Researching Quality of Life in Early Old Age: 
The Importance of the Sociological Dimension

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Abstract

Measurement of quality of life has become a major feature of much social and epidemiological research in health and social care settings. It is seen as an important alternative to more process-based outcome measures but remains poorly defined. A major weakness is the absence of any coherent theoretical underpinning whether sociological, psychological or philosophical. Into this conceptual vacuum proxies for quality of life have been introduced. Quality of life (QoL) research into older populations has focused on measures of health and illness as equivalents of QoL. This paper argues that this response is inadequate as it reduces old age to a dimension of health, disability and disease. Instead, we argue that it is necessary to create a theoretically based measure of QoL in early old age which relates to those aspects of later life that are not defined by health. We present a model of QoL that is derived from aspects of contemporary social theory as they relate to the ontology of late modernity. In particular, we utilize a model based upon needs satisfaction. The model contains four domains: Control, Autonomy, Pleasure and Self-realization. The measure consists of a 19-item scale. The four domains load on to a single latent QoL factor. We argue that the CASP 19 scale offers an approach to QoL that integrates a sociologically based model of quality of life with a meaningful and valid research instrument.

Keywords

Quality of life; Early old age; Sociological theory

Introduction

Our interest in presenting this paper is twofold. We wish, firstly, to argue that Quality of Life (QoL) studies have generally been atheoretical in orientation and that this has had a negative effect on researching what constitutes good quality of life. Moreover, the changing nature of modern societies has meant that this deficiency becomes more and more of a drawback as individual and
social experiences draw their reference points from increasingly affluent sources. Secondly, we want to argue against the tendency of QoL studies to reduce the issue to simple determinants of quality of life that are separated out for analytical purposes, or which act as proxies that can stand in its stead. We seek to demonstrate that there is the possibility for a theoretically based measure of QoL that allows researchers to differentiate between different levels of quality of life and that shows that this differentiation is both meaningful and objective.

Postmaterialist Culture, Reflexive Modernization and Quality of Life

The importance of researching quality of life has become a truism as the citizens of most Western industrialized societies have experienced growing prosperity, the eradication of most infectious diseases and increasing life expectancy. This has led some authors such as Inglehart (1997) to argue that we live in a postmaterialist culture where issues of quality of life have replaced concerns of economic survival. The debates around the nature of life in post-scarcity societies that feature in the work of Anthony Giddens (1994), Ulrich Beck (1992) and Zygmunt Bauman (1999) reflect this position. Giddens suggests that what he calls the issues of life politics such as worries about the environment are more important to many than more established concerns such as poverty and redistribution. In a similar, if not entwined, fashion Beck has argued that the “Risk Society” is more concerned with the distribution of “bads” rather than the distribution of “goods”. Bauman in a series of works (1987, 1999, 2001) has gone further and argued that it is in the processes of consumption that individuals are created and where the key aspects of life are to be found. What these positions share in common is an argument that whereas in the past industrialization and work conditioned human interests and concerns, this is no longer the case. The contemporary phase of modernity (or postmodernity) is one where the personal is central and the construction of identity the ever-present task for everybody. What follows from this is that many of the assumptions about what is important to study in social life have to change. In particular, attention has to be given to consumption and leisure practices as symbolically important in their own right and not just in terms of their economic significance or their role in social integration (Slater 1997; Edwards, 2000).

The question of why these shifts in the sociological understanding of modern societies should be pertinent to the study of quality of life in early old age may not be at first glance obvious. It is a feature of much social gerontology that later life is seen through the prism of social and health policy rather than by reference to the circumstances that now constitute “old age” (Higgs 1999; Gilleard and Higgs 2000). In particular, relatively little attention has been given to the fact that those in a post-working period of life are increasingly retiring at a younger age and are also likely to live in this period for longer than previous cohorts. The particular circumstances of all those in later life may differ considerably from those who are youngest, healthiest and most affluent. If we wish to study quality of life in this population we
need to be aware how closely they are connected to the rest of the population in terms of their experiences and motivations (Hirsch 2000). One of the obvious features of ageing at the social level is that those who comprise “the old” are constantly changing. As cohorts eventually die out they are replaced by newer cohorts who have had different “generational” experiences to those that have preceded them and with whom they may share the same social space. While there has been considerable discussion about the existence of a “welfare generation” that grew up and benefited from an expanding public sector (Hills 1995), less has been written about the effect of the “sixties” generation entering retirement. As has been argued elsewhere those starting their adult life were participants in a consumer society unknown to their parents (Gilleard and Higgs 2000). The points being made by Giddens, Beck and Bauman apply overwhelmingly to this generation and it is unlikely that these social processes stop once later life is reached.

Quality of Life Studies Considered

The study of quality of life in early old age has singularly failed to consider these developments or to come up with measures that accord with them. If this area of research is to move forward, it needs to identify those aspects of contemporary life that reflect the desired aspects of modern conditions. This approach departs considerably from earlier work where health or illness is used as the proxy for quality of life. At a simplistic level the search for a measure of quality of life has effectively been reduced to a medical outcome measure. Irrespective of this major drawback, the problems that are set by the paradigm focus on internal problems rather than external ones. Attention is accordingly paid to whether generic or specific measures are better (Dugan et al. 1998); whether quality of life is best defined by the patient or the doctor (O’Boyle et al. 1994; Browne et al. 1997); or whether it is an objective or subjective phenomenon (Farquhar 1995). Some commentators end up questioning whether it can be measured at all (Hunt 1997). Utilizing health as a proxy measure is equally unrewarding (Bowling 1997). Measures such as the Activities of Daily Living Scale (Katz et al. 1963) or Townsend’s Disability Scale (Townsend 1962) dichotomize an undifferentiated notion of “good” health against a detailed examination of illness and infirmity. The quality of life that is being sought is consequently only measured against one domain. It is more appropriate to say that the real focus of much previous research into QoL in early old age has been to discover the extent of ill health among the population (Bowling 1997).

Research into older age and ageing has been problem-rather than theory-driven (Myres 1995), and QoL research shares this orientation. The instrumental approach displayed by many of these measures is exemplified by the work surrounding Quality Adjusted Life Years (QALYs). As attempts to discover algorithmic solutions to resourcing problems, the operationalization of QALYs hollows out the subjective meaning of quality of life by reducing it to measurable units of “health years”. The result is that quantity is substituted for quality (Hodge 1990; Jones and Higgs 1992). Another important issue is that in using health as a proxy measure a set of normative assumptions
about the quality of life of people with ill health is implied. By equating poor health with poor quality of life, the ability of people to overcome illness and adapt their lives to pursue their goals is neglected. Considerable work has been undertaken by sociologists to show this is often not the case (Nettleton 1995). At a more challenging level those involved in the movements around disability would argue that such discourses actively contribute to the oppression of people with disabilities (Barton 1996).

An unacknowledged effect of this research is that it often uses patient or institutional populations as a baseline from which to generalize about the whole population of older people. As a consequence, this type of research not only starts with a problem-based approach, but also locates older life as a category of medical or social policy. In effect, QoL operates within a philosophy of “lack” where the wide range of experiences of people within this age group is reduced to measures of health and mobility. This is not to deny that a proportion of older people do encounter ill health or mobility problems, nor is it to underplay the research that is carried out with these populations. The conflation of the diseases associated with older age with the experience of older age is reductionism of the worst order. These scales, which use health and disease as proxy measures for quality of life should be seen as what they are: age-blind, disease-specific measures rather than QoL measures.

Quality of Life Studies in Early Old Age Reconsidered

The most important problem facing any attempt to create a satisfactory QoL measure is that those that exist are under-theorized and ill-defined (Smith et al. 1995; Murrell 1999; Kerschner and Pegues 1998; Hornquis 1982; Gill and Feinstein 1994). The lack of a theoretically informed measure of QoL in early old age has meant that no single measure is up to the task of differentiating good from not-so-good quality of life in this population. As we have pointed out above, there has been a failure to incorporate into research the real changes that have been occurring in later life. A number of writers have discussed the implications for society of quality of life in old age but cannot escape the dominant paradigm of decline as representing the essential nature of older people’s lives. Harry Moody (1995) predicts a decline in quality of life as one of the consequences of increasing longevity. Facing up to this will necessitate an acceptance of limits to life (after 70 there should be no life-enhancing biomedical interventions) if social catastrophe is to be averted. In a similar fashion, Longino and Murphy (1995) see the low quality of life in old age as posing the fundamental challenge to high-tech biomedicine. The effect of older populations will be, they argue, to usher in more holistic and community-based services as quality of life replaces biomedical intervention.

The necessary starting point for theorizing QoL in early old age is the increasing acknowledgement that most older people are living longer, healthier lives (Laslett 1996; Monsen 1998). There is growing recognition that QoL among older people is a complex and a multifaceted phenomenon that requires greater understanding (Bowling 1995b) and cannot be reduced to (ill) health (Farquhar 1995; Fletcher et al. 1992; Hodge 1990). One solution
has been to use non-health proxy measures such as social networks or psychological well-being (Bowling 1997) to construct a broader measure of QoL. Another strategy has been to bring in the subjective (Murrell et al. 1999) by asking respondents to rate the most important things in their lives. However, both approaches are problematic because the use of proxy measures, whether defined by the researcher or the subject, conflates the influences on QoL with QoL itself. Quality of life is not reducible to one factor; rather it should be seen as the outcome of the complex interaction of the various elements present in a person’s life.

**A Theory of Human Need**

Our argument is that any QoL measure should be different from those things that might influence it. Health, social networks and material circumstances are all constitutive and any single item cannot express the whole. We would argue that it is necessary to start any approach to studying quality of life by establishing its ontological foundations. To achieve this end we have adapted a “needs satisfaction” approach to measuring QoL in early old age. This approach assumes that QoL should be assessed as the degree that human needs are satisfied. One grounded way of looking at this is provided by McKenna et al. (1999), who argue that we need to move away from function per se. Rather than concentrating on (for example) physical mobility, the emphasis should be placed on the reasons why an individual might want to accomplish something.

However, we would wish to go further in situating our approach in the debate about what constitutes need and how it relates to the ontology of life in modern societies. As Doyal and Gough (1991) point out, there is considerable debate about whether human needs, and thus QoL, are objective and ahistoric or whether they change across time, space and cultures (Hornquist 1982; Allinson et al. 1997). Such a debate is crucial because the social world is continually reflexive and changing. Arguing for an objective understanding of need can be seen as being insensitive to people’s changing circumstances and expectations. There are arguments about cultural relativism in the assessment of human need where little notice may be taken of important differences between members of other social groups and societies. Equally, as political and moral philosophers are aware, the identification of needs implies rights and in some conditions equality (Callinicos 2000).

Doyal and Gough argue that while there are good reasons to be wary of an objective approach to need, there are also good reasons to accept that it is possible to establish what they might be. Equally, it is possible to argue that if such needs are being met a person may be judged to be in a better position than they would be if their needs were not being met. Without going through the complexities of Doyal and Gough’s book-length position what is important is to abstract the central elements. The objectivity of human needs in terms of the physiological necessities such as food, shelter, warmth, etc., is not contentious and frame the basis of Maslow’s well-known “hierarchy of need” (Maslow 1943). Where Doyal and Gough go further is in arguing that social participation and autonomy are essential needs and that in not meeting...
them individuals are at risk of harm. The objectivity of this argument is provided, at least for them, via the fact that in any discussion whatever the culture agreement on the importance of meeting human need could be agreed upon. The influence of Habermas’s ideal speech situation is evident here, as is the anchoring of the argument in Enlightenment rationality. What would be the answer to critics who might argue that particular categories of person such as women should not have autonomy (or indeed social participation)? Doyal and Gough would argue that such restrictions act against the objective needs of excluded groups because they deny full social and personal development to all individuals. The exercise of autonomy and choice is an intrinsic aspect of being human and, they would argue, underpins human rights such as religious and political freedom. It is also the sentiment behind the movements to de-institutionalize psychiatric hospitals and facilitate user involvement in such services.

From this we can argue that, far from being mutually exclusive, it is more useful to see human needs as encompassing both the basic and the active dimensions of need. By grounding our model of QoL in such an ontology we are able to make meaningful comparisons between people’s different QoL scores. As Doyal and Gough point out, human needs are neither subjective preferences . . . nor static essences . . . They are universal and knowable, and the satisfiers necessary to meet them are dynamic and open ended. (Doyal and Gough 1991: 14)

Utilizing Doyal and Gough’s model, we go further and argue that it is equally important to recognize that being human is an active and reflexive process. Following the line of argument developed by Giddens in his Modernity and Self Identity (1991: 75–88) we argue that it is important to be aware of his focus on the self as both a reflexive project and as a personal narrative. We also need to build into the model the crucial role that lifestyle and self-actualization have in articulating reflexivity and the narrative of self. What Giddens gives us is contextualization of the agency that flows from the work of Doyal and Gough. The idea of the reflexive project of the self is one that fits with the post-scarcity consumer society of much of Northern Europe and North America. In later writings Giddens (1994) argues it applies as much to later life as it does to adolescence or middle age (see also Giddens 1998: 119; 2000: 39–40). We would argue that if we are to measure quality of life in early old age we must at least be able to respond to this ontological issue.

From Theory to a Measure

We conceptualize four domains of QoL measure based on the range of needs identified above. These domains are: control, autonomy, pleasure and self-realization. Autonomy is defined as the right of an individual to be free from the unwanted interference of others (Patrick et al. 1993). Control is understood as the ability to actively intervene in one’s environment (ibid.). These comprise the basic, prerequisite conditions that ought to be fulfilled in order for someone to be able to participate freely in a society. As mentioned above,
much gerontological research has failed to consider the more active and reflexive dimensions of being an older person. Structured Dependency Theory, which was the dominant paradigm in British social gerontology during the 1970s and 1980s, concentrated on the degree to which basic needs were frustrated by social policy and the actions of various institutions (Townsend 1981; Walker 1981). The strength of this approach was that it illuminated the circumstances of important sections of the older population during a period of structural change and welfare state reorientation. The dependency paradigm is not so well suited to assess the more active dimension of later life. Starting from assumptions of lack, such a focus has been criticized for ignoring the issue of the agency of older people (Phillipson 1998). In order to correct this imbalance we deemed it necessary to include a more positive dimension to our model of QoL.

The ideas contained in the idea of the third age can act as a starting point for a more positive conception of later life. While there are many uses of the term third age, we intend using it in the context of the work of Peter Laslett. In *A Fresh Map of Life* (1996) Laslett argues that older age should no longer be seen as a residual category of the lifecourse whose inhabitants are preoccupied with decrepitude and death. Instead, he argues, the fact that people are living longer, healthier, lives with more disposable income in their retirement means that older age should be seen as the “crown of life”. Coming after the periods of childhood and adult responsibility, which he categorizes as the first and second ages respectively, the third age represents a period in which people are free to develop themselves and their interests. Although these arguments are not without their critics (Bury 1995, 2000), they act to draw attention to the more positive dimensions of ageing that have been absent from most thinking about older age. Central to the viability of a theory of the third age is a growing acceptance that a significant proportion of retired people are enjoying active and relatively healthy lifestyles (Scase and Scales 2000; Hirsch 2000). As important is the increasing participation of older people in a variety of leisure pursuits (Scase and Scales 2000; Midwinter 1992) and foreign travel (Burnett 1991). These facts show that older people are keen to develop new interests.

It is this, more active, side of older age that we aim to map with the other two dimensions of our model, pleasure and self-realization. Inclusion of these domains aims to show that good quality of life is not just about freedom from undue interference, nor is it simply to have the potential to be able to intervene in one’s environment. Instead, what we argue is that once these requirements have been met then individuals need to use them to pursue the reflexive process of self-realization through activities that make them happy. Writers such as Zygmunt Bauman (1995) point out that in contemporary society the issue of quality of life and the striving for happiness replaces the preoccupation with self-preservation and survival that had previously dominated modern society. Central to this striving is the importance of encountering new experiences and integrating them into self-identity. In part this explains the nature and intensity of consumerism in modern society and its importance to all age groups. Bauman even talks of the emergence of a sensation-gathering consumer society (Bauman 1995: 156).
It follows that while recognizing that pleasure and self-realization constitute human needs, we should also recognize that the resources people draw upon to satisfy them are fluid and contextual. In this way, we are able to overcome the false dichotomy of defining human need as either a static or a dynamic entity. What one finds pleasurable today, for example, may not be the same tomorrow, although the goal of seeking pleasure remains the same. QoL can, we propose, be assessed by the degree to which the requirements for all four domains are satisfied.

Method

Initially our four domains were operationalized across a 23-item scale. There were three distinct phases of item evaluation. The first involved consultation with experts in social gerontology and research methodology who made up our advisory panel. They assessed the face validity of the items. Second, those items that had good face validity were then piloted with focus groups and cognitive interviews. This was to assess the content validity of the scale. Finally the scale was administered to our sample ($n = 286$) and slightly modified using a statistical assessment.

The outcome of the consultation with the members of the advisory panel was a list of 23 items that exhibited good face validity. These 23 items were piloted with three focus groups. All three groups agreed that one item (Other people enjoy my company) should be removed from the scale as it was believed to be too presumptuous. The wording on a further four items was altered to make them more intelligible. The revised scale was sent to the members of one of the focus groups for self-completion and was further administered as cognitive interviews (Campanelli 1994; Fowler and Roman 1992) with another focus group’s members. No further changes were made. Each group reported that the items were meaningful and, in the case of the self-completion pilot, easy to complete. By removing the item suggested by the focus group members we were left with a 22-item scale.

The Study

The 22-item scale was included as an outcome measure for a postal questionnaire investigating quality of life in early old age. The questionnaire was sent to 286 people aged between 65 and 75 years. These individuals are a stratified sample taken from the surviving respondents of a 1930s survey of childhood diet and health (Gunnell et al. 1996) that has been used in a previous study of health in early old age (Holland et al. 2000; Berney and Blane 1997; Montgommery et al. 2000). This study population is representative of those of the same age in the British population. The fathers of these children had a social class distribution similar to all men aged 25–45 years in the 1931 decennial census; in early old age they are similar socio-demographically to those aged 65–75 years in the 1991 census. Their present health is also similar to those of the same age in the 1995 Health Survey for England (Blane et al. 1999). Our sample received two mailouts 14 days apart. Those who responded
to neither mailing were telephoned and, whenever possible, interviewed over
the telephone.

**Evaluation of a QoL Scale**

The results of the questionnaire were analysed in three stages. The first stage
was to examine the properties of the scale. The second was to check if the
four domains were measuring a single, latent, factor. The third was to assess
the performance of the scale as a whole and its concurrent validity.

Exploratory factor analysis was used to test whether the four domains
were confirmed empirically. Analysis of all 22 items broadly confirmed the
pattern of item loadings across our four conceptual domains. Internal con-
sistency analysis (McKennis 1977) revealed that the homogeneity of two of
the domains would be greatly improved by the elimination of some items.
The homogeneity of the Control scale improved dramatically when two
items (Other people take my opinions seriously, and I feel that I am a respected person) were removed. Similarly the homogeneity of the self-realization scale was improved by the removal of a single item (At times I think that I am no good at all). Similar statistical analysis did not reveal any need to modify either the Autonomy or Pleasure domains. Giving due weight to this statistical evidence we decided to remove the three items. This left 19 items in our final scale which we have called CASP-19 (see below). The scale comprises four items in the Control domain and five items in each of the others. To test the

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**Item wording and domains for CASP-19**

**CONTROL**
- My age prevents me from doing the things I would like to
- I feel that what happens to me is out of my control
- I feel free to plan for the future
- I feel left out of things
- I can do the things that I want to do
- Family responsibilities prevent me from doing what I want to do

**AUTONOMY**
- I feel that I can please myself what I can do
- My health stops me from doing the things I want to do
- Shortage of money stops me from doing the things that I want to do
- I look forward to each day
- I feel that my life has meaning

**PLEASURE**
- I enjoy the things that I do
- I enjoy being in the company of others
- On balance, I look back on my life with a sense of happiness
- I feel full of energy these days
- I choose to do things that I have never done before
- I feel satisfied with the way my life has turned out
- I feel that life is full of opportunities
- I feel that the future looks good for me

Responses were coded Often 3, Not often 2, Sometimes 1 and Never 0. Items 1, 2, 4, 6, 8 and 9 were reverse coded.
strength of association between each of the four domains we summated each as a separate scale and explored their intercorrelation using Pearson’s product moment correlation. Again, the domains display respectable correlation coefficients ranging from 0.35 to 0.67.

The second stage of our appraisal consisted of a separate exploratory factor analysis of the four summated scores for the four domains. This was to assess whether they related to a single factor. The results revealed strong evidence for a single, underlying, QoL factor. All the domains exhibit strong loadings, ranging from 0.71 to 0.88, on a latent factor. This second-order factor analysis demonstrated empirical confirmation of an overall measure of QoL. As a summated index the scale exhibits a slight negative skew with a mean of 42.2 and a median of 43. The standard deviation is 7.84, but is well distributed across the range. Concurrent validity was demonstrated through use of the Life Satisfaction Index—Well-Being scale (LSI-W) (James et al. 1986).2

Conclusion

The rationale behind this scale was the need to construct a research instrument that was both theoretically based and empirically valid. As we have stated, too much of the work that has examined QoL in later life has been dominated by a theoretical approach which has made proxy assumptions about what quality of life constitutes. We have challenged this approach on two fronts. First, those experiencing later life in affluent industrialized countries are increasingly similar to those at younger points in the lifecourse. Their interests and experiences are not separated from the rest of the population, so assessment of their quality of life should not be restricted to health, disability or illness. Second, the lack of any ontological foundation for QoL leads to a reliance on other proxies. These cannot provide us with any meaningful understanding of what constitutes a good quality of life whatever the age of the subject or respondent.

We outline a needs-satisfaction model of QoL that satisfies both the requirement to be separate from the determinants of quality of life and that can allow meaningful comparisons between different people. The model is ontologically grounded in a theory of human need because such an approach reflects important aspects of contemporary life. In particular, by stressing autonomy, self-realization and pleasure some of the defining characteristics of (late) modernity are addressed. Consequently, while the domains that make up the QoL model reflect the need for a more holistic approach to older age, they are capable of being generalized for use with other age groups.

Our results demonstrate that with only slight modification our theoretically derived domains all exhibit good internal homogeneity. The fact that all our domains correlate strongly with each other and have high loadings on a single latent variable confirms our belief that quality of life is a holistic, unitary phenomenon. That the weakest correlation was found to be between Pleasure and Autonomy suggests that simply being free from the interference of others is no guarantee of good quality of life. Typically, we would think of people with high autonomy but low pleasure as socially isolated or lonely.
Despite exhibiting a slight negative skew the distribution of scores across the 19 items shows that our scale has good discriminatory power. What is interesting about the scores is the low numbers of people scoring poorly. For us this is evidence that, although there are obviously older people who suffer ill health and poverty, many older people enjoy a good quality of life. This study demonstrates not only the need for a theory of QoL, but also that such a model can produce methodologically and statistically robust results. In conclusion, we feel that we have produced a measure of QoL that not only has validity but that also demonstrates the importance of sociological insight.

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Notes

1. For example see the following:


2. For further details of the methods and results please see Hyde et al. (forthcoming).

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