

REVIEWS

Living with Frailty: From Assets and Deficits to Resilience

Shibley Rahman, Routledge, Abingdon, UK, 2019, 176 pp., pbk £29.74, ISBN 13: 9781138301214

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This book, written by an academic physician, is not about frailty but about ‘living with frailty’ and this small but crucial shift of perspective marks the book’s distinctive contribution from and for geriatric medicine. Indeed, the author states at the outset that his aims in this review of the academic literature are in ‘exploring assets, deficits and resilience’ with the hope of facilitating a broad conversation about frailty that will speak to many, addressing the limitations of overly narrow clinical models and the negative perceptions of the label held by many older people themselves. As such, written in admirably clear and direct language, and exhibiting a sociological imagination towards ‘medical’ problems, he is likely to do just that.

In seven chapters reviewing different key topics concerning frailty, covering aspects of its conceptualisation, treatment and lived experience, he draws on a wide range of clinical literature supplemented by literature in the social sciences. Each chapter is informed by sociologically inflected concepts of health, identity and stigma, and he draws liberally on empirical work conducted in this field, some of which was published indeed in this journal. This focus enables him to depart from the usual deficit-focused and problem-based approach which is the current dominant approach in (geriatric) medicine and place the matter of health, illness and frailty in old age in a wider conceptual framework.

As such, several chapters will be both very useful to sociological understandings of frailty in old age and at the same time, in a welcome departure, will introduce a clinical audience to sociological ideas and perspectives as they are relevant to understanding health, illness and frailty in old age. For example, in Chapter One, ‘Frailty: From Awareness to Identity’, he takes us through clinical definitions and the main tools that exist for identifying it, but also ‘reframes the narrative’ through a discussion of the contribution of assets, resilience, salutogenesis and an understanding of health equally rooted in the social and the biological. In this, he is not afraid of asking questions not usually found in the clinical literatures, e.g. ‘a burning issue is whether frailty is a state of health, illness or disease or “all of the above”’ (p. 19).

Notably, Rahman departs from what is perhaps currently the central tendency in clinical geriatric medicine today, namely an attempt to extend and refine the

operationalisation of frailty, through variants of either the phenotype or frailty index approaches, including, since the 2017 general practitioners contract in the United Kingdom, in primary care. However, in emphasising the need for a more holistic understanding of frailty, Rahman builds on two important elements. First is the recent emphasis on healthy ageing, as defined in the report by the World Health Organization which considers health in old age in terms not of the absence of disease but of an ongoing functional ability that enables 'older people to be, and to do, what they have reason to value' (World Health Organization, 2015: xviii), perceived as an interplay between both individual capacity and the broader social resources and support they can access. Second is the tradition of geriatric medicine itself which, going back to Marjory Warren, emphasised the interweaving of the social and medical in the presentation of 'illness' in old age and the need accordingly for a multi-disciplinary and holistic approach. This is an understanding that has been somewhat lost today in the increasingly scientific framework, at times drawn from complex dynamical system theory, through which frailty is approached.

However, Rahman is not a sociologist, and as such there are two elements missing from his account. Firstly, I would have liked to have seen gender given the attention it deserves. Women are far more likely to be frail than men and to live longer in a state of frailty, yet the important, complex and imperfectly understood reasons for this are barely discussed (there is no entry in the index for sex, gender or women). Secondly, and this perhaps inevitably reflects the limits of database searching for someone positioned outside the field of social science, it is disappointing that the book omits any discussion of the fourth age and of the resonances of clinical approaches to frailty – particularly the narrow problem-based approaches he critiques – in cultural attitudes to ageing and deep old age. Here I am particularly thinking of Paul Higgs and Chris Gilleard's (2015) *Rethinking Old Age* which, together with Rahman's book, are among the strongest contributions to fourth age studies and are deeply consonant in their aims, although contrasting in their arguments and approach. However, these are minor quibbles and overall there is no doubt that Rahman, already a prize-winning writer for his previous book on dementia, has produced another important and inspiring contribution to the understanding of health and illness in old age.

References

- Higgs P and Gilleard C (2015) *Rethinking Old Age: Theorising the Fourth Age*. London: Palgrave Macmillan.
- World Health Organization (2015) *Summary. World Report on Ageing and Health*. Available at <https://www.who.int/ageing/events/world-report-2015-launch/en/>.

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