

Reviews

Richard Cheston and Michael Bender, *Understanding Dementia: the Man with the Worried Eyes*, Jessica Kingsley Publishers, London, 1999, 240 pp., £16.95 pbk, ISBN 1 85302 479 1.
Anthea Innes, *Training and Development for Dementia Care Workers*, Jessica Kingsley Publishers, London, 1999, 120 pp., no price, ISBN 1 85302 761 8 pbk.
State of the art for practice in dementia, *Generations*, Journal of American Society on Aging, XXIII, 3, Fall, 1999, 88 pp., ISBN 0738 7806.

In the introduction to *Training and Development for Dementia Care Workers*, Anthea Innes quotes Tom Kitwood's view that one aspect of training for dementia care work involves staff developing their 'practical morality'. This is one of the biggest challenges within the growing field of work with people with dementia: not just to find out more, but to make real use of what we already know. As Innes writes '... the person-centred approach to dementia care needs to become not just the rhetoric of care providers but the practice of care workers and the lived reality of care provision for all people with dementia' (p. 12).

This recognition is the common link between these three publications, which describe the range of theoretical and practical approaches being developed to understand dementia, and to aid communication with those it affects. Although each publication has a different focus, they all recognise the central importance of ensuring that new insights are shared, and that there is a flow back and forth between those living with dementia, their relatives/carers and the practitioners and researchers in the field. These publications provide useful resources for a wide spectrum of those working with people with dementia because the language is accessible, and explanations of jargon are given. As collaborators on an action research project using creative arts with people with dementia, we have had to grapple with the existing research in different professions, its application in practice and training issues. The need to reach across the jargon of different professions is a starting point. Improving communication between workers is one step towards providing better care for the person with dementia.

Understanding Dementia: The Man with the Worried Eyes is an ambitious undertaking which the authors have pulled off with considerable success. Their aim is to consider dementia comprehensively and to give the reader the tools to become independently critical of what they have been told about dementia. The book is divided into four parts. The first considers contemporary attitudes. It outlines the historical development of dementia becoming seen as an organic disease, gives the current formulation of dementia on this model, and states its limitations. The authors express their amaze-

ment at the dominance of the organic model, since with other types of mental illness numerous explanations are found. The resultant perception of people with dementia as existing outside a social world, with their emotions seen as symptoms deriving from neurological damage, is contrasted with a disability perspective. If dementia is seen as a disability then the focus of services will be on helping to compensate for what is actually missing or damaged rather than the current situation where the disease is usually seen as eating into all abilities and personhood. This can be particularly hard for staff working with people with dementia, who notice positive changes in their clients. How can they explain these if the disease is seen as inevitably going from bad to worse because of changes in the brain itself?

Those who are familiar with Kitwood's work will find much of this critique familiar territory. Indeed, the second part of the book moves on to consider the new culture of dementia care characterised by the shift towards understanding the person with dementia as an active and interactive being operating within a social context. The authors try to see the world through the eyes of someone with dementia, looking at how the changes that are involved in the illness affect their thinking and feelings.

The focus here is on dementia as a process that erodes an individual's sense of identity and security, affecting their ability to process information – to think and to respond, rather than solely to remember. They also quote the work of a Dutch psychiatrist, Miesen, who argues that people with dementia often respond to experiencing the world as insecure, frightening and strange in much the same way that young children do when they encounter a strange situation. The range of children's responses have been well described in research by attachment theorists such as Bowlby and Ainsworth. Miesen's work is important because it may help workers to understand why, for example, a person with dementia will call repeatedly for 'Mummy'.

Understanding, of course, is one thing but translating that into a practical response is another. How do services help people to maintain their identity and hold on to a sense of themselves? Storytelling is cited as one important way, but it is the third part of the book that tackles this question further. There is an important section on the thorny issue of assessment and how it could become more person-focused. Subsequent chapters look at how therapy can help the person with dementia achieve a degree of emotional security. There are lots of inspiring examples from practice, both the authors' own work and others'. It is difficult to isolate one example, but that of the Gift Group, where people with dementia at an Age Concern centre in Plymouth were enabled to make and give a Christmas gift for a relative, is particularly moving. It counters the idea that people with dementia are only passive recipients of care, and also, for example, supports the work of Magic Me in enabling people with dementia and staff to work together on creative arts activities. Non-verbal work, using all senses, work in different care settings, research and evaluation are all discussed. The illustrative examples enable readers to find their own ways of relating back to their own work settings, and provide encouragement to move forward innovatively.

The book ends with a section discussing the future. This introduces a cautionary, if realistic, note. The authors note that the organic model of

dementia is still dominant and powerful. Access to resources, for example to finance person-focused research, can therefore be difficult. It is an exciting time, but achieving change may mean playing the long game and thinking globally, but acting locally. They urge networking and pooling ideas. The book finishes with a plea to young-old people to become more of a pressure group for people with dementia, since it is often the action of pressure groups that changes political priorities. Health and social care professionals are not let off the hook however: they also need to become more adept politically, in alliance with the young-old.

The *Generations* journal, published by the American Society on Aging, is also informative and inspiring, with contributions from America and Europe. 'Dementia in the elderly: an overview' by David Epstein and James Connor, provides a useful survey of the medical terminology and the factors and influences involved in different conditions that cause dementia. This straightforward article has answers to many questions that newcomers to dementia ask. It would be useful for relatives, friends and carers of people with dementia as well as staff.

The next article 'The diagnosis and management of dementia in primary care' (Rait, Walters and Iliffe) explains in part why relatives' questions are often not answered by their GPs. The piece cites evidence of underdiagnosis and inadequate management of dementia in both the US and Britain, with a majority of British general practitioners feeling inadequately trained in both areas. Systems struggle to provide integrated care across budgets and specialties. Rait *et al.* explore the factors involved, emphasising the need for change given the importance of early diagnosis and action.

This is a point stressed by Robyn Yale who describes 'programs that never existed before', support groups and other opportunities which challenge the stereotype of people with Alzheimer's. 'At the beginning of the illness' she says, 'people have not only challenges to face, but also many strengths and capabilities to use' (p. 57).

The rest of the Journal contains further heartening examples of good practice and research. For example, the 'Home from Home' scheme in Scotland described by Rosas Mitchell is a new model for provision of the homely, comfortable day care many centres claim. Small groups of three to six people with dementia are offered hospitality for the day in the homes of professional carers, 'not so much day-care as ... a special day out at a friend's house'. Group members help with cooking and washing up, gardening or playing with a visiting baby. The domestic environment empowers both the visitors and the staff who open their homes, developing individual autonomy and creativity.

The emphasis of the collection is very much on people with dementia themselves, with quotes throughout the articles expressing opinions and needs. In the words of the poet, John Killick: 'Many people with dementia ... display an unforced propensity for metaphor and simile' (p. 46). The poems which emerge from his listening to, recording, and shaping the words of people with dementia are a reminder to value the rhythms, repetitions and images which might otherwise be called 'confusion', and their meaning. As one woman said 'Anything you can tell people about how things are for me is important' (p.

46). How does one develop the skills and ability to achieve such a level of rapport with a person? Empathy, self-effacement and the ability to keep silent are needed, and, as Killick says 'you cannot rush into a relationship and expect intimacies to unfold (that is true of any relationship, after all)' (p. 46).

Similarly, Anthea Innes describes the need to take time to build good working relationships when setting up a training programme, in this case with organisations and care settings where training with care workers is to be undertaken. She outlines six stages, from 'Getting started' to 'Evaluation' emphasising throughout the need to listen, to get behind the obvious and uncover the hidden agendas and concerns of the staff team or manager. Understanding the setting and current group dynamics is vital, otherwise however good the material and however well-presented the training, it may never actually be put into practice.

To develop a person-centred approach for people with dementia, training must itself be person- or student-centred. Participants then learn more than skills, attitudes and knowledge: they are enabled to become reflective practitioners, people who can draw upon their own experience in order to deal with changing situations. Working in this way helps people to incorporate new ideas into regular practice, and time spent training is not just seen as 'very interesting but not actually relevant to my work'.

Whilst this book provides a thorough look at all the stages of the training process, and is a good checklist of the complex variety of tasks and skills involved, it comes over as theoretical rather than as a guide to practice. Innes states in the preface that she has chosen to 'limit accounts of her own practice ... because factors unique to me such as my personality, background, gender and class' will have influenced her own experiences, and these will necessarily be different for every reader or training facilitator. This is an understandable approach; it can, however, leave the reader feeling uninvolved, and it is rather ironic given the person-centred approach being suggested. Obviously, the work of designing materials and sessions is specific to the setting and the group, as Innes says, but structures or methods for thinking these through would be useful, and illustrate the philosophy of the approach more clearly. Where examples of actual situations and exercises are given, they really lift the writing. They also break up the text, which with its sometimes whole page paragraphs, can be rather daunting to read. Lots of people find it very easy to think of reasons not to get on with training, so a book of this type needs to be as inviting and reader friendly as possible.

The regular trainer who wanted to develop work in this field would probably already know much of the educational and group work theory, and would not learn much about dementia. It would be more useful as a broad outline of key issues to a nursing home manager or similar professional who wanted to start an in-house training programme. The other two publications could provide some of the supporting material for trainers. *Understanding Dementia* could be used as a textbook. It is clearly argued and logically set out with useful summaries at the end of each chapter. Much of the writing in the

Generations journal would provide good starting points for training exercises, or as food for thought between sessions.

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SUSAN LANGFORD AND ANGELA COTTER

With Respect to Old Age: Long Term Care – Rights and Responsibilities

The Context of Long Term Care Policy, Research Volume 1;

Alternative Models of Care for Older People, Research Volume 2;

Community Care and Informal Care, Research Volume 3;

A Report by the Royal Commission on Long Term Care

Chairman: Professor Sir Stewart Sutherland

Cm 4192-II/1,2,3

March 1999, Vols not sold separately £65 for 3. ISBN 010 141923 6.

The reasons for the establishment of the Royal Commission on long-term care by the new Labour government in 1997 are as well-known as they are contentious. Over a 15-year period, from the early 1980s to the mid-1990s, admission to care homes (both residential and nursing homes) almost doubled. While much of the cost of this care was met from state funding (because of the particular social security arrangements in the 1980s), the burden fell increasingly on the purses of many private individuals. Because of this, political intention and public concern have tended to be at variance with each other. While governments during the period have been concerned to limit the overall cost of long-term care to the state by controlling entry into residential care, the public has largely been exercised by hostility to the means testing of entry into care which has meant that more and more people are having to pay for their own residential/nursing home care. The spectre of houses having to be sold to pay for care has haunted successive governments – a vote-losing prospect which no political party is willing to be seen to support. The Conservative governments of the early 1990s adopted various tactics. They tried to restrict entry into care homes through the introduction of care management and assessment. This enabled local authorities to control entry according to a strict set of eligibility criteria based first on levels of dependency and then on a test of financial resources. They raised the limits on capital retention to soften the means test and also favoured various private insurance schemes offering limited state support in order to encourage take-up. The Labour government, coming into power in 1997, was committed to a manifesto promise to establish a Royal Commission to look into the whole matter more as a delaying tactic than as an issue of principle.

The Royal Commission's terms of reference were primarily to look at funding issues rather than at the broader policy of long-term care for older people generally, although it stressed the importance of maintaining the dignity and security of older people as part of its remit. The report of the Royal Commission published in March 1999 considers current forms of provision and methods of funding, future demographic changes, possible methods of funding

in the future, cost projections and the principles which should underlie any future funding system. The Royal Commission also took the opportunity to commission a body of detailed and wide-ranging research to support and assist its deliberations.

The research is contained in three volumes: *The Context of Long-term Care Policy*; *Alternative Models of Care for Older People*; and *Community Care and Informal Care*. Some might argue that the ground covered goes beyond the strict terms of reference of the Royal Commission. The Royal Commission, after all, was required to report on the funding question. The report which it produced, however, is a brave statement of principled fairness, arguing that all older people requiring personal care should be entitled to receive it free at the point of use, and be funded out of general taxation in whatever setting (both in a person's own home or in a residential or nursing home). The research contained in the three accompanying volumes provides the supporting background for this view. It also provides an exhaustive review of the main aspects of the long-term care debate. In this respect it is invaluable to policy makers, researchers and other students of the subject.

The first volume looking at the policy context considers the economics of long-term care. It looks at overall costs and at the current role of the private sector in providing care, as well as the potential role of private insurance in the future. It also looks at the views of the public both in terms of attitudes towards different forms of care provision and, importantly, given the terms of reference for the Royal Commission, at public attitudes towards paying for long-term care (largely that it should be a matter of justice and fairness and that the present position was a betrayal of the post-war social contract).

The second volume examines alternative models of care for older people. A major objective of government policy since the mid-1980s has been to limit entry to residential and nursing homes. The second volume is thus concerned with looking at the options which must be available for the policy to be successful. It looks at the availability and practicality of a variety of options: intensive home care; co-resident care; very sheltered housing. It also looks at how realistic these models may or may not be – especially in relation to the views of users or potential users. The financial implications of the various options are also examined.

The third volume has two objectives – to assess the impact of the community care policies introduced by the previous government in 1990 (implemented in 1993) and to look at the issue of supporting informal carers. The benefits foreseen in the 1990 legislation have not been as great as anticipated. The perverse incentives of the social security arrangements have largely been overcome but, as the report concludes, have been replaced by other constraints. Local authority charging for domiciliary services, the mismatch of services to needs, the fragmentary nature of much provision all conspire to make community care less successful than envisaged a decade ago. The contribution of informal carers is recognised and some of the possible ways of ameliorating their economic position are considered.

This short review of the three volumes cannot do justice to the wealth of information and discussion contained within them. The Royal Commission was fortunate to have such a body of carefully and rigorously reviewed

evidence to rely upon in its deliberations. The set of principles which the Commission's Report enunciates in its first chapter is clearly drawn from the findings set out in the volumes regarding older people's views and expectations, the public's attitudes to fairness and justice and the options available in a needs-led system based on choice. The decision to argue for free personal care in all settings is a milestone in the quest for justice. Its robust support of the general taxation option rather than state or private insurance is based on its reading of the research evidence.

This body of policy analysis and reviewed research will stand as the definitive source material for all those concerned with the subject of long-term care for many years. Thus it is a resource not just for the Royal Commission itself, but for all students of the subject and is greatly to be welcomed. It is ironic, however, that, even with this rich body of evidence and the carefully argued report of the Royal Commission itself to rely upon, the Government has still not (at the time of writing) accepted or even responded to the recommendations.

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GILLIAN DALLEY

Harry Cowen, *Community Care, Ideology and Social Policy*, Prentice Hall
Europe, London, 1999, 246 pp., pbk, no price ISBN 0 13 727843 8.

Community care has been variously regarded as a concept, an ideology, a policy and as a practical and effective way of organising care provision for different categories of vulnerable people. It has been both supported and attacked on all these fronts. Harry Cowen's book is an ambitious attempt to look at community care from each of these perspectives and to examine the appraisals and critiques which go with them. The first section is concerned with the history and ideological underpinnings of both the concept and the social policy of community care. Cowen takes some care in untangling the notions of 'community', 'need' and 'care' looking at how definitions and usage have changed over time according to ideological approach. There is a thorough account of the historical development of the social policy of community care from Victorian beginnings, through the Beveridge era up until the market reforms of Thatcher's administration when community care became inextricably linked with the managerialism and marketisation of health and welfare which characterised the 1980s and early 1990s.

The second section looks at the client groups – or user groups as Cowen is careful to call them – who are on the receiving end of community care. Older people, people with disabilities and people with mental health problems are all considered, with reviews of the issues surrounding current provision of community care services to them. The growth of user involvement, advocacy and other participative processes are highlighted. The experience of women and ethnic minorities are looked at in separate chapters. The feminist critique of community care is considered in detail along with the disability movement's often hostile response. The implicit racism of many welfare services which

members of ethnic minority groups face is examined and the position of particular groups is reviewed.

The book concludes with an examination of the philosophical background to the growth of interest in citizenship, participation and rights which characterises current approaches to community care. It discusses the way in which service users are increasingly insisting on their rights to services and, in doing so, disputing the traditional notion that rights necessarily imply obligations when applied to the disempowered groups who are the main users of community care. The contradictions inherent in the increasingly popular notion of empowerment are exposed – how are users truly empowered when service managers in reality hold all the cards, when consultation turns out not to mean the ability to play an active part in decision-making and when ‘rights’ are granted or withheld in an arbitrary fashion? Cowen does not have any easy answers but casts a helpful critical eye on some of the accepted wisdom of the day.

As well as providing a factual outline of the growth and development of community care, the book also offers a critical perspective on the wide variety of approaches and interpretations that are current in the study of the subject. It is a useful book and students of health and social policy will find it illuminating as well as informative.

Centre for Policy on Ageing
London

GILLIAN DALLEY

Joanna Bornat, Robert Perks, Paul Thompson and Jan Walmsley
(eds) *Oral History, Health and Welfare*, Taylor and Francis, 1999, 314
pp., £55.00 hbk, ISBN 0 415 19156 4.

All 13 contributors to this book provide an insightful re-evaluation of the last century’s experience of health from diverse and unexplored viewpoints. The new evidence provided is achieved by the scholastic use of personal histories, enriching the academic fields of history and gerontology and the practice domains of medicine, nursing and social work.

One of the key achievements of this book is to cross various social and professional boundaries throughout the 20th century exposing the hidden and often emotionally charged world of health care. Each chapter, whether it be from a medical, nursing or lay person’s standpoint, reveals a complex multifaceted experience.

The editors have skilfully juxtaposed the personal testimonies of both users and providers of health care, many of their experiences forgotten, unknown or marginalised before the research was undertaken.

The reader witnesses the dysfunctional family life of the 1920s general practitioner, whose feelings of low esteem within childhood, and lack of identified female role models, were often manifested within their practice. This is contrasted against the plural roles of both the district nurse and community pharmacists whose regional status waxed and waned according to central government and professional politics. What is so recognisable with the latter group is their close community bond.

Further chapters explore the recipients' view of health and welfare from the working class female of Lancashire, who demonstrated tenacity and diverse coping strategies especially within health maintenance. This is contrasted by their counterparts in South Wales, who throughout the 1930s contradict the received view of the success of Marie Stopes' family planning campaign, by boycotting the clinics in South Wales.

Midway through the text, Walmsley's chapter on the experience of individuals with learning difficulties is pivotal in assisting the reader to recognise that 'Policies and practice which apparently intend to be in the best interest of those they are designed to benefit, feel very different to people on the receiving end'. (p. 199)

Avoidance of jargon and careful editing makes this an accessible book, available to a wide audience. I would recommend it to both academics and practitioners who have daily contact with older people. It is certainly a text that should be on the reading list of Medical and Nursing Schools. Significantly, it is a text that should encourage other researchers especially within social policy to re-evaluate, and accordingly, review care policies. From the viewpoint of the participants – older people – the book emphasises the achievements and self-worth of previous generations.

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LESLEY WADE

Carol B. Cox (ed), *To Grandmother's House We Go and Stay: Perspectives on Custodial Grandparents*, Springer Series on Lifestyles and Issues in Aging, Springer Publishing Company, New York, 2000, 331 pp., hbk \$44.99, ISBN 0 8261 1316 8.

This collection of papers provides a comprehensive overview of the issues arising from the growing phenomenon in America of grandparents who assume responsibility for raising their grandchildren. The authors are drawn from several disciplines, so the various dimensions of the grandparent-grandchild relationship are explored from a number of different perspectives. Social and psychological concerns are addressed as well as the policy issues.

The first section of the book provides a solid introduction which sets the scene and provides an overview of the particular problems and needs of custodial grandparents. The dramatic 44 per cent increase, over just a decade, in the number of grandchildren living with their grandparents meant that in 1997 around 3.7 million grandparents were raising their grandchildren, and most, almost two-thirds of these, were grandmothers. This increase in custodial grandparents has been attributed to many factors including parental substance abuse, AIDS, incarceration, homicide and mental illness. Not only are these grandparents having to cope with taking on a parenting role again but in most instances they are thrust into the role as a result of the loss or incapacity of their own child. A paper by Minkler, Fuller-Thompson and Driver providing analysis of a national sample of custodial grandparents also reveals that the prevalence of poverty among this group is high, and they also suffer from poor access to resources and poor health.

The second section of the book addresses the health and psychological status of grandparents who are looking after their grandchildren. Marx and Crew Solomon review the research evidence about the health of custodial grandparents. They stress the complexity of the issue and the need to examine differences in conjunction with other influences, such as marital status and income on the health of these grandparents. Giarrusso, Silverstein and Du Feng, using a nationally representative sample of grandparents, investigate the balance between rewards and stresses of caring for grandchildren. Perhaps surprisingly, the authors found that only one-quarter of the respondents felt that caring for grandchildren was either very or extremely stressful. More often they found that, although caring for grandchildren may be stressful, it can at the same time be extremely rewarding.

The next three papers provide a clear and comprehensive, if rather dry, overview of the different policy issues faced by grandparents raising grandchildren in America. The legal mechanisms available to such grandparents are discussed by Perez-Porter and Flint. Mullen discusses the changes to the welfare system in the US with the introduction of the Personal Responsibility and Work Opportunities Act of 1996 (PRA) and the impact of changes brought in by the PRA are assessed from the point of view of grandparent-headed households. Perez-Porter and Flint describe the legal mechanisms available to grandparents raising grandchildren. Issues around adoption and kinship foster care are also discussed.

The final two sections in the book address the issues affecting grandparents among diverse populations and services and interventions. The first set of papers cover the difficulties faced by grandparents who are raising grandchildren orphaned and affected by HIV/AIDS, grandparenting where the parents have been incarcerated and grandparenting in African-American and Latino families. The final four papers describe the nature and characteristics of support groups for grandparents raising their grandchildren, the importance of empowerment training, grandparents and schools and community interventions.

The book provides an interesting array of papers that describe the particular challenges facing grandparents who are raising their grandchildren. The emphasis throughout is on policy and practice and how this group can be supported in meeting the particular demands that are placed upon them when they take on the role of looking after their grandchildren. It applies specifically to the US and so may not be particularly relevant to other countries. The book, however, provides a good solid read and covers an issue that, although perhaps growing in importance, has been very little researched.

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HELEN PROPHET

Simon Biggs, *The Mature Imagination: Dynamics of Identity in Midlife and Beyond*, Open University Press, Buckingham and Philadelphia, 1999, 197 pp., £14.99 pbk, ISBN 0 335 20102 4.

The Mature Imagination is an ambitious undertaking. It combines critique,

analysis and solutions to the thorny problem of identity in later life. It is underpinned by a humanist concern for the quality of older people's lives and as such deserves a lot of attention. The issue of identity in later life is raised often in the social gerontological literature but is little researched, let alone adequately conceptualised or theorised. The concept of identity is itself pretty nebulous – despite Giddens' (1991) efforts to give it some theoretical gravitas by linking it to the self, most people use the term in a taken-for-granted way, as if it had a palpable existence and universal applicability. But it needs to be given some flesh and, by focusing on identity as a dynamic process, Biggs has sent us on our way to exploring identity in later life in novel ways. Later life itself is difficult to define because its boundaries and characteristics shift all the time. Nevertheless, as we are reminded in this book, contemporary understandings of later life continue to be informed by biomedicine and welfare problematisations. Although social gerontology is not protected from these influences, recent writings propose understandings of this period of the lifecourse which are resistant to the derogatory clichés associated with what it is like to be old. Biggs's book sits well within the move towards reconstructing later life in more differentiated ways.

As an academic working within a range of psychological traditions, he explores the potential for less alienating inner experiences in a world hostile to old people. The first two chapters consist of a critique of traditional psychological approaches to the 'problem' of old age. Biggs argues that these approaches tended to construct the lifecourse as development and to give primacy to childhood and the management of the libido as the primary force of consciousness. The pioneering works of Erikson and Jung altered this by adopting a lifecourse perspective and by focusing on the potential for personal development in later life. It is Jung's work which provides Biggs with some of the key conceptual and analytical tools to forward his own analysis. The dominant discourse of old age – embodied in what Gullette (1997) called the narrative of decline – gives primacy to adaptation to social, cultural and corporeal deterioration and takes the disengagement from economic life for granted. Jung, however, sees later life and the withdrawal from active life as a change in life priorities offering opportunities for renewal through the development of an active imagination, and as the time for self-exploration and the achievement of an ethical self. This more positive approach is, however, construed as an inner process which excludes bodily ageing and the structural context in which later life is experienced, both of which, Biggs argues, can present fundamental obstacles to meaningful personal development.

In Chapters 3 and 4, Biggs is engaged in the search for relevant and meaningful mechanisms with which identity can be grasped and worked on. First, he reviews the broad cultural context which provides structures of meanings and action for later life. Chapter 3 reminds us of the opportunities and dangers presented by the shift to postmodern forms of social life, characterised by rapid change and fragmentation and the potential for the fashioning of multiple identities. The danger lies in the potential for conflict embodied in the clash between individual and societal needs. Biggs takes issue with these conceptualisations of social life, which may be liberating for younger social actors but do not reflect the experience of being old. Analyses

of the self which focus on the here and now and privilege multiplicity do so at the expense of core or authentic inner experiences, and of past experience. The body is a particular area of concern: the claim that in postmodernity the body is infinitely malleable is particularly nefarious for old people. Quite clearly bodily management is a salient part of the experience of being old and one which impacts on identity and self in fundamental ways, but the extent to which this can be effected is limited. The now well known Mask of Ageing approach foregrounds the self as youthful and therefore unalterable. In the process, it is antagonistic towards bodily ageing and does not redress the cultural devaluation which is derived from it.

In Chapter 4 Biggs at last outlines his overall project and conceptual framework: the search for personal strategies which would bridge the individual and an environment largely hostile to old people, and which would place them on the road to emancipation. Playing at youth or masking the outward signs of old age are seen as counter-productive and alienating. They are eschewed in favour of the concept of 'persona'. 'Persona' encompasses an understanding of identity as process, and stands for the sophisticated deployment of strategies to confront and protect oneself from an ageist outside world. This is achieved by continued identity labour well into later life. This, Biggs hastens to add, is not merely an act of defence but an encouragement to achieve something positive: what he calls a 'mature identity' which goes beyond pure or surface performance and may lead to the fashioning of a coherent sense of self, coherent with the past and able to keep up with constant change.

In subsequent chapters, Biggs returns to the dangers of postmodern life and the hostility of the social environment for elders. This last third of the book is oddly structured. It is ostensibly a review of the spaces in which a mature identity can be shaped, worked on and performed. In some spaces, Biggs finds great potential for the deployment of personal (memory), and in others (lifestylism and welfare) potential for alienation. There is a really interesting and incisive critique of 'midlifestylism': as a technique of the self aimed at achieving agelessness, this is rejected as an unsatisfactory way of resisting old age by contributing to its devaluation. Again midlifestylism pays no heed to bodily deterioration, very old age and the structural impediments to the adoption of appropriate lifestyles and attendant identities. A critique of the welfare context, within which later life is experienced, is also presented. The penultimate chapter deals with the role of memory and the search for personal meaning in response to impending death in a death-denying society.

Overall I enjoyed reading this book. As a sociologist I would warn against placing too much emphasis on burdening older individuals with the task of fashioning a meaningful sense of identity. Why expect them to make all the effort? What if they fail in their endeavour, what would be the cost to their wellbeing? Clearly as a complement to this personal labour, the social and cultural rehabilitation of old age in its various manifestations must take place. This calls for a courageous and wide-ranging programme of research, investigation and political action.

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