Ageing and Society **21**, 2001, 523–533. © 2001 Cambridge University Press
Printed in the United Kingdom

Reviews

DOI: 10.1017/S0144686X01218352

M. A. Tibbs, *Social Work and Dementia: Good Practice and Care Management*, Jessica Kingsley Publishers, London, 2001, 176 pp., hbk £13.95, ISBN 1-85302-904-1.

Dedicated texts on dementia are increasing in number and many offer a uni-professional perspective. Tibbs writes for a UK social work audience, arguing that this profession has been side-lined in attention compared to others working in dementia care. This short book is directed at social workers and seeks to improve their capacity for reflection about the best approaches to practice in dementia care. It also raises a number of challenges for the profession.

Somewhat ambitiously, Tibbs offers an overview of social work activity with older people in the UK. This sets the scene for her view that this profession's practice with older people has generally demonstrated a culture of paternalism. Instead, she maintains that social workers need specialist skills to work with people with dementia and that these are infrequently addressed by the training curriculum or service structures permitting specialist case-loads.

Tibbs uses, as many have done before in respect of ageing itself, the metaphor of dementia being a journey. With this in mind, she outlines some of the processes involved in supporting people with dementia. She places particular emphasis on the ability of social workers to provide emotional support for people with dementia and, in relating to people who refuse help but may benefit from contact and a sensitive relationship in the period prior to seeking or accepting assistance. As she observes, however, much current social work practice in the UK permits only a short-term involvement around the assessment process. Work with all adult client groups has generally favoured genericism rather than models of social work specialisms which means that expertise in dementia has become dissipated.

This notion of social work as possessing unique skills is likely to be challenged, notably in the UK, by other professionals, the growing numbers of community psychiatric nurses or community mental health nurses who work with people with dementia. They too lay claim to flexibility, a sensitive or empathic approach and an ability to work with people who refuse help. Social work's particular positioning as gate-keeping resources and access to services means that its ability to act as an advocate is also constrained. Tibbs acknowledges these to some degree but these are difficult times in differentiating the unique professional contribution, particularly as social work is ill-equipped to deal with service users' interest in drug treatment and other care providers' search for help with challenging behaviour.

Tibbs seems on safer ground when debating social work's accumulated skills in working with families. She provides examples of theoretical approaches which have long been part of social workers' portfolio, attachment theory and systems thinking. These, she argues, can be usefully drawn on to work with families who are similarly as hard to engage as those people with dementia who refuse early or low level services. Drawing on her own practice experience she exposes why some families might sabotage objectively-good packages of care. Throughout the book she appeals as a fellow practitioner rather than researcher to validate the anticipated experience of her readers. This is an engaging approach, although her very positive views of day care as 'busy hours' full of activity might not quite live up to the reality of much service provision.

Two particular groups are singled out for attention as challenging to social work's stereotypes. The first is the middle class, for Tibbs makes the point that dementia may well bring people into the orbit of social services who would not see themselves in this type of client relationship. For the middle classes 'welfare' may seem a closed and unfamiliar world. It could be added, of course, that middle class expectations and experiences of being a client or customer may well challenge social work practice.

Secondly, Tibbs provides in chapter six a brief outline of cultural difference in respect of dementia and older people, arguing for culturally sensitive services and urging social workers to think laterally in respect of meeting minority needs, particularly within mainstream resources. She notes the need for minority older people's groups and services to develop training on dementia so that people with mental problems are not excluded from such helpful and meaningful supports.

Drawing on the values and ideals of person-centred care, this book claims a person-centred approach. It would be useful at a time when such phrasing is acquiring mantra status with older people's services for this to be interrogated more specifically. Useful for social work in particular for, as this practitioner-oriented book argues, social work has often tried to put this into practice. Tibbs' argument for specialist dementia social workers follows a long-established social work path, however, in arguing for less generalism. This claim could be more substantial if validated by evidence that this is what people with dementia might prefer and whether it results in improvement in their, rather than social workers', quality of life.

University of Hull JILL MANTHORPE

DOI: 10.1017/S0144686X01228359

Greta Bradley and Jill Manthorpe (eds), *Working on the Fault Line*, Venture Press, Birmingham, 2000, pp. 154, pbk £12.50, ISBN 1 86178 043 5.

The interface between health and social services in England – a long-term problem in the funding, planning and delivery of co-ordinated welfare services – is currently under more intense scrutiny than ever before. Although the language of policy has shifted from 'reorganisation' to 'partnerships' between National Health Service (NHS) and local authority social services, this implied voluntarism is increasingly illusory. Indeed, the NHS Plan for England (DH 2000) includes proposals for mandatory partnerships – 'marriages' forced by government – if local collaborations are deemed unsatisfactory. Nowhere have the pressures for such collaboration been greater – historically or in the present – than in relation to services for older people.

This short edited volume focuses on the very front-line of these interface activities – social services and social workers who work in health services settings or whose work involves close collaboration with health services. It covers a variety of front-line contexts: social work in general practice and primary care; in hospitals and, particularly, Accident and Emergency Departments; and within the shifting boundaries of long-term and continuing care.

In the context of current policies and debates, the book has major strengths. First (and particularly important for the notoriously short memories of some policy-makers and analysts), it locates health-related social work within an historical context. It describes how almoners – the predecessors of hospital social workers – were essential to the development of public hospitals, their role expanding from one of 'gatekeeping' and differentiating the 'deserving' from the 'undeserving' sick to dealing with the social concomitants and consequences of illness. The history of primary and community health services similarly owes a great deal to active social work support, given that it was even more difficult to ignore patients' social and emotional problems when providing community-based medical services. We are reminded that responsibilities for assessing users' financial circumstances are not the new barrier to closer integration of health and social services which they are often claimed to be (health care professionals allegedly being reluctant to carry out means tests). Far from it – social workers in health settings have long been responsible for managing and maintaining the shifting boundaries between needs-led health care and targetted social welfare support.

Within current debates about NHS and social services relationships, the actual contribution of social work is rarely made explicit. A second strength of the book, therefore, is the new perspective it provides by documenting the changing context and content of health-related social work. Some of this has been brought about by shifts within NHS services themselves. Penhale's chapter, for example, itemises changes in patterns of hospital admission and discharge, in the scope of primary and community health, and in the development of intermediate and rehabiliation services, all of which have implications for the type and volume of associated social work and social support. Equally significant are the 1993 community care changes; chapters by Manthorpe and Bradley and Webb and Levin document the resulting shifts in the daily activities of social workers, whether working in hospital or community settings. Social workers in both types of settings reported frequent contacts with health professionals (thus calling into question the 'Berlin Wall' which is assumed to divide the two sectors). Moreover, although these chapters are unable to establish significant changes in the amounts of time which health-based social workers spend in contact with their clients, they do identify a major shift in the content of their activities with clients, away from counselling, supportive and preventive work and towards an increasing focus on assessment and the construction of care packages (and the accompanying paperwork). Whether this is the type of help which either older people or health professionals actually want from social workers urgently needs debating.

The book, however, also has some weaknesses, the main one being the relatively narrow evidence base of some of the chapters. They typically report local, small-scale studies, or surveys which achieved relatively low response rates. Lymbery and Millward's chapter on primary care-based social work is perhaps the most robust; it locates the experiences of three small projects within a sound review of other evaluations of general practice-based social work. The book's Conclusions are also disappointingly weak, as the Editors largely fail to take up and develop the insights of their contributors into the problems and pressures currently facing health-related social work, particularly those stemming from the wider policy and political environments. Current threats to health-related social work may not be as extreme as some commentators (such as the Association of Directors of Social Services) have suggested, not least because this book demonstrates the continuing robustness and responsiveness of the sector to changes in its external environment. However, the optimism of the concluding chapter may need tempering with a greater awareness of dominant political imperatives and, above all, considerable caution about developments which fail to incorporate the views and voices of older people themselves.

Reference

Deparment of Health (2000). *The NHS Plan for England*, Department of Health, London.

National Primary Care Research
and Development Centre
University of Manchester

CAROLINE GLENDENNING

DOI: 10.1017/S0144686X01238355

Matthew P. Janicki and Edward F. Ansello (eds), *Community Support for Aging Adults with Lifelong Disabilities*, 2000, Brookes, Baltimore. 585 pp., hbk £45.00, ISBN 1 55766 462 5.

This is a big book, in all senses. Almost 600 pages, it successfully attempts an ambitious task to offer a fascinating and comprehensive discussion of the support needs of adults whose ageing process is accompanied by a lifelong intellectual impairment. It is well organised, thoroughly indexed and soundly referenced. Moreover, it is written in an accessible style and so, despite being extremely thought-provoking, is highly readable. One obvious disadvantage is that it is written in the context of North America. So, much of the discussion of legislation and care services is not relevant for a European audience, while the rich resource material suggesting potential network opportunities and voluntary organisations is not of practical use. Nevertheless, organisations and services vary so much within Europe and even within different areas of a small nation such as Great Britain that this limitation is hardly relevant and does not affect the overall quality and relevance of the discussion and ideas presented.

The book is divided into six sections, each introduced by a brief overview and concluding with a scholarly essay which attempts to draw together some of the themes discussed within the section. If there is criticism to be made, it is that some of the summary essays simply describe examples of good practice, rather than taking the next step of discussing how good practice may be made more universal. Nevertheless, the essay is an interesting and effective strategy for highlighting the themes of each chapter and drawing the section contents together.

Section I locates ageing adults within a life course context, and Section II examines family and social care. Section III explores community living while Section IV discusses health and wellbeing. Section V examines models of networking, collaboration and multi-agency working while the final section critically appraises the present context in order to speculate on a plan for the future. Each section contains a number of well referenced chapters frequently co-written. Biographies of the author and editing teams suggest considerable expertise.

The publication of the new National Service Frameworks (NSF) for Mental Health and for Older People make this book especially timely. The NSF for Older People was published during the review process and Point 11 states:

> 'Older people are not a homogeneous group .... All services should reflect the diversity of the population which they serve. Services need also to respond to older people with learning disabilities, many of whom begin the ageing process at an earlier age than the general population.'
> (National Service Framework for Older People 2001)

Janicki, Ansello and colleagues suggest that it will be difficult to meet the needs of this group while literature and services remain fragmented. Reflecting on the situation in England, their point is supported. Currently in many local authorities, social care of older adults with learning disabilities is not specifically part of the remit of either the learning disability team or the older persons' team. Similarly, a recent systematic review (Stuck *et al.* 1999) failed to mention individuals with a lifelong learning disability as a group especially at risk of functional decline, although such individuals are more likely to meet every risk factor identified.

Thanks to improved biomedical knowledge and technology, children with learning disabilities now more commonly reach adulthood and are surviving in greater proportions to become old persons with particular needs. The key theme of the book is that the individual ageing with lifelong intellectual impairment may not have the opportunity or skills to build crucial personal social networks, nor to access or utilise services, and thus may be extremely isolated and at risk in later life. Additionally, care for individuals with a learning disability tends to be characterised by kin-care. Such care-by-the-community tends to pass from parent to sibling and may mean that the family and their needs for support may remain almost invisible. Different sections of the book draw on gerontological literature to identify where the needs of this group may be common to the needs of all ageing persons but also to discuss where they are very distinct. The book argues that in order to be effective, care services must be more proactive, integrated, flexible, collaborative and innovative.

The conclusion is inescapable: adults ageing with a lifelong intellectual disability and their carers may be among the most marginalised members of Western society, and I recommend this book as a starting point for challenging such inequality.

References

Department of Health (2001). National Service Framework for Older People, Executive Summary, www.doh.gov.uk/nsfolderpeopleexecintro.htm

Stuck A., Walhert J., Thorsten N., Bula C., Hohmann C., Beck J. (1999). Risk factors for functional status decline in community-living elderly people: a systematic literature review, *Social Science and Medicine*, **48**, 1999, 445–69.

Coventry University ROBIN GUTTERIDGE

DOI: 10.1017/S0144686X01248351

Joanna Latimer, *The Conduct of Care*, Blackwell Science, Oxford, 2000, ISBN 0-632-05575-8.

This book is a frightening but excellent ethnographic study of nursing elderly patients in an acute medical unit in a British hospital. It should certainly be read by hospital and community nurses alike and by all professionals involved in the care of elderly people. The Foucauldian power of the 'nursing gaze', in a health service pre-occupied with efficiency and fast turnover, is exposed. Nurses are shown to be the real life-death decision-makers as they allocate beds, plan priorities of care and make discharge plans. Often the nurses' decisions contradict the 'medical gaze' as nurses are concerned with both the clinical and social aspects of a patient's life. Nurses are the ones who assess the quality of life of dependent elderly people and who try to move patients on, either back into the community at the earliest opportunity or onto another ward. But the nurses' actions are really a response to a health service under pressure and their actions are seen in back-stage terms by the dominant medical discourse. In this Panopticon-style hospital, the voice of the elderly patients themselves is rarely heard, apart from as a submissive response to closed questions. I was haunted by the continual request of one elderly patient for a drink, which was ignored by the nurse who was too preoccupied with completing his paperwork to listen to him.

As a sociology of nursing, the book is organised around chapters which focus on different aspects of nursing care and organisation. It considers topical issues relating to the scope and purpose of nursing practice, the nature of nurses' knowledge and the aspects of quality in an acute care context. The first chapters detail the complex nature of nursing practice and the organisation of care within the hospital and at ward level. Patients seem to be processed in terms of discharge planning which restricts the scope of nursing practice and conflicts with the ideology of nursing care. Whilst nurses have responsibility for the day-to-day running of wards, their ability to be truly autonomous is moderated by the wider social needs of the National Health Service to ration medical expertise and to move patients on. Indeed, the dominance of the medical discourse does not acknowledge the significant responsibility exercised by nurses. And patients learn that the authority to define what is clinically significant does not lie in the immediacy of the nurse-patient relationship but in the knowledge created by medical and social discourses.

The section entitled 'Disciplining patients, disciplining nurses' is one of the bleak reflections on the Foucauldian power of the medical discourse, which nurses use to justify their decisions, even though Joanna Latimer effectively shows how nurses are the ones who actually control life-death decisions.

> Nurses' methods help them to accomplish first class medicine and the production of the clinical domain. In their encounters with patients, nurses achieve sequestration of patients' experiences and concerns. These experiences and concerns are not only rendered insignificant but they also cannot legitimate action and patients have no authority. (p. 86)

This reflection is superbly demonstrated in the subsequent case-study of Major Stevenson, an eighty-year-old man, admitted as an emergency with high fevers. This man is obviously extremely unwell and yet the student nurse persists with endless questions so that she can complete the paperwork for his assessment. Such an interview shows how the hospital bureaucracy is more important than the patient's life-world and experience of illness. This is the patient whose frequent requests for a drink are ignored, like his earlier request for the student nurse to telephone his wife. It is not until one and a half hours after completion of the admission that Major Stevenson is given a drink; ironically, the staff nurse and doctor wish him to drink as much as possible because of his fever and dehydration.

A later chapter on 'Assessing patients' needs' explores in more depth the nature of the 'nursing gaze' which builds upon the 'medical gaze'.

> While the medical condition of the patient places a patient in the nurses' world, for a patient to be a treatment space they must also have a medical future. And nurses keep in play how a medical future depends upon whether the patient has a social future. (p. 112)

Nurses' own accounts show how the 'nursing gaze' assesses all angles of a patient's personal, psychological and social situation, using this information to decide whether the patient is worthy of a medical treatment space in the hospital. Once the 'nursing gaze' is regarded as an objective account of a patient's future, it has the power to influence the medical discourse. Overall, this is a spine-chilling account of the plight of elderly people trapped in a health and social system where they have no voice.

University College London SUE PAULSON

DOI: 10.1017/S0144686X01258358

Lynn Botelho and Pat Thane (eds), *Women and Ageing in British Society since 1500*, Longman (an imprint of Pearson Education Limited), Essex, 2001, 246 pp., hbk £60, pbk £19.99 ISBN 0 582 32901 9.

Running through this collection of essays are a number of propositions which have become the received wisdom in writing about the personal experience of ageing, and of public attitudes to old people. First to emerge is that definitions of old age are highly problematic and may turn on chronological age, on functional capacity or on cultural assumptions. Second, it is emphasised that people age in different ways reflecting their earlier lives – their economic and social circumstances, occupation, education, family networks and community attachments. Third, contributors agree that the increased tendency of older people, especially older women, to live alone, signals a preference for independence that has become more widely obtainable with better health and higher incomes. It does not imply any weakening of family responsibility. Family members remain supremely important for support in times of frailty and for reciprocal exchanges of services and sociability.

The highly individual nature of ageing suggests a daunting task for attempts to trace developments over four centuries. The editors of this volume point out that they are not presenting a 'comprehensive view of old age from 1500 to the present'. Rather they offer ten studies, most of which focus on one or several parishes, on particular socio-economic groups or, in some cases, on particular individuals or families. The researchers are constrained by fragmentary sources: local censuses conducted for various purposes at various dates, parish records, household listings, diaries and memoirs. Only the three last essays dealing largely with the 20th century draw on national data from the census.

The result, however, is a vivid set of vignettes detailing how different people grow old in different places at different times and what other people think about them. Claire Schen paints a grim picture of poor older women in 16th century London. Chronological age was rarely known, support came from the 'collectivity' – kin, friends, neighbours, the parish, charity and bequests from wills, in return for attendance at funerals and prayers for the dead. The Reformation ended much charitable giving by Catholic societies and brought more concern to distinguish the deserving from the undeserving poor. But parish resources were meagre and even the deserving might have to await the death of other paupers before receiving relief.

In 1570, Norwich produced a census of the poor, a quarter of the city's inhabitants, which Margaret Pelling uses to analyse marriage patterns. She finds virtually no men over 50 'living without women', a reflection, she suggests, of the very difficult position of poor elderly women living on their own which might have led them to join even the most unappealing men, as well as of the preponderance of women in the elderly population.

Lynn Botelho asks 'how old is old?' The answer must be sensitive to social position, historical period and gender. In the 16th century women appeared to age at about 52 and men at about 61. But 'honorific titles' denoting age, which might be derogatory or deferential might be applied to women anywhere between 34 and 80. Poverty and poor diet accelerated physical ageing, which was a process rather than an event.

The subjective feelings of a wealthy woman growing old in the late 17th century and early 18th century are described by Anne Kugler, and Amy Froire examines the experiences of never-married women of the 'middle social and economic tier' of the same period. The claim that single women were best placed to enjoy a 'positive old age' is not entirely convincing, given the lack of comparison with the experiences of those who married.

In chapter six Susannah Ottaway argues that in 18th century England it was assumed that old people wished to, and should, live independently. The oldest and poorest women were likely to be dependent, but in the homes of others or in workhouses rather than residing with close kin. Children were expected to support their parents but co-residence was recognised as problematic. Richard Wall compares residence patterns of old people in the 16th century and 20th century, stressing the importance of socio-economic position and of urban and rural differences. He also questions the significance of the growing proportion of old people living alone. Are they to be regarded as the most vulnerable or the most capable?

A telling piece by Theresa Deane contrasts the old age of rich and poor. The wealthy old women in the family circle of Louise Twining, (a couple of great aunts, said to have survived into their 90s, described as 'very upright and imposing … who never leant back in their chairs'), and the workhouse poor 'women worn out by ill-health'.

The next essay from Stephen Hussey, drawing on conversations with rural working class people raised in the first half of the 20th century, describes vividly the horror of the workhouse and the fear of being 'put away' that persisted among generations of older people long after the poor law institutions had been abolished – or at least re-named. The institution stripped women of their diverse social roles within their communities and put them in a position where their defining characteristics were old age and dependency.

Lynn Bothelo and Pat Thane gather all the threads together, remind us that 'mass ageing' is a novelty of 20th century Britain and that trends to early retirement combine with demographic change to produce an increased proportion of people who no longer work but who are far removed from physical decline. More old people live alone, but through choice. Family contacts are maintained and old people give as well as receive. The 'gloomy, though often ill-informed, speculation' about the assumed burden of dependency has not been proved to be well founded. This is a cheerful picture. Perhaps too cheerful. It is well known that falling fertility, more younger women in paid work and greater geographical mobility have drastically reduced the number of female kin available for support. Bothelo and Thane are optimistic in supposing that the speed and ease of late 20th century communications can overcome such difficulties. And the wider political question of how far younger people will be ready to maintain high-quality public services is, at the least, uncertain. Since 1970 the relative value of state pensions has dropped sharply and a succession of reports has revealed shockingly poor standards of care for older people in some residential homes and hospitals and inadequate community services. This is, of course, particularly true for the poor.

So what the essays tell us is that the present is rather like the past. More of us grow old more comfortably now because we are richer and more healthy. But for those who remain poor the experience is painful and the state an unreliable provider.

University of Oxford
Department of Social Policy and Social Work
JULIA PARKER

DOI: 10.1017/S0144686X01268354

Miriam Bernard, Judith Phillips, Linda Machin, and Val Harding Davies (eds), *Women Ageing: Changing Identities, Challenging Myths*, Routledge, London, 2000, 307 pp., hbk, ISBN 0-415-18943-8, pbk £15.99, ISBN 1 415 18944 6.

This edited volume assembles research on ageing experiences of mid-life and older women, defined as those aged 40 onwards. Reflecting the multidisciplinary nature of social gerontology, the authors draw from several areas, including social work, psychology, and sociology. The collaboration among the authors over several years has resulted in a coherent set of essays bound by a common theoretical thread described as a 'critical, feminist, life-course perspective' (p. 1). This does not mean that the topics or methods are circumscribed by some methodological orthodoxy; indeed, this volume demonstrates that multiple methods are amenable to feminist approaches. Further, as the title makes clear, each chapter is concerned, to some degree, with ageing women's identities in relation to particular experiences (such as work, bereavement, and menopause), and challenges notions in its relevant literature by attending to women's voices. That is, previous research that focused only on men renders partial understanding, while researchers have largely ignored women's issues, such as menopause, leading us to rely on popular media constructions. By focusing on women, the various authors are able to expand our understanding of ageing.

The opening chapter by Bernard, Chambers and Granville clearly lays out the context and framework for subsequent chapters, thereby lending coherence to the volume. The authors explain their theoretical approach and its importance, and also make clear how and why the many methods used might be feminist. They highlight the importance of beginning with women's voices in gerontology in general, and in this book in particular, a theme that Phillips and Bernard return to in the concluding chapter in their discussion of policy and practice related to ageing women. Subsequent chapter topics include paid and unpaid labour (including retirement), education in later life, and feelings about growing older (including some of the changes and challenges often associated with growing older), the experience of menopause, giving and receiving care, and bereavement and widowhood.

In general, the chapters use women-centred research to negate myths about older women. At the same time, each chapter demonstrates the importance of reformulating theories and research. For instance, Phillips (Chapter 3) critiques the notion of a 'typical' carer who is also engaged in paid labour; the assumed negative affects of care work based in part on masculine notions of productivity (while positives are not generally examined); and the role-based theory notion of carers 'balancing' between paid and unpaid work, as balance implies a relatively high degree of control (p. 50). Her focus group respondents described 'juggling' – a description that captures the more unpredictable nature of care work. Similarly, Skucha and Bernard's emphasis (Chapter 2) on the gendered nature of both paid work and retirement, suggests a need to broaden our notions of both to reflect women's experiences. While not explicitly stated as such, these reconceptualisations relate to old men as well – for instance, helping us to understand how it is that men's ability to be free in retirement rests on the reality that women don't retire as they continue to engage in domestic labour (p. 31).

The ways in which gender and ageing intersect in ageing women's lives is apparent, for instance, among the women aged 50 and over who were attending college (Marshall, Chapter 6). They were perceived as 'grandmothers' which meant they had to override the myths surrounding both their age (including the notion that they were somehow too old to learn) and the gendered views concerning their 'natural' proclivities for scholarship. Similarly, age and gender intersect to help us understand the identities created by older women employed as part-time workers (Skucha and Bernard, Chapter 2). Despite being aware of the hierarchy that places men (and men's jobs) above older, part-time and female workers, they still see their worker identity as an important part of their sense of self. On a somewhat different plane, the fascinating discussions in Chapters 4 (Bernard and Harding Davies) and 5 (Granville), also demonstrate the intersections of sexism and ageism that creep into women's views of themselves and of menopause, and the views of professionals who deal with older women. By listening to the women, while also reflecting on their own feelings about ageing, these authors implicitly point to the necessity of gerontologists investigating age relations.

Role theory and role loss are also taken to task in chapters on widowhood (Chambers, Chapter 8) and care work in long-term relationships (Ray, Chapter 9), discussions that also emphasise the dynamism of later life. Together with the emphasis on diverse bereavement styles (Machin, Chapter 7), the critiques of static models of widowhood and spousal care also debunk the myth that ageing women are victims or problems. Instead, losses are dynamic and contextual – they also present new situations in which women actively create their lives. Widowhood experiences, for instance, also provide beginnings of sorts, ones that involve widows' negotiation of new identities.

I have only minor quibbles with this insightful book. For instance, the first chapter includes an emphasis on a life span developmental approach, one that lends itself to the sort of static depictions and inattention to diversity that the authors themselves decry and generally avoid. Their allusion to the work of Giddens and Goffman demonstrate that one can make the same points concerning changing identities in relation to gender and ageing without relying on stage models that can inadvertently deny diversity. And while this is not a criticism of the present work, the book also brings to mind the need for research on 'old' women rather than including all women aged 40 onwards.

Professionals and upper-level students alike will benefit from this readable book. The theoretical framework, brief overviews of literature and present findings serve as excellent resources for all gerontologists, and not only those interested in women or gender and ageing. In addition, the authors demystify and reflect upon the research process, revealing the limits and strengths of each study and encouraging us to confront our own ageism and how this influences research.

Virginia Tech
Blacksburg
Virginia, U.S.A.

TONI CALASANTI