of high scorers among younger middle-class females, and the equally high percentage (49.1) of low scorers among the older working-class females. The ‘optimism’ of the former and the ‘pessimism’ of the latter do, of course, reflect their ‘objective’ health situations.

Discussion

Our analysis so far has focused on each resource area, and we have found that our initial assumptions have been confirmed; most personal resources do diminish with age, men tend to have more than women and those from middle-class backgrounds tend to have more than those from working-class backgrounds. The major exceptions are found in the various forms of social support: those in the older cohort reporting more friends than those in the younger cohort, women reporting more friends than men, and those from working-class backgrounds reporting more local children and siblings than those from middle-class backgrounds. Having reviewed the evidence by each resource ‘domain’ separately, we will now draw on all ‘domains’ in order to rank the subgroups and to say something about changes over time.

Inequalities between subgroups

As far as the eight age/sex/class groups are concerned the pattern of advantage/disadvantage is clearly complex. On some of the available measures our initial assumptions about the best- and worst-endowed groups have been confirmed, while other measures have yielded rather unexpected results. Given this complex and variable pattern it is desirable that we range across all four resource areas to obtain an overall view of the differences existing between the eight subgroups. Basically, what we want to know is which group is most and which group is least disadvantaged overall? Assuming the equal importance of each resource area and, even more questionable, the equal validity of each of the measures we have adopted, we shall attempt to answer this question in two ways.

The first approach is summarized in Table 5 where, as can be seen, we have rank-ordered the subgroups on those resource variables for which we have mean values. The advantage of this approach is that it provides an immediate indication of overall advantage/disadvantage. For example, it is immediately clear that our initial assumptions are only partly confirmed; the group of younger middle-class males has higher overall rankings than any other subgroups, but the group of older working-class females is not demonstrably more disadvantaged than the group of older middle-class females. We can also see that the group of younger working-class males consistently ranks rather high on most variables – never ranking below fourth position and never ranking above second position. Another group worthy of attention are the younger working-class females. While they rank above all other groups on kin support, they rank rather low on all other measures, and must be seen as the most disadvantaged group in the younger cohort.

Despite the advantage of giving an immediate overall impression, this ranking approach gives no indication of the size of group differences on each of the variables. When these are small, as they are here, it tends to exaggerate overall differences. Our second approach, based on subgroup deviation from the sample mean, overcomes this problem. Looking at Table 6 we can see that only one subgroup is consistently better off than the sample as a whole – the group of younger working-class men. Younger middle-class males also emerge as an advantaged group, only falling below the sample mean in the availability of social support. The two groups of older females provide a sharp contrast, neither group ranking better than the sample as a whole on more than two out of the twelve resource variables. If we want to discriminate between these two groups to identify the one which is more disadvantaged we have to

TABLE 5. *Rank ordering of subgroups on resource variables (means)*

Resource variables	60-74		60-74		75+			
	Male	Female	Male	Female	Male	Female	Male	Female
	M	M	W	W	M	M	W	W
Income	1	4	2	7	3	5	6	8
Currently married	1	6	2	5	3	7	4	8
Local children	7	6	4	1	5	8	2	3
Local siblings	5	3	2	1	4	8	7	6
Close friends	6	3	2	7	5	1	8	4
Chronic conditions	1	2	3	6	4	8	5	7
Symptoms	3	2	4	6	1	8	5	7
Functioning	1	2	3	4	5	8	6	7
Self-esteem	2	4	3	6	1	8	5	7
Self-competence	1	5	3	4	2	7	6	8
Morale	2	6	3	7	1	5	4	8
Health optimism	1	2	4	5	3	6	8	7

TABLE 6. *Subgroup deviations from sample mean (+ = better than; - = worse than)*

Resource variables	60-74				75+			
	Male	Female	Male	Female	Male	Female	Male	Female
	M	M	W	W	M	M	W	W
Income	+16.61	+7.18	+2.41	-5.45	+2.78	-0.41	-5.44	-12.61
Currently married	+0.30	-0.10	+0.29	-0.01	+0.23	-0.35	+0.06	-0.35
Local children	-0.54	-0.39	+0.11	+0.45	-0.14	-0.63	+0.23	+0.22
Local siblings	-0.32	-0.27	+0.31	+0.39	-0.27	-0.48	-0.37	-0.33
Close friends	-0.07	+0.32	+0.32	-0.09	-0.01	+0.60	-0.45	+0.23
Chronic conditions	+0.74	+0.54	+0.48	-0.30	+0.36	-1.07	+0.15	-0.87
Symptoms	+0.70	+0.71	+0.56	-0.51	+1.07	-0.94	+0.19	-0.94
Functioning	+1.35	+0.93	+0.97	+0.52	+0.35	-2.89	-0.83	-2.17
Self-esteem	+0.73	+0.18	+0.39	-0.15	+0.92	-0.95	+0.06	-0.45
Self-competence	+1.62	-0.07	+0.19	+0.09	+0.31	-0.38	-0.15	-0.56
Morale	+0.23	-0.80	+1.02	-0.83	+2.54	+0.43	+0.89	-1.07
Health optimism	+0.76	+0.66	+0.06	-0.06	+0.20	-0.11	-0.90	-0.72

examine each resource area in turn. For income it is obvious that it is the working-class group which is massively disadvantaged, but for social support it is equally obvious that it is their middle-class peers who are most disadvantaged. As far as health is concerned there is little difference between the two groups, but for the final resource area – psychological functioning – the middle-class group has a slight overall advantage. The limitations of this kind of approach notwithstanding,

we would therefore have to conclude, in line with our initial assumption, that the older working-class females constitute the single most disadvantaged group.

Inequalities over time

Having data on the personal resources of a younger and an older cohort we would like to be able to say something about differential resource loss over time. We are, as we have already said, particularly interested in knowing whether sex and class differences gradually erode or whether they persist, or even increase in extreme old age. Unfortunately, with our cross-sectional data we cannot be confident that any cohort differences we identify would be explicable solely in terms of ageing. We must await our longitudinal data for definitive answers; in the meantime, our purpose is purely speculative. We will examine differences in resources between the two cohorts and, assuming that they are attributable to ageing, assess whether the evidence points to the amplification or erosion of earlier social differences. Our overall purpose will be to identify those changes which look as if they might be worth testing on longitudinal data.

Table 7, based on differences between cohort means, summarises the evidence. If we start at the top of the table with income we can see that there is an overall decline with age, but a class differential is only present for females; i.e. working-class females, but not males, experience a greater decline than their class peers. Thus, as far as income is concerned, there is no evidence of social levelling; indeed, for females earlier class differences are amplified. For the three social support variables there is no similar decline; on the contrary, there is an increase in the number of close friends and, for middle-class males, in the number of local children and siblings. Overall, those from working-class backgrounds experience a greater decline than those from middle-class backgrounds and women experience a greater decline than men. Thus, with social support we have our first evidence of social levelling, but it is very slight and it is important to note that it is brought about by the loss of earlier working-class rather than middle-class advantage. Moving on to health and functioning there is an overall decline with age, but this decline is greater for those in the middle than for those in the working class. We shall comment on this pattern in more detail later; for the moment we must note that it provides us with another example of social levelling, only in this case it results from the loss of earlier middle-class advantage. Change in psychological functioning

TABLE 7. *Cohort differences between means for selected variables (+ = increase, - = decrease between younger and older cohorts)*

Variables	Male		Female	
	M	W	M	W
Household income	-13.83	-12.63	-2.82	-7.16
Local children	+0.40	+0.13	-0.24	-0.23
Local siblings	+0.05	-0.68	-0.20	-0.72
Close friends	+0.06	-0.07	+0.28	+0.32
Chronic conditions	-0.38	-0.33	-1.61	-0.59
Symptoms	-0.36	-0.37	-1.66	-0.42
Difficulties	-1.70	-1.81	-3.82	-2.70
Self-esteem	+0.19	-0.33	-1.13	-0.30
Self-competence	-0.31	-0.34	-0.31	-0.65
Morale	+1.31	-0.13	-1.22	-0.23
Health optimism	-0.55	-0.96	-0.77	-0.64

presents a more complex pattern. For males it is the working classes which experience the greatest decline; indeed, in the middle class there is an increase in morale and self-esteem. Consequently, there is no evidence of social levelling for males. For females the class differential is reversed and since it is the middle class which experiences the greatest decline, we are presented with further evidence of social levelling.

Overall, then, while the process of change is clearly complex, and the differences which we have observed are small, we have rather more evidence of social levelling than we have of the amplification of earlier social differences.⁴³ Of the two patterns of social levelling which we have identified, that through loss of earlier middle-class advantage seems more common, and the best example we have is provided by the group of older middle-class females. If our cross-sectional findings are supported longitudinally it is apparent that they constitute an important and barely recognised low-resource and potential-risk group. There can be no doubt that women from middle-class occupational backgrounds enter old age with more resources than their working-class peers. They have greater financial resources, they report fewer illnesses, think of themselves as healthier and have a greater sense of health optimism. Indeed, it is only in terms of social support that they are disadvantaged. It would seem that with increasing age their financial advantage remains relatively unaffected but they entirely lose their earlier health advantage, and in their seventies and eighties report more chronic conditions, symptoms and difficulties than their working-class peers. This change in the balance of advantage is reflected in self-ratings of

health (Table 3). In the younger female cohort 30.1 % of middle class and 39.2 % of working class have either Poor or Fair self-ratings, in the older cohort the respective figures are 64.3 % and 54.8 %, increases of 35 percentage points for the middle class compared with only 16 percentage points for the working class. Thus, as far as health and functioning is concerned there would appear to be a real sense in which elderly middle-class women 'catch up' with their working-class peers in extreme old age. We hope that our longitudinal data will establish whether this is indeed the case.

Conclusion

The present paper represents only a modest beginning in our understanding of inequalities in the distribution of resources in old age. We have concentrated on description rather than statistical analyses and we have been forced to study changes over time on the basis of cross-sectional data. A definitive analysis would, of course, require longitudinal data. Our own continuing study will eventually provide such data but it is unlikely to be available until the middle of the decade. On the positive side we hope that we have succeeded in demonstrating the utility of the concept of personal resources and in laying the foundations for subsequent work on the more detailed identification of those most at risk or in need.

- 1 In this country Mark Abrams has done more than anyone else to promote this differentiated view of the elderly: see Abrams, M., *Beyond Three Score Years and Ten*, First (1978) and Second (1980) Reports on a Survey of the Elderly, Age Concern, Mitcham.
- 2 General Household Survey, *Reports*, 1971–8, HMSO, London.
- 3 Grimley Evans, J., 'Demographic implications for the planning of services in the United Kingdom', in J. Kinnaird *et al.* (eds), *The Provision of Care for the Elderly*, Churchill Livingstone, Edinburgh, 1981, pp. 8–13.
- 4 Audrey Hunt, *The Elderly at Home*, HMSO, London, 1978, pp. 41–57.
- 5 Peter Townsend, *Poverty in the United Kingdom: A Survey of Household Resources and Standards of Living*, Penguin, London, 1979, pp. 784–822.
- 6 Abrams, *op. cit.* p. 19, and Ethal Shanas *et al.*, *Old People in Three Industrial Societies*, Routledge and Kegan Paul, London, 1968, p. 150.
- 7 Abrams, *ibid.* p. 21.
- 8 Abrams, *ibid.*, and Savage, R. D. *et al.*, *Personality and Adjustment in the Aged*, Academic Press, London, 1977.
- 9 Registrar General (Scotland), *Annual Report: Part 2, Population and Vital Statistics*, HMSO, Edinburgh, 1978, p. 104.
- 10 Hunt, *op. cit.* p. 12.

- 11 Abrams, *op. cit.* p. 10.
- 12 Hunt, *op. cit.* p. 12.
- 13 Townsend, *op. cit.* p. 798.
- 14 Shanas, *op. cit.* p. 148.
- 15 Significant sex differentials are evident in all self-reports of health and illness, see *General Household Survey*. Of course, all these self-reports are subject to cultural influences, including the expectation that men ought to be strong, healthy and stoical. Thus, it has long been supposed that 'real' health differences may not be as great as they appear from self-reports. The Duke Longitudinal Study, based on physical examinations/physicians' ratings as well as self-reports, attempted to resolve the issue, but their findings are also rather ambiguous. It appears that there are health optimists and health pessimists and that the former tend to be male and the latter female; however, these tendencies were not statistically significant. See Maddox, G. L. and Douglass, E. B., 'Self assessment of health', *Journal of Health and Social Behaviour*, 14 (1973), 87-93.
- 16 Atchley, R. C. 'Selected social and psychological differences between men and women in later life', *Journal of Gerontology*, 31, 2 (1976), 204-211.
- 17 *Ibid.* p. 208.
- 18 *Ibid.* p. 208.
- 19 Abrams, *op. cit.* p. 44.
- 20 For a useful recent review of this voluminous evidence, see Alan Walker, 'Towards a political economy of old age', *Ageing and Society*, 1, 1 (1981), 73-94.
- 21 General Household Survey, *Reports*, 1971-7, HMSO, London. For a useful summary of sex and class differentials in morbidity, see *Inequalities in Health*, DHSS, London, 1980, pp. 54-55.
- 22 Most of the work on self-esteem and self-competence having been done by psychologists rather than sociologists, there has been no interest in social class differences. For example, Savage *et al.*, *op. cit.*, devote a whole section (pp. 109-119) to an examination of the self concept in a sample of the community aged, and while they examine age and sex differences at considerable length, there is no mention of possible social class differences.
- 23 For an excellent review of these - and all studies related to morale/life satisfaction - see Larson, R., 'Thirty years of research on the subjective well-being of older Americans', *Journal of Gerontology*, 33, 1 (1978), 109-125.
- 24 For elaboration of the thesis, see Cohen, A. K. and Hodges, H. M. 'Characteristics of the lower blue-collar class', *Social Problems*, 1, 4 (1965), 303-334; Rainwater, L., *And the Poor Get Children*, Quadrangle, Chicago, 1960; Klein, J., *Samples from English Cultures*, vol. 1, Routledge and Kegan Paul, London, 1965. For criticisms see Rutter, M., and Madge, N., *Cycles of Disadvantage*, Heinemann, London, 1976; Holman, R. T., *Poverty: Explanations of Social Deprivation*, Robertson, London, 1978; Townsend, P., *op. cit.* 1979.
- 25 Shanas, *op. cit.*; Abrams, *op. cit.* For the most recent review and assessment of the evidence see Allen, G. A., *Sociology of Friendship and Kinship*, George Allen & Unwin, London, 1979.
- 26 There are a number of empirical studies which indicate that high levels of self-esteem and self-competence are important components of effective coping: see Smith, M. B., 'Explorations in competence', *American Psychologist*, 21 (1966), 556-566; Lazarus, R. S., *Psychological Stress and the Coping Process*, McGraw-Hill, New York, 1966; Tyler, F. B., 'Individual psychosocial competence', *Educational and Psychological Measurement*, 38 (1978), 309-323.
- 27 George, L. K., *Role Transitions in Later Life*, Brooks/Cole, Monterey, Calif., 1980. She writes: 'Personal resources are the broad range of reserves and aids individuals

- can draw on in times of need. Since they are mobilised in order to alleviate difficulties, resources are closely related to perceptions of stress. When individuals have sufficient appropriate resources, they aren't likely to view a potentially stressful situation as problematic. In cases of more serious threat, resources can either lessen the impact of a stressful situation or lead to a swifter and smoother adjustment to that situation. Situations for which individuals lack resources are most likely to be perceived and defined as stressful' (pp. 25–26).
- 28 As far as British studies of the elderly are concerned we have been unable to find any recent analyses which are comparable in their comprehensiveness with the now classic, three-nation cross-cultural study of old people. The chapter on class differences in family life is particularly good: see Shanas, *op. cit.*
 - 29 The social levelling thesis takes two forms. In the first, and most common, early class-based differences diminish under the impact of general proletarianisation of the elderly. The second form emphasises a kind of embourgeoisement – the further removed most elderly are from the world of work the more middle class they become: see Rose, A., 'Class differences among the elderly: a research project', *Sociology and Social research*, 50 (1966), 356–360.
 - 30 See Atchley, R. C. *The Social Forces in Later Life*, 3rd edition, Wadsworth, Calif., 1980, pp. 268–272.
 - 31 There is a massive literature on ageing, period and cohort effects. For a recent set of essays exploring aspects and consequences of these distinctions see Riley, M. W. (ed.), *Ageing from Birth to Death: Interdisciplinary Perspectives*, Westview Press, Colorado, 1979.
 - 32 See our paper 'Lifestyle and ageing', *Ageing and Society*, 1, (1981), 329–345, for a discussion of some of these problems.
 - 33 Rosenberg, M., 'Psychological selectivity in self esteem formation'. In Gordon, C. and Gergen, K. J. (eds), *The Self in Social Interaction*, Wiley, New York, 1968.
 - 34 Townsend, P., *Poverty in the United Kingdom*, *op. cit.*
 - 35 See Shanas *et al.*, *op. cit.* 1968, ch. 12, and, for a more recent assessment, Townsend, *op. cit.* 1979.
 - 36 Abrams, M., *op. cit.* 1980, pp. 50–55.
 - 37 With the slight exception of the number of children living locally.
 - 38 In our own work in Aberdeen we are currently comparing widows with spinsters over a wide range of medical, social and psychological outcome measures. While widows score rather better than spinsters on some measures, they score much worse on those concerned with social isolation and loneliness.
 - 39 See Blau, Z., 'Structural constraints on friendship in old age', *American Sociological Review*, 26 (1961), 429–439; Petrowsky, M. 'Marital status, sex and the social networks of the elderly'. *Journal of Marriage and the Family*, 38 (1976), 749–756.
 - 40 See Havighurst, R. J., Munnichs, J. M. A., Neugarten, B. and Thomae, H. *Adjustment to Retirement: a Cross National Study*, Van Gorcum, Assen, 1972. In a comparison between teachers and steelworkers (pp. 53–50) Vern Bengston *et al.* show that steelworkers suffered the greatest decline in numbers of friends following retirement; teachers were more likely to retain contact with former colleagues.
 - 41 Without independent clinical assessments we have no means of knowing the extent to which our self-reports of symptoms and chronic conditions reflect 'real' illness. For a brief review of the extent of agreement between self-reports and those arrived at by medical examination see Taylor, R. C. 'Self reports and self estimates of health'. In Kinnaird, J., Brotherston, J. and Williamson, J. (eds), *The Provision of Health Care for the Elderly*, Churchill Livingstone, Edinburgh, 1981.
 - 42 For definition and review see Taylor, *ibid.*
 - 43 Social levelling also results from selective mortality. We know that at earlier ages

the death rate of social class V is about twice that of social class I. In extreme old age the identification of class differentials is very complex, but we can assume that those from working-class origins continue to have somewhat higher mortality rates than those from middle-class origins. Thus, all samples of the elderly, our own included, are samples of survivors, from which working-class males are disproportionately missing. The longer any study proceeds, the greater the effects of survivorship – including the reduction of class differentials.