

COMMENT

The usefulness of this article should not be discounted because it is based on only 24 subjects. It highlights well the deficiencies in the assumptions that many sociologists and anthropologists have made about rites de passage. It also illustrates that chronological age is still an important principle of social differentiation accepted by a broad cross section of social groups and not just the medical profession.

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Psychology and Psychiatry

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Johnson, C. H., McLaren, S. M. and McPherson, F. M. 'The comparative effectiveness of three versions of "classroom" reality orientation', *Age and Ageing*, 1981, 10, pp. 33-35.

Reality orientation may well be the first psychological technique specifically designed for use with the mentally deteriorating elderly. The therapy was developed by Folsom (1968) at the American Veterans Administration Hospital in Kansas in 1958, but accounts of the technique did not appear until nearly a decade later. Wide scale interest in reality orientation seems to be a fairly recent phenomenon. This paper describes an investigation of three versions.

The three forms of reality orientation (R.O.) examined were, (1) *Standard Classroom R.O.* – Patients met in groups of 5–6 with a therapist for 30 minutes and were presented visually and aurally with information about time, place and person. The groups met each weekday for four weeks; (2) *Twice Daily Classroom R.O.* – Identical to the standard version except that the groups met twice daily for twenty days; (3) *Individual Classroom R.O.* – Patients met with a therapist for ten minutes once daily on twenty occasions. The first version of R.O. is that normally practiced and the aim, therefore, of this study was to test the possibility that the effects of R.O. would be enhanced if more than one session per day was held, and to find out if better results could be obtained, without greater expenditure of therapists' time, if patients met with the therapist individually for a shorter period.

A comparison of pre-treatment with post-treatment scores on the Test for Reality Orientation with Geriatric Patients (TROG – a specially designed questionnaire which is reported as correlating approximately

+0.80 with the 1/0 score of the Clifton Assessment Schedule, Pattie and Gilleard, 1978) showed that each of the three experimental groups improved in relation to a control group (t-tests on the four groups' changed scores, and ANOVA of the changes were statistically significant at $P < .001$). There were no statistically significant differences with treatment between any pair of the R.O. groups. Furthermore, there were no differences between the severely, moderately and less deteriorated subjects in the effectiveness of the three versions of reality orientation.

Thus, the results indicate that there is no advantage in doubling the number of sessions from once a day to twice a day, nor was there any advantage in having shorter, but individual, sessions of reality orientation.

Although the treatment groups improved on the TROG relative to the control group, the changes produced amounted to no more than two (out of 26) additional pieces of information. Thus, the evidence for the effectiveness of reality orientation generally is marginal. Furthermore, the authors reported that the changes obtained on the orientation questionnaire were not reflected in improvement in ward behaviour.

COMMENT

Since it is my belief that nearly all published papers in the psychological sciences could do with being shorter, it was a delight to come across an article which could have been longer. I would have liked, for example, a few more details in the introduction concerning reality orientation. However, the references provide the reader with good background material should she or he be unfamiliar with this form of therapy.

The optimism shown in recent years towards therapy with the cognitively impaired elderly is most encouraging, and this excellent paper demonstrates the quality not only of clinical work, but the research of clinical psychologists in Scotland.

NOTES

Folsom, J. C. Reality orientation for elderly mental patients, *Journal of Geriatric Psychiatry*, 1968, 1, 291-307.

Pattie, A. H. and Gilleard, C. J. *Manual of the Clifton Assessment Procedures for the Elderly*, Hodder and Stoughton, Sevenoaks, Kent, 1978.

Stagner, R. 'Stress, strain, coping and defense', *Research on Aging*, 1981, 3, pp. 3–32.

This article begins with the statement 'Recent years have seen a marked increase in concern among psychologists, sociologists, and psychiatrists with the stresses to which our ageing citizens are subjected, and to learning how they may cope more effectively with these stresses'. The author then goes on to point out that there is little agreement amongst social scientists as to what constitutes a 'stressor', what is meant by 'coping', etc. The aim, therefore, of this paper is to present an 'orderly conceptualization' of stress, strain, coping and defence.

Accepting that Hans Selye (1956) pioneered work on stress, Stagner pays tribute to his theoretical contribution while, at the same time, pointing out that Selye has been (rightly) criticised for sweeping generalizations (eg. both pleasant and unpleasant events are regarded as stressors, the extrapolation of research on animals to humans) and the failure to distinguish between the external stimulus and the internal consequences (ie. 'stress' is an internal event, changes due to the event, and efforts to prevent or neutralize the event).

After noting the problems inherent in Selye's conceptualization of stress, Stagner suggests that it would be desirable to anchor the concept of stress in the more generalized theoretical network of Menninger (1963) and view stress as a homeostatic disturbance, that is, disturbance in the organism's internal equilibrium. Further, Stagner borrows from Langer and Michael (1963) and advocates disentangling stress from the effects of stress by referring to the reaction to the stress as 'strain'. Stress, then, is defined as 'an external event which threatens important values – psychological or psychosocial – of an individual' (pg). The term strain refers to the consequences of stress and can, according to the author, be either physiological or psychological or, presumably, both. Thus, strain is a dependent variable and stress an independent variable.

Strain can not be directly measured, but must be inferred from three covarying components, (1) physiological changes, (2) perceptual changes, and (3) reported experiences of tension, anxiety, etc. Stress, in Stagner's framework, cannot be measured. This is because stress cannot be defined as an event disturbing equilibrium unless the disturbance is perceived. Thus, the phenomenal world of the individual must be accounted for and stress cannot be measured 'objectively', but must be inferred from the degree of strain experienced. Strain is assumed to be directly proportional to the amount of stress impinging on the individual.

Although a sustained period of stress and strain may lead to 'collapse', 'coping' reduces strain by 'modifying the relation of person to stressor'

(p18). Coping, in Stagner's conceptual framework, reduces or eliminates the (external) threat, and must be a voluntary activity involving overt behaviour. Perceptual manoeuvres which may only modify the phenomenal field are called 'defences'. Defences against strain are deemed to be unconscious processes and relate to non-specific strain. Defences include repression, perceptual distortions, the use of drugs, etc., and tend to be categorized as 'unhealthy' because, while they may reduce strain, they do not modify the person-stressor relationship (Stagner proposes, however, that the coping/defence dichotomy be kept independent of the healthy/unhealthy dichotomy).

Having put forward his conceptual framework, Stagner then devotes the second half of the article to a discussion of coping categories. The results of a study of retirees in America by Lynch (1978) are presented and generally support Stagner's distinction between 'active' coping and defensive procedures. The relationship of coping strategies to life satisfaction is considered and a list of methods of helping with stress is provided. Finally, it is noted that the balance between coping and defence will depend on the availability of resources. Resources also come in two categories – external and internal. This, it is argued, corresponds to the distinction between stress and strain, coping and defence.

COMMENT

Although in my opinion Stagner makes no real conceptual or theoretical breakthroughs, this article is a useful contribution to the gerontological literature, especially if the reader is new to the field and contemplating investigating stress and coping. It gives a simple account (note, however, that I had to read the paper three times to come to that conclusion!) of the analytical difficulties involved and provides a good set of references.

Nevertheless, I am not happy with some of Stagner's distinctions and categories. Take, for example, the distinction between coping and defence. It strikes me as odd that Stagner insists that we attend to the phenomenal world of the subject and then says that coping involves only overt behaviour or voluntary acts which modify the person-stressor relationship. While the most effective way of reducing strain may be to remove a threat with some form of *behavioural* response, a *psychological* response which alters the meaning of the threat, and thus removes or reduces strain, must surely count as a coping response. In fact, Stagner hedges and concludes that where the person-stressor relationship cannot be changed some of the behaviours which only reduce the symptoms of strain – and by definition must be defences – can be defined as coping. Besides finding some difficulties with the coping/

defence distinction (what is coping, what is defence?), I doubt that defining a defence as an unconscious process is helpful. If defences are unconscious, how are we to study them?

The article is rather disjointed. There are several sections which add little to Stagner's analysis, and detract from its purpose. For example, there is a section devoted to distinguishing 'stress' from 'crisis'. It seems unlikely that most readers would have conceptual difficulties with these two terms. There is also a section on 'The Time Dimension'. It is not even clear what point is being made in this section, other than the obvious ones, eg. individual differences in the amount of distress experienced with repeated strain/stress, the greater the exposure, through time, to stress, the greater the amount of lifetime strain. And, as noted in the abstract, half of the paper contains the author's ideas on stress, strain and coping, and the other half is a discussion of coping strategies. The second half could have been left out altogether, with no adverse effect on the paper's stated aim. In fact, given the pressure on psychologists to publish (quantity, not quality!) it is surprising that the paper was not submitted for publication as two separate articles. It would have been nice to have seen the second half as an expanded paper; this part of the article contains an interesting discussion of research findings. A paper reviewing findings from studies on coping strategies used by the elderly would have been of considerable benefit to investigators of ageing processes.

Except in the second half, the references to the elderly or to studies of the elderly are few, and frequently irrelevant. Since the stated aim was to clarify concepts, it was unnecessary to tack on the occasional statement about the elderly. The relevance of the analysis is obvious to those interested in the elderly.

This brings me to the *need* for a carefully constructed conceptual framework – stress, strain and coping – for the study of the elderly. Stagner justifies this article on the basis of a marked increase in concern about the stresses experienced by the elderly and a concern with their coping strategies. As far as I know there is very little research evidence demonstrating that the elderly experience more stress (or strain) than any other age group; the increase in stress and strain with old age is an untested assumption. Until it is demonstrated that the elderly do experience more stress and strain, it may be premature to study the coping strategies of the elderly separately from those of other age groups.

Whether or not it is premature to investigate the coping strategies of the elderly is isolation, and whether or not such investigations do require agreement as to the definitions and meanings of terms, is debateable. This article may go some way in clarifying terms, but the definitions put

forward do not provide any practical guidelines as to how to go about investigating stress and coping amongst the elderly.

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Langer, T. S. and Michael, S. T., *Life stress and mental health*, New York, Macmillan, 1963.

Lynch, K., Stressful life change and satisfaction during retirement, PhD dissertation, Wayne State University, 1978.

Menninger, K., *The vital balance*, New York, Viking, 1963.

Selye, H., *The stress of life*, New York, McGraw-Hill, 1956.