

## Reviews

Stephen Katz, *Disciplining Old Age: The Formation of Gerontological Knowledge*, University Press of Virginia, Charlottesville, Virginia and London, 1996, 165 pp., hbk £40.00, ISBN 0 813 91661 5, pbk £16.50, ISBN 0 813 91662 3.

I have a confession to make at the outset. I have a love/hate relationship with Foucault. On the one hand the best of the work inspired by him can be intriguing and insightful. On the other hand, the worst seems to reduce social reality to little more than a description of texts and ‘discourses’. *Disciplining Old Age* is difficult to locate on this spectrum. Having read through the short but dense exposition, I am still not quite sure what to make of it. The book has two interrelated aims, linked to the theme of ‘disciplinarity’. The first is that ‘old age’ and ‘the elderly’ are social constructions, created by the growth of the discipline of gerontology. Second, expert discourses on the elderly are ‘disciplinary’ in the sense that they help to regulate and control older people.

The book expounds this argument by tracing the history of old age as a disciplinary product. By calling on the ‘fresh breezes’ of post-modernism, post-structuralism, feminism (though not much of this is actually in evidence), semiotics ‘and other theoretical innovations’ (p. 7) especially stemming from Foucault, the author hopes to bring a wind of change into gerontological debate. The three main themes explored are: the changing classification of old age; the growth of ‘dividing practices’ in knowledge about elderly people; and the development of ‘self-subjectification’ in old age. Three core chapters explore this argument.

The first chapter documents changing conceptions of the ‘ageing body’ from medieval times, with its emphasis on humoral elements, to the modern scientific exposition of the body and its ills. This early part of the book revisits a fairly familiar ‘medicalisation’ thesis of old age, showing how senescence and death increasingly characterised modern thought about ageing. Earlier perceptions of the ageing body, based on myths of prolongevity and vitality, were transformed into a more ‘unitary’ view, in which old age and death were seen as being ‘in life’ rather than at the ‘end of life’ (p. 44). Discursive practices, *i.e.* expert opinion, developed, stressing the need to study normal and pathological processes of the ageing body conceptualised in terms of senescence.

In the second chapter, Katz advances the argument that ‘technologies of differentiation’ in the nineteenth and twentieth centuries added to this process by construing the elderly population as ‘a homogeneous group’. Through the ‘technologies’ of the almshouse and old people’s home, the development of pensions and retirement, and the use of the social survey, ‘the elderly’ emerged as a problem group to be brought under surveillance and control. Though pensions also became a site for resistance and struggle, the general trend was to produce a conception of ‘the pensioner as a type of person, old,

poor and dependent' (p. 75). Social surveys fed into an 'alarmist demography' which fuelled the demand for the control of elderly populations.

In the third chapter, Katz introduces what he calls the 'textual dynamic' of gerontology, which provided a scientific underpinning for these perceptions of the elderly. Taking Charcot as a starting point, the perception of old age as a 'simultaneous enfeebling of function and a special set of degenerative diseases' began (p. 81). Normal ageing was conceived in terms of degeneration and senescence, and diseases in old age were contrasted with this 'normality' rather than with the 'adult' body. Normal degenerating organs became the focus of biological and clinical attention in their own right, not as a deviation from maturity, even less as an end-point of life. With the rise of gerontology and geriatrics, disease in old age became a more complex phenomenon, as old age itself was increasingly portrayed as a degenerative process. In this way, Katz argues, the texts of a burgeoning gerontology, with their clinical counterpart in the new specialty of geriatrics, acted as 'productive relays between knowledge and power' (p. 102). Health and vitality in old age were replaced by a conception of individual ageing which underpinned the problematic status of 'the elderly' population.

Finally, Katz reviews the development of modern 'multi-disciplinary' gerontology, which is attempting to break loose, he contends, from the confines of medical dominance, reform and retirement policies which have 'disciplined' old age. Though this has created a more diffuse and less certain body of knowledge, a 'scattered and unstable discipline' (p. 105), this may be its saving grace. A discipline which is fragmented is less likely to act as part of the 'disciplinary' apparatus. Shifting from Foucault to Bourdieu, Katz characterises modern gerontological discourse as a series of 'legitimising practices, rhetorical struggles and political strategies' (p. 110). One example which is dealt with in some detail, is that of disengagement/activity theory. In answer to the question why disengagement theory has received so much attention, Katz opines that it acted as an 'intellectual alibi for mandatory retirement ... [and] a rationalisation for alienation in old age' (p. 123). At the same time, by 'problematizing adjustment in old age', it opened up new and less rigid forms of enquiry. Katz ends on this more positive note. If gerontology (and geriatrics) is less stable and sure of itself than it once was, this is no bad thing. It may lead to an 'undisciplining' of ageing, in which 'the elderly' may in due course disappear. At the least, older people may take on new and more positive 'self-conceptualisations'.

In its own Foucauldian terms, this book works well. The author presents a clear picture of gerontological thought through the ages, and marshals a great deal of useful material. But my doubts remain. As with other Foucauldian arguments, the 'relay' between knowledge and power is taken for granted rather than demonstrated. While pensions, geriatric medicine and old people's homes clearly have a regulatory dimension, how can this be assessed? Are 'reform' and 'welfare' no more than ideological edifices, disguising surveillance and control? While Katz gives a good deal of attention to these aspects of gerontological texts, he is less convincing about how these actually translated into specific social control practices. The emphasis on discourse presumes cultural effects that may be more apparent than real.

Far from suffering the effects of surveillance and medicalisation, many elderly people in modern society have suffered from neglect and loneliness, not to mention physical hardship and poor health. And it might be argued that far from being over-regulated and subject to powerful forms of surveillance, older people have all too often been marginalised and left to fend for themselves. At the same time, real progress in the lives of older people may be neglected in this kind of analysis, including the gains of greater longevity in later life, and in some instances, the decline in age barriers to medical care. By dwelling on texts and negative cultural images of the elderly, Katz underplays the complexities of ageing in modern society. A more balanced view would need to bring into account the changing *experience* of growing old.

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MIKE BURY

James E. Birren and K. Warner Schaie (eds), *Handbook of the Psychology of Aging*, Academic, San Diego, California, 4th edn, 1996, 416 pp., hbk no price, ISBN 0 121 01260 3, pbk £12.99, ISBN 121 01261 1.

At this time of unprecedented growth in the field of gerontology, it is timely indeed that a new edition of the *Handbook of the Psychology of Aging* should be published, alongside its series companions, *The Handbook of the Biology of Aging* and *The Handbook of Aging and the Social Sciences*. It has been six years since the previous edition, and in that time the volume of research and literature on the psychology of ageing has been considerable. It is the editors' task to attempt to condense this material and divide it into short, precise chapters for ready consumption. On the whole, they have succeeded admirably. Even within a bounded area such as the psychology of ageing, the number of potential topics that could be covered is enormous. The editors point out that it was impossible to cover all topics in a single volume, and that they have had to be selective. Some topics covered in previous editions of the handbook have been dropped in favour of new topics. The 1992 publication of *The Handbook of Mental Health and Aging* has also meant that the present handbook has less coverage of the clinical psychology of ageing than might otherwise be justified.

The volume is split into three parts. Part one covers 'Concepts, theory, and methods in the psychology of aging'. Part two covers 'Biological and social influences on behavior'. Part three covers 'Behavior processes'. The book contains contributions from many distinguished academics: Stig Berg provides a chapter on 'Aging, behavior, and terminal decline'; Peter Coleman is co-author of a chapter on 'Personality and aging: coping and management of the self in later life'; Dorly Deeg co-authors a chapter on 'Health, behavior, and aging'; and Johannes Schroots co-authors a chapter on 'History, concepts, and theory in the psychology of aging'.

The individual chapters conform to three patterns. The first is for a chapter to summarise extensively the key research carried out in the previous six to ten years. An exemplar of this pattern would be Kline and Scialfa's chapter on 'Visual and auditory aging'. The second pattern is for a chapter to provide a

selective summary of key research findings, but to concentrate mainly on a discussion of theoretical issues, or to provide a focused consideration of a single key theoretical development. An exemplar of this pattern is Christopher Herzog's chapter on 'Research design in studies of aging and cognition'. The third pattern is for a chapter to provide a selective review of research, together with a detailed report on a few key pieces of research. An exemplar of this pattern is the Hakeem *et al.* chapter on 'Brain and life span in primates'. The handbook therefore manifests different characteristics, depending upon the chapter one is consulting.

Given the awesome task faced by the editors, it would be petty to criticise their topic selection process. If there is one caveat, it is that while the volume can be recommended in general as an excellent source book for individuals wishing to obtain a state-of-the-art review of a given subject area, the editors occasionally allow chapters that conform to the first pattern mentioned above to become too detailed and dense, in effect almost unreadable. Unless one is equipped with a good working knowledge of the chapter's subject matter, one emerges none the wiser from one's reading, since the amount of information, unrefined and with little direction, defies any attempt at assimilation.

However, this criticism should be tempered with praise for the way in which the editors have assembled chapters that are both informative and thought provoking. I particularly recommend the Herzog chapter, mentioned above, in this regard. Herzog coherently summarises some of the main problems for research design in ageing research, and offers elegant possibilities for circumventing these problems. If his suggestions are followed, the quality of research in ageing can only improve, and I certainly hope to incorporate some of his ideas into the design of my own research. In conclusion, *The Handbook* is ultimately an indispensable resource for individuals with an interest in the psychology of ageing. Some of the chapters are very dense, however, and I do not know whether many individuals without a psychological background would glean much from such chapters, although even here the chapters' bibliographies will be useful.

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Edward L. Schneider and John W. Rowe (eds), *Handbook of the Biology of Aging*, Academic Press, San Diego, California, 4th edn, 1996, 507 pp., pbk no price, ISBN 0 126 27873 3.

The fourth edition of *The Handbook of the Biology of Aging* follows the high standard of scholarship set by previous editions, with mature review chapters of important areas in biological and clinical aspects of ageing research. Each edition has reviewed the literature in the period since the previous, so each book is an excellent update of the most current work. I have slight reservations about the slant of one or two of the chapters, but this version continues in the way of excellence of its predecessors. Another aspect of *The Handbook* has been the opportunity offered to younger researchers to write reviews and this has continued in this edition. I can thoroughly recommend the book. All

postgraduate students in biological gerontology should read it, and departmental or laboratory shelves are incomplete without it. Whether it is appropriate for students from other disciplines is debatable: it is very much 'hard-line' biology and comprehension requires a high level of biological knowledge. It is not written for multidisciplinary consumption, but gerontologists in the behavioural sciences would probably find the material on the central nervous system, and the chapters on human ageing, worth exploring.

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IOAN DAVIES

Laura L. Carstensen, Barry A. Edelstein, and Laurie Dornbrand (eds), *The Practical Handbook of Clinical Gerontology*. Sage, Thousand Oaks, California, 1996, 539 pp., £49.95, ISBN 0 803 95237 6.

Several things are unusual about this book, in which all but two of the fifty contributors are from the United States. From its title one might expect a textbook of geriatric practice, but it quickly becomes clear that it is not. One 18 page chapter covers 'Common medical problems in geriatric patients' (and why not 'in old people'? Do we speak of 'paediatric patients'? Alas, perhaps we do.) What is this book then? One looks for a preface, an introduction, even an explanatory sub-title; some statement of their purpose such as editors usually offer: there is none of these. Eventually one finds, in a quote from a review on the back cover, that the book is 'a... desk reference for today's *mental health* practitioners in geriatrics and gerontology' (my italics).

In a textbook of over 500 pages, one samples. I began with the chapter entitled 'Assessment of competence to make medical decisions'. Sensible, and the author emphasises the important point that competence is not a global attribute, but should be assessed in relation to the act in question. But there is too little crisp guidance; a shorter piece, with terse practical points might be more useful in a 'desk reference'. (The author may be right that in the United States, 'competence represents a legal status', whereas 'capacity' refers to 'working assessments of patients' cognitive and emotional abilities'; readers from other countries would be unwise to rely on that distinction.) I could find no reference to testamentary capacity in this chapter, but perhaps this is not seen as 'medical'; neither this nor 'wills' occur in the index, though it is one of the most common questions in everyday practice.

The index is unusual. What would normally be the 'author index' is mixed with the subject index, resulting in a list of the names of the hundreds of cited references, interspersed with far fewer subjects. I don't recall seeing such an index before.

Most chapters give a sound conventional account, but are discursive for easy reference. There are few tabulations and not enough headings, surely appropriate for a 'desk reference'. The book's divisions include 'General issues in treatment', and 'Special issues in assessment'. 'Interviewing older adults' is oddly placed under 'Special issues', when it is hard to think of a more *general* issue in assessment: perhaps 'special' here means 'particular'. Useful points

are made and assessment schedules are described, but again, the text is discursive. The prevalent style can be judged from: 'The client must self-disclose to participate effectively in the interview', a statement for which four references are cited. Other divisions are 'Psychological disorders and behaviour problems' and 'Interfacing with geriatrics', the latter describing health teams, common medical problems (an account of the main *psychiatric* disorders, including oddly a longish section on *early onset* schizophrenia), geriatric rehabilitation and geriatric psychopharmacology. A chapter on gender gives little account of the extensive research on gender and carers.

It may not be a bad idea to put together a reference volume for the 'mental health team'. Odd, though, that the editors do not explain what was in their minds. For this book seems a fairly conventional series of contributions, neither obviously slanted in the direction of the (presumably chiefly non-medical) members of the team, nor presented in a way which makes the book accessible as a source for 'desk reference' (whatever that means, presumably quick and easily digestible reference for use 'on the spot' in the mental health centre or ward office). Using these in the absence of any criteria set by the editors, this reviewer doubts whether the book has hit its mark.

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Elaine Murphy and George Alexopoulos (eds), *Geriatric Psychiatry: Key Research Topics for Clinicians*, John Wiley & Sons, Chichester, Sussex, 1995, 313 pp., £39.95, ISBN 0 471 95168 4.

This book represents a celebration of the successes of the discipline of Old Age or Geriatric Psychiatry and the initial years of the *International Journal of Geriatric Psychiatry*. That journal has owed much to the vigour and vision of its editors who are also the joint editors of this book, and it is fitting that Elaine Murphy's withdrawal from this role, as well as from clinical and academic life, is marked in this way. The chapters represent a selection of papers from recent editions of *IJGP* and illustrate the breadth and quality of work which has come to publication. All these papers are sound and well written, and include helpful reviews as well as new data and analysis. Most of the papers are from either the United Kingdom or the United States of America, but there is also representation from Japan, South America, Australia and mainland Europe: very much the spread of the papers submitted to the journal which is succeeding in its aim to reach the international community of clinicians, researchers and health-care planners.

The main themes identified, after a general consideration of research issues, are clinical and biological aspects of dementia, behavioural problems in dementia and their response to treatments, aspects of depression in late life, 'other psychiatric disorders' (mania in late-life and late-life psychosis), studies in long-term care (advertising the Domus) and 'coping'. Perhaps there ought to be more about patients with long-term psychoses who have 'graduated' into old age with these problems: certainly I'd like to see more about the

systems of medical, psychiatric and social care which are being developed and evaluated around the world. These remain neglected areas with much still to be done and understood, and there is still much room for passion in the creation of care and for the calm appraisal of strengths and weaknesses. This is an encouraging volume and should be available to all trainees in psychiatry and to other professionals who work with older people. Happily, the *International Journal of Geriatric Psychiatry* is now to be included on the listings of *Index Medicus*. Researchers and practitioners owe many thanks to Elaine and to George Alexopoulos.

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Josep M. Fericgla, *Envejecer: Una Antropología de la Ancianidad*, Antropos, Barcelona, 1992, 380 pp., no price, ISBN 8 476 58362 1.

Any publication on gerontology from Spain is welcome. So also are contributions from anthropology, as is the case with Josep Fericgla's book which was awarded a prize by the Catalanian government. In the first part of the book, the author explains his understanding of *la cultura de la ancianidad* (the culture of the old) and reflects on the cross-cultural meanings of some standard concepts of ageing and old age. He then draws from official Catalanian 1986 data to describe and analyse retirement patterns, social and family relationships and other important aspects of old age lives, such as affection, sexuality, religion and the meaning of death.

The reader should begin on page 361, where the aims and methods of the research which forms the basis of this monograph are described. It took place during 1988–90 and three methods were used. A survey of 367 elderly people was carried out in several districts; there were 33 depth interviews; and there were participant and non-participant observations. Unfortunately the details supplied are insufficient and many key features of the research are unclear. The problems of assessing the scientific quality of the author's statements are increased because often it is not clear whether a statement is based on this research evidence or other, national, data. The evidence is rarely compared with the findings of other studies from Spain or other western countries. The author rarely supports his statements by references to the gerontological literature, so that often the generalisations appear either as the kind of statements that are now withdrawn or revised in gerontological understanding, or as clichés or stereotypes.

The author frequently claims that elderly people today are neglected by their families and that most feel lonely. He writes (as on pp. 31, 32, 52 and 263) about the uprooting of elderly people as if it were a general pattern, but elsewhere states that only those without close relatives are uprooted (p. 162). No distinction is made between elderly people who live alone, who may manifest choice and independence, and those who experience loneliness and isolation. Many other statements are contradictory. He states, for example, how important it is for older people to maintain 'intimacy at a distance' and

to keep in touch using the telephone, but two paragraphs later interprets telephoning as a means relatives use to avoid visiting elderly people (p. 262). There is no reference to the relevant studies by Rosenmayr and Koeckeis and the author even claims credit for the idea of 'intimacy at a distance' (pp. 32, 256 and 262).

Although Fericgla makes frequent references to differences among elderly people from Catalonia and from other Spanish regions, the numbers of cases are not given and the sample is not segmented proportionate to the regional elderly populations. Most of the elderly subjects from urban areas were found in the *casals* and *splais*, but only about 30 per cent of the age group in Spain use these recreational centres, and they are mostly drawn from lower income groups. The author's conclusions about all elderly people are therefore flawed. And when he makes a statement from the in-depth interviews, the author normally does not comment on the prevalence of such an attitude, opinion or behaviour in either his or other study samples. The bibliography misses many recent and important references. Gerontological research and publication have grown considerably in Spain during the 1980s, but the work of some highly regarded Catalan and other Spanish gerontologists is absent, as well as very well known European and American authors. Josep Fericgla has made a remarkable effort in this book and his attempt to improve our understanding of 'the culture of older people' is noteworthy. It is to be hoped that he will continue to research and write in gerontology, a field that is vigorously and rapidly growing in Spain.

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Briitta Koskiahio, Paula Mäkinen and Maija-Liisa Pättiniemi (eds),  
*Women, the Elderly and Social Policy in Finland and Japan*, Avebury,  
Aldershot, Hampshire, 1995, 199 pp., £32.50, ISBN 1 856 28859 5.

This book is a result of a collaboration among researchers in Austria, Finland, Great Britain and Japan. According to the editors, Japan and other Asian countries have recently rekindled the interest of European scholars in societies and cultures because of the economic progress of Asian countries. At first glance, the Finnish reader tends to think that there is almost nothing in common between Japan and Finland concerning old people's care and social policy. Surprisingly, however, one finds many similarities, *e.g.* both countries have only recently developed into welfare states, and Finnish and Japanese women are in many ways in the same situation: they have been used as cheap labour in agriculture and the textile industry in both countries. Today, both societies are changing fast and, according to the editors, a comparative approach between European and East Asian countries is instructive. The fact that all the authors are female researchers arouses high expectations in the reader.

The ten chapters of the book deal equally with Finnish and Japanese society even though most of the writers are Finns working on Finnish and Japanese



conditions. The themes are diverse and vary from female life-styles and post-modern consciousness to elderly people, institutional care, and community volunteers. In this review, we consider the articles which are closely connected with elderly people and their position in Japan and Finland today.

In the section on Finland, Maija-Liisa Pättiniemi analyses social services for older people in urban conditions. According to the empirical studies on elderly women in a Finnish city, Tampere, public and semi-public house-based services divide elderly people into different classes. In her second article she deals with the life and housing of retired textile workers, former 'cotton girls' in Tampere. The women interviewed were satisfied with their care and accommodation in a municipal old people's home. Pättiniemi's conclusion is that perhaps the women liked the old people's home because someone cared for them in the same way as the patron of the factory had done in the old days.

In the Japanese section of the book, Briitta Koskiahio, a Finnish professor in social policy, analyses the Japanese housewife as a social institution, including the home-centred life as well as the working life of women in Japan. A Japanese woman is expected to be a professional housewife after her marriage. However, there is an increase of female labour in the tertiary sector and an increase of part-timers and at-home workers. After reaching retirement age Japanese women also participate extensively in working life. Machiko Osawa, a Japanese professor, concentrates on the problems related to female occupations, economic compensations of social security and taxation as well as the possibilities of getting family services in Japan. Sachiko Matsumura examines the living conditions of Japanese elderly people and their sources of livelihood. Japanese elderly people used to be dependent on their children in terms of their financial affairs and care but the situation is now changing. The public pension system and welfare law have been revised. A person's living conditions depend increasingly on the pensions received. However, the employment rate of older people in Japan is very high and there are great differences between various pension systems as well as between men and women. The life security system of elderly women still has many disadvantages. Raija Hashimoto is a Finnish translator and volunteer worker living in Japan. In her two articles, she illustrates both institutional care and voluntary work among elderly people in Japan. As elsewhere, urbanisation, technology and changes in family structure and functions have changed welfare and the care of old people who no longer live in extended families. The life expectancy of the Japanese is the highest in the world. In Japan, the years 1990–2000 have been designated *The Decade for the Promotion of the Welfare and Health of the Aged* and the government is considering new steps to ease the burden of care on families.

To conclude, for a Finnish reader the book discusses many interesting points concerning social policy, social services, and the position of both women and elderly people in Japan. However, the book is mostly illustrative with many numbers and statistics. Because various themes are covered, the comparative analysis is limited. It is not clear for whom the book is written, whether for Finnish, Japanese or international readers. The high expectations of a penetrating discussion of gender issues were unfortunately not fulfilled. No gender theories are considered in the book in spite of the title and the female

authors. It would have been very interesting to examine how theories about the Nordic welfare state applied to Japanese society. To be a female and to write about women or elderly people is clearly not sufficient to ensure inquiries of this kind.

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Michael Young and Lesley Cullen, *A Good Death: Conversations with East Londoners*, Routledge, London, 1996, 249 pp., hbk £45.00, ISBN 0 415 13797 7.

This book investigates how people face their own death and that of people they love. The authors draw upon their conversations with fourteen East Londoners dying from cancer and their families, and on the sociological, psychological and philosophical literature on death and dying. The book is also clearly influenced by Lord Young's own experiences both as a cancer patient and as the bereaved partner of a cancer patient: it begins with a moving and poetic account of the illness and death of his wife, Sasha Moorson.

The accounts of conversations with dying people and their families are the most valuable parts of this book. These powerfully convey their experiences of facing death and bereavement, and provide some insights into ways in which society, and in particular health and social services, help and hinder people at these times. I would like to make these accounts, particularly those about doctors and hospitals, compulsory reading for medical students and, perhaps more importantly, for more experienced doctors whose compassion for and empathy with patients has become jaded. I was left wanting to hear more from the East Londoners and their families, and to have rather less of the authors' interpretations and speculations. These contain some interesting ideas (such as the discussion of the ways in which the dead continue to live) but these are less well developed or clearly put than, for example, those contained in Tony Walter's recent book, which shows a firmer grasp of the literature on death, dying and bereavement (Walters, 1994). In fairness, the book is intended for 'people who are dying, for their lay and professional carers and for student doctors, nurses and social workers'. The authors were therefore attempting to convey complex arguments to a general readership. I do not, however, think they succeed.

Several of the authors' conclusions are unsubstantiated either by their own research, as presented in this book, or by reference to other research. For instance, they state that doctors should not kill off hope by giving an indication of the length of life remaining: 'the most truthful and also the kindest answer to any person asking about the time put on him is "I do not know, and cannot know"' (p. 119). Whilst one of their subjects did not want to discuss how long he had left, others did: this is interpreted by the authors as them perhaps wanting to be reassured that the doctors did not know the answer. An alternative interpretation is that whilst doctors should avoid giving precise estimates which can be interpreted as death sentences, these

patients, like many others, would have liked to know how other patients in their situation have fared so that they could make plans and retain control (Fallowfield, 1991).

Other conclusions, whilst supported by the authors' data, were heavily influenced by the characteristics of the small and unrepresentative sample. These include their finding that younger people were less likely to have had supportive family and friends: older people, and particularly, older women, are in fact less likely to have spouses and family to care for them (Cartwright, 1993). All fourteen patients were recruited through a hospice home-care team, and greatly appreciated the care they received. The authors generalise from this to make a strong plea for the national provision of this type of service, and are critical of the current move towards using specialist palliative care nurses as a resource for the primary care team rather than to provide hands-on care. They may be right (there is little empirical research to draw on here), but they do not know how patients fare without this service and their data are not, therefore, a good basis from which to make recommendations about service developments in palliative care.

In conclusion, this book reports with great compassion the individual stories of fourteen people facing death, and of their bereaved relatives. Anyone wanting to understand better how people face death and survive bereavement, and in particular how health and social services can help, would find these accounts to be of interest. However, the surrounding sociological inquiry and philosophical speculation have less to recommend them and readers interested in these aspects of death, dying and bereavement would be better advised to look elsewhere.

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George P. Smith II, *Legal and Healthcare Ethics for the Elderly*, Taylor and Francis, Washington D.C. and Basingstoke, Hampshire, 1996, 207 pp., hbk \$59.95 or £39.95, ISBN 1 560 32452 X, pbk \$24.95 or £16.95, ISBN 1 560 32453 8.

Law professor George P. Smith II of the Catholic University of America has written a book that will inform and educate other law professors and professional philosophers who are interested but not previously deeply schooled in issues pertaining to the planning, delivery of and financing for health services to older persons. His focus is primarily although not exclusively on legal and ethical questions, (Smith is careful to use the politically correct

terminology of social ‘challenges’ rather than ‘problems’), arising in the United States in the face of an inexorable geriatric-demographic imperative. He provides in this volume an impressive review, synthesis, and citation of the relevant legal, ethical and gerontological literatures, and demonstrates his extensive exposure to an array of international legal and health care institutions in various scholarly roles. Smith here supplements his previous law review publications with some original material and substantial information and discussion about contemporary ageing, the complicated elder service-planning-and-delivery network, and the intersection of law, ethics and medicine in assorted geriatric contexts. He writes nonetheless a concise and manageable volume.

Many attorney readers also will be favourably drawn to Smith’s endorsement of more law, particularly command and control regulation, and much more vigorous enforcement efforts, as the preferred means to attack many of the shortcomings identified in current approaches to providing and paying for health care to elderly people, including the defects created or exacerbated by existing legal rules and interpretations. Moreover, the several appendices that comprise over ten per cent of the book consist of legal forms.

For actual health and human service practitioners who work regularly with older patients, however, *Legal and Healthcare Ethics for the Elderly* is likely to be of considerably less value for various reasons. The style is rather academic, often resembling a lengthy law review article, where the primary purpose of the text is to serve as a structure for stringing together the references. Smith offers precious little pragmatic, specific advice to practitioners to aid them to serve older persons better.

This is by no means to imply that the author applauds the current state of elder care, especially in the United States. On the contrary, his criticism of the quality – both technical and in terms of human relationships and social systems – of the health care ordinarily provided to older patients today is so constant and stinging that it is more likely to alienate than inspire the very individuals and institutions whose conduct Smith would most like to change. At times he exaggerates and overstates, following the official line of leading advocacy groups, but sometimes his judgments are brutal but honest. Either way, practitioners would be justified in wondering to what extent Smith’s lamentations (he must use the adverb ‘sadly’ at least two dozen times to describe situations of which he disapproves) are constructive rather than carping. Put differently, one asks how Smith’s moral hectoring will tangibly contribute to improved health care for elders in tomorrow’s real world. The analysis of hypothetical cases to illustrate and illuminate the applications of specific legal and ethical principles would have helped for a practitioner audience.

The chief problem, though, lies in the book’s frequent non-linear organisation of material. At numerous junctures, the discussion jumps around so quickly and unpredictably that following the author’s chain of thought is a formidable task, particularly for readers with little acquaintance of legal and ethical expressions. The ‘hit-and-run’ treatment of many issues quickly tires. These shortcomings notwithstanding, I recommend this book to attorneys and ethicists who seek a good introduction to the field of ageing as it affects their

disciplines. Practitioners concerned with the welfare of older people should welcome such informed readers enthusiastically into their professional ranks.

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Fay Wright, *Opening Doors: A Case Study of Multi-Purpose Residential Homes*, Her Majesty's Stationery Office, London, 1995, 122 pp., £16.50, ISBN 0 113 21963 6.

Local authorities in Britain have been using their residential homes to provide additional services for non-residents living in the locality for a long time. The idea of homes becoming multi-purpose began with short-stay care as far back as 1967 (Willcocks *et al.* 1987). By 1981, 81 per cent of local authority residential homes were providing one or more of a range of additional services to people living in the community (Darton 1981). What *is* new is that private residential and nursing homes are increasingly diversifying into day and respite care, and local authorities are continuing to add to the uses to which they put their residential homes. The impetus for this accelerating development lies in the National Health Service and Community Care Act 1990, which emphasises the policy objective of enabling more older people to remain in their own homes by developing domiciliary, day and respite care, and by providing more support to informal carers. Since the Act was only fully implemented in 1993, it is too early to judge whether this objective is being met.

The study reported in this book was commissioned by the Department of Health and carried out between 1989 and 1991. It took the form of case studies in six local authority multi-purpose homes in England and Wales, evaluating them against six broad aims set out by senior managers. These aims were tested against the outcomes for the main users of the services: long stay residents, older people attending day care and carers. It would be wrong to use the findings of this study to generalise about the multi-purpose model on the basis of six homes. Nevertheless, it exposes gaps between senior managers' aims and what benefits such homes achieve for users. Very few residents benefited from the day-care provision, because they did not know about it, because it was too far to walk to or because users and hard pressed day-care staff were hostile, often because of their greater frailty. Day-care users did not have their care packages specially well integrated. Carers of day attenders seemed to benefit most from the multi-purpose home because some of them secured longer breaks from caring by their relative gaining access to respite care. Very few day-care users saw themselves making their way along a continuum of care towards long-stay admission. Only five of the 79 users interviewed had their names down on the home's waiting list. Familiarity with the home and staff from previous day and short-stay care had however helped some older people to make successfully the transition to long-term resident.

The design and layout of some residential homes makes them unsuitable for the multi-purpose model if day-care and other community services are physically integrated with the long-stay accommodation. We already know

from other studies that such arrangements please neither group of users who prefer their activities to be separate. Local authority residential homes are expensive to run and it is sensible to extend their facilities to as many people as possible. The question to be resolved is how this can be maximised without damaging the quality of life of long-stay residents. Two important questions which the book does not answer are how people with dementia manage in multi-purpose homes and the second is whether multi-purpose homes are cost effective. This is because the local authorities did not provide enough costing information, despite cost-effectiveness being one of their main aims. It is important to know because the book demonstrates that there are costs of a personal kind which also have to be considered. Private residential and nursing home owners considering the multi-purpose model could usefully read this study to help them decide. They will have to do the cost effectiveness calculations for themselves.

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Jack B. F. Hutten and Ada Kerkstra (eds), *Home Care in Europe: A Country-Specific Guide to its Organisation and Financing*, Arena, Aldershot, Hampshire, 1996, 320 pp., hbk £35.00, ISBN 1 857 42337 2, pbk £17.95, ISBN 1 857 42336 4.

The aim of this book, which was commissioned by the European Association of Organisations of Home Care and Help at Home, is to give a systematic overview of the organisation and funding of home care in the 15 Member States of the European Union. It has been produced by a team of researchers from the Netherlands Institute of Primary Health Care (NIVEL). They built on existing written material, sent a questionnaire to home-help and home-nursing experts in each country, and visited and interviewed experts in nine of the countries. Thus the work is produced within a common framework, and each country is described under the same headings, which cover the organisation, funding and staffing of home nursing and of home-help services, relations between them, and problems and recent developments.

This book is, as indicated in its subtitle, a guide and does not pretend to be an analytical, comparative discussion of service or policy issues. It is an almost purely descriptive volume, and there is little attempt to explain differences or

similarities. Although the main 'findings' are pulled together in a cross-national chapter, these mostly confirm what has already been suggested in other studies, which is that there is a great deal of diversity in the levels, organisation and financing of services, but some trends and problems are shared by most countries: demand for home-care is increasing everywhere; the separation between health and social services is a major problem in most countries; and waiting lists and staff shortages are also among the shared problems.

The individual country chapters give more detail about the nature of the differences and similarities. It is of course a huge and challenging task in itself to gather the same kind of information from every one of 15 countries, and the result is that the material presented is a mix of useful, superficial and at times misleading information. Some sections, like that on staffing and training, will be useful, especially in home-carers around Europe. Also, the sections on organisation and financial issues do in many cases give one a rough idea of system-specific features, although a proper understanding of how the systems work would require further reading. Many of the costs, like fees and payments, are given in local currency and are not related to overall standards of living.

The main problem is that the authors try to cover so many aspects of home-care in very little space. Some parts could certainly have been omitted, like the introductory country descriptions in each chapter, which cover in half a page an odd mix of geographical, economic, political and constitutional aspects. We learn about the Houses of Parliament and the Queen for the United Kingdom, about the ancient treasures in Greece, and about high taxes in Denmark. Other pieces of information could also best have been omitted, because the short space available to deal with often complex issues make the information almost meaningless, if not misleading. For example, for the United Kingdom, problems in relations between formal and informal carers are summarised in two sentences, as with 'the weak co-ordination and collaboration between formal and informal carers: where one is present, the other tends to withdraw' (p. 311). Nevertheless, it is the first volume to become available which brings together information about home care in all 15 countries of the European Union, and as such it will be a helpful handbook for home-care organisers and policy-makers in the Union. It can also be useful to students and researchers in providing some initial background and introduction to the home-care situation in countries with which one is not already familiar.

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Jane Lewis and Howard Glennerster, *Implementing the New Community Care*, Open University Press, Buckingham, 1996, 220 pp., hbk £45.00, ISBN 0 335 19610 1, pbk £14.99, ISBN 0 335 19609 8.

This book describes the process of implementation of the new British community care legislation in five local authority Social Services Departments. The authorities are four London Boroughs and one of the Home Counties.

This obviously cannot be considered a representative sample. However there is much here that will ring true for other parts of the country, and this detailed analysis of the working through of policy portrays thoroughly the period during which the Seebom vision of Social Services Departments finally came to an end.

The analysis adopts Sabatier's framework, which distinguishes the 'deep normative core' of a policy from its 'near core' and 'secondary' aspects. These successive distinctions reflect a decreasing level of importance to policy makers and thus an increasing scope for local variation in implementation. The opening chapters are a succinct and convincing analysis of the origins of the community care provisions of the 1990 legislation, through which the core and secondary aspects of the policy are identified. It is no surprise that the financial goals are identified as paramount for the Government, with the introduction of market principles as 'near core' and care management as 'secondary', although the labelling of collaboration as 'near core' is less convincing.

The remainder of the book traces in detail the process of implementation, concentrating firstly on the financing of community care and changes in organisational structure, secondly on enabling, thirdly on care management, and lastly on collaboration. These chapters follow a common pattern: an introduction, evidence about each authority in turn, and a concluding discussion. All seven chapters are dense and detailed, and the sections setting out the evidence can be quite hard going, for they require considerable concentration to sustain and elaborate the connections between the descriptive information and the substantive analysis. In these chapters the descriptive material is dominant, although with good links to the relevant literature. Sometimes it is not clear whether generalisations are made on the basis of research evidence or the general literature.

The description of the development of the 'enabling' role focuses on two aspects – the purchaser/provider split and the market for social care. The discussion of care management covers the concept itself and the ideas of need and eligibility. The chapter on the idea of care management gives many of the reasons why the results of the experiments of the Personal Social Services Research Unit of the University of Kent are not necessarily generalisable across different client groups or different models of care management, but places surprisingly little emphasis on the fact that the key experiments relied on devolved budgeting as well as care management. This seems of particular interest since none of the authorities studied devolved budgets to front-line workers.

Readers hoping for information about the impacts on service users will be disappointed. It is clear that the emphasis on needs-led services and the focus on user involvement were aspects of the policy and subsequent guidance which helped to 'sell' the reforms to many managers. It is of interest that the authors' impression is that different tiers in the organisational hierarchy had different perceptions of how the changes were going, with the views tending to be less positive as one approached the front-line. The litmus test of service responsiveness, based on a hypothetical example of a need for a flexible home-care service, suggested that the factors which influenced the capacity to respond flexibly to need were independent of the community care changes.



Similarly, it proved difficult to demonstrate relationships between particular changes and results: there were simply too many other factors involved. The persistence of organisational culture and the capacity for strategic planning both proved to be important influences in how the changes were implemented, although the importance of the size of the organisation in affecting the latter is underplayed, despite its salience for the current reorganisations.

This careful administrative anthropology, with its clear and detailed exposition of many of the relevant features of the policy and practice context, is a valuable contribution to our understanding of the implementation of community care, but it does little to reduce scepticism about the ultimate benefits for service users and their carers.

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HAZEL QURESHI

B. J. Vellas, J. L. Albareda and P. J. Garry (eds), *Long Term Care: Facts and Research in Gerontology 1995*, Serdi, Paris, 1995, 379 pp. no price, ISSN 0990 2295.

Reviewing a text as heterogeneous in content as *Facts and Research in Gerontology* is no mean feat. This is inevitable because, with such a mixed bag, it would be difficult for any one reader to maintain a high level of interest across the diverse research areas. It seems clear that such a book, ambitiously setting itself the task of covering several (yet only a sample of) research areas within gerontology, might have a place in an academic library and could serve as a useful reference text. Some of its articles are of general interest, and some are eminently readable and will engage the interest of a lay reader, such as those on modelling hospital systems by Cottee and Milliard; the in-depth validation study of the 120 year old woman by Robine and Allard, and the neat prospective study on bacteremia in elderly hospital patients by Decrey, Auckenthaler and Michel.

There are well researched and broad review articles, as on schizophrenia by Howard; on the treatment of congestive heart failure by Aronow; on restrictions to nursing home care by Biedenharn; and on urinary dysfunction assessment by Badlani and Kershen. Some of these contributions are clearly directed at clinical practitioners, *e.g.* that on pharmacological therapy for acute pain, but engaging social and behavioural topics are also covered in this 29-paper compendium, *e.g.* Luikkonen on behavioural problems and Woo, Ho and Lau on care-giver strain in Hong Kong. The included topics are patently extremely diverse and many of the chapters bear no relation to others, while at the same time there are repetitive themes, such as the debates on nursing home perspectives and dementia therapy, perhaps the 'in' research themes of recent years. The reactive editorial task for such a volume is extraordinarily difficult and it is therefore no surprise that even spelling imperfections obtrude. Thus, *memory enhancers* (contents page), *possitive* and *stablish* (Bohorquez *et al.*) are found, innocent and harmless enough, though they do discomfort the reader when starting to read some obviously translated texts.

It may be a strength that this text contains case studies, population

prevalence studies and clinical trials in one binding. To others, it will be editorial laziness to deal with benzodiazepines and lithium for depression in one breath; ornithine alpha-ketoglutarate for nutritional support of malnourished older people with another, and population differences in activities of daily living scales with the next. There are, one is relieved to report, neat classical pieces which will interest most, such as the paper by Steen on ethical issues and a contribution from Nasr and Rubenstein on nursing home utilization.

The editors have fairly successfully contrived what appears to be a compendium sample of current research in gerontology, and one which is drawn widely, at least from the more developed parts of the world, including the United States, Japan, Switzerland, Sweden, Hong Kong and London. They may even have produced a representative catch of current research themes. But what and who exactly for? While gerontologists may be indebted to Serdi and other such publishers for publishing papers, this textbook will not much help specialists, such as keen post-graduates or those engaged in in-depth research. It provides a broad overview of gerontology research to the undergraduate or to the uninitiated, and may entice one or two to read further. It will also enable some researchers to glimpse the myriad ways in which their colleagues are seeking new insights in different areas. A must for libraries of gerontology, an enjoyable kaleidoscope for students – but don't try to find any common threads: research into ageing, like that of any segment of life, is as diverse in subject matter as in methodology.

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Hazel Heath and Pauline Ford (eds), *Older People and Nursing: Issues of Living in a Care Home*, Butterworth-Heinemann, Oxford, 1996, 265 pp., £14.99, ISBN 0 750 62438 8.

The nature and scope of gerontological nursing practice has undergone massive change in Great Britain during the past decade. In particular, continuing or 'long-stay' care has moved almost wholesale from the National Health Service to the private and voluntary sectors. In recognition of these changes, Heath and Ford have attempted to produce an introductory text which will highlight 'major issues which have a direct impact on how an older person experiences life in a care-home'. The book is aimed particularly at those working in nursing homes and claims to be of value both to registered nurses and care workers. Herein perhaps lies its main weakness, in that it attempts to be relevant at several different levels, a tall order for any volume.

The book is divided into three sections. Section 1, *National frameworks and values*, includes four chapters, the most useful of which is Pauline Ford's chapter on what older people value in nurses. Based upon empirical work, the chapter describes in moving detail what it is about their relationship with nurses which older people find most therapeutic. Ford's research, although on a small scale, highlights the acute feelings of vulnerability and powerlessness experienced by older people in care homes. It is unfortunate that this theme

is not more dominant in the rest of the book. With a few exceptions, there is a lack of emphasis on research which considers the views of older people themselves.

Section 2, *Quality of life matters*, includes an excellent chapter by Brendan MacCormack on life transitions as well as chapters on rights, risks and responsibilities, communication, home life, educational and management issues. In the latter, Steve Goodwin highlights the important differences between managing a care-home and managing a hospital ward, differences which characterise the experience of working in a care-home and provide the particular challenges of such an environment. In the light of this discussion, the lack of attention to strategies for introducing change is something of an omission. The third section of the book, rather inappropriately named *Clinical matters*, includes chapters on nutrition, mobility, continence and wound care (is nutrition in care homes always clinical?). This section is somewhat better referenced than the remainder of the book and includes some very practical suggestions for managing particular problems.

This is a typical curate's egg of a book. I feel the main problem is that it tries to do too much and ends up giving superficial attention to many important topics. The chapter on professional nursing issues, for example, covers quality, accountability, scope of practice, continuing professional development, health promotion, research-based practice – and more... all in fourteen pages! As a consequence, some chapters lack the specificity to be of real value to nurses facing the challenges of practice in this area. The chapter on mental health, for example, while offering a useful classification of common mental illnesses experienced by the older person, stops short of offering practical advice for dealing with challenging behaviour. Vague statements such as 'the care team should be aware of the client's assessment, mental health status and act accordingly' may leave care staff attempting to deal with a particular problem feeling frustrated and short-changed. In another chapter, reference is made to a number of techniques for aiding communication with residents, such as life review, reminiscence therapy and care-mapping. Unfortunately, these techniques are not described and the text is devoid of references which might enable the reader to explore further.

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