

## Reviews

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Julia Twigg, *Bathing – the Body and Community Care*, Routledge,  
London, 2000, 230 pp., pbk £15.99, ISBN 0 415 20421 6.

Julia Twigg has long been publishing on community care services and the experiences of the recipients of such services within modern Western capitalist society. In this book, thought provoking discussion is combined with the narratives of care workers and recipients of services in two diverse communities – London and a coastal town. Taking the daily practical and assumed ordinary activities of bathing and washing, power and control, social relations, class and social policy, gain a new perspective. The theoretical concepts on body and social determinants contribute groundbreaking work on the tensions and triumphs of care workers and recipients of care over their daily lives, and the book makes a significant contribution on community care and the State by developing post-modern feminist theory about the personal/the political and the private/public debate.

There are three themes in the book: experience and management of the body through the lenses of race, class, age and gender; how ambivalences of the body are managed with care encounters and uncertain forms of closeness; and the significance of the mundane as a central concern in community care. A useful literature review and historical account provides context to the emergence of ideologies and forms of control on the body and Western and Eastern cultures are compared. Through bold and confronting use of language, Twigg explores the meaning of body, society and care, and locates body and bathing in a class discourse giving rise to contemporary care practices. She argues that increasing concentration on the body in a culture of consumerism and the youth cult, marginalises older people and resists the imperatives of ageing. Supposed new freedoms of the body under consumerism emerge as controls, with implications for the care sector. Bathing, washing and the management of personal care in community care is discordant, because the imagery of social nakedness portrays intimacy or eroticism. Narratives support Twigg's discussion on embarrassment, modesty, intimacy, emotions and touch, for both clients and care workers. However, she shows how bathing is mediated through special relationships within the care work, gendered by the conventions of cross-gender care work and the responses of men and women.

A thoroughly interesting discussion on the clock time of rationally-driven services, further demonstrates control and commodification of the labour process, and intensification of management controls and time efficiencies. Clock time contrasts with dimensions of cyclic time, linear time, body rhythms, time of ageing and birth and routine, that permeate domestic life. Recipients of community care use time's episodic nature as a source of strength for maintenance of power in domestic life and limited encounter with service

delivery demands and rationality. Care workers also enjoy higher morale through less tension than experienced in institutional care work.

The medical and social boundaries of care discussed within UK and European historical developments, provide a framework of broader international relevance to the New Public Management influence on community care. Receiving care is a significant marker of ageing as the recipient struggles with the intrusion of the public into the private domain, with consequences for the intimate self and body. This fine book encourages a complete reframing of the community care experience in which giving and receiving community care is brought out of the shadows into the sociological debate.

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Leng Leng Thang, *Generations in Touch: Linking the Old and the Young in a Tokyo Neighborhood*, Ithaca and London, Cornell University Press, 2001, 209 pp., pbk £10.95, ISBN 0 8014 8732 3.

The global ageing of society, and the future patterns of intergenerational relations between young and old, are of great significance if we are to develop a more socially inclusive and integrated society. *Generations in Touch: Linking the Old and the Young in a Tokyo Neighborhood*, provides an excellent and empirically-rich Eastern perspective on these issues, furthering our knowledge and understanding of the benefits to be gained from developing, as a matter of priority, a deliberate social policy of linking older and younger people in appropriate settings. Leng Leng Thang has written a readable, thoughtful and critically stimulating ethnography that examines the 're-engagement' of older and younger people in the context of an intergenerational social welfare institution called Kotoen in Japan.

In Japan, the country's population is ageing faster than that of any other country in the world today. Moreover, Japan currently has the highest life expectancy rates: 77.16 for males and 84.01 for females (in 1998). Since 1946, these challenges have been set against a background of a Japanese society that has experienced changes in family structure, lower fertility levels and an increased mobility and modernisation. These have contributed to a distancing between the generations, in particular between old and young. Leng Leng Thang is very clear about the challenges this raises for contemporary Japanese society. She points towards key questions such as 'to what degree can the culture prevent the alternate generations from disengaging, and what do the ironies inherent in attempts to re-engage young and old people reveal about the broader social contradictions of contemporary Japanese society?' (p. 2).

Kotoen itself is located in Edogawa Ward, situated west of the Edo River in Tokyo. Edogawa Ward is renowned for its social welfare projects especially those for older people (over 65 years of age). Opened in 1987, Kotoen is a pioneering multigenerational, three-storey modern complex. It caters for daycare preschoolers (80 children aged one to six years) and is also a

residential home for 50 older people. Old and young share common facilities and the 'cheerful atmosphere' is maintained through the elders' contact and interaction with the nursery children. These interactions can often be seen in the open, multipurpose hall where elderly residents fulfil an agreed grandparent obligation at the many events and activities organised by the charismatic Mr Sugi and his staff (and illustrated with photographs throughout the book).

With regard to the book's conceptual framework, Leng Leng Thang points to the paucity of socio-cultural anthropology literature and research that focuses on connecting the generations. Ironically, this is in contrast to the increase in social programmes designed to bring the generations together in Japan. Interestingly, Leng Leng Thang introduces and develops the concept of 'generational re-engagement' and further supports this conceptualisation by reference to two notions through which generational re-engagement is articulated in Japan: namely: *Daikazoku* ('big family/multigenerational family') and *Fureai* ('the ideal of encounters between people'). The idea of *Fureai* is not dissimilar to that of *synergy* developed in intergenerational work in the United States (Newman *et al.* 1997: 19). Both imply spontaneous interaction, involving feelings, emotions and a fleeting treasured chance encounter between young and old, that enables the growth of understanding between the two age groups, and provides a purpose for human development. These concepts provide the focus of Leng Leng Thang's participant observation of Kotoen: the first ethnographic study of an age-integrated facility. She conducted the research over a 10 month period while working as a volunteer, and used a range and variety of methods from open-ended conversations to semi-structured interviews and video-tape.

In her conclusion, Leng Leng Thang points out that Kotoen has received widespread positive publicity, but that it only represents one attempt to address the dilemma of generational disengagement in contemporary Japanese society. She sees Kotoen not as a model, but as a case study to further illuminate our knowledge of generational re-engagement. She also readily acknowledges that, at one level, Kotoen represents a social ideology that contradicts the present social reality in Japan where the norm is to develop age-segregated, not age-integrated institutions. Furthermore, in the analysis of the data from the Kotoen study, she acknowledges the controversy between the ideal and the practice. For example, she couches many of the contacts between young and old either as 'event grandparenthood' (confined to an event or activity) or as 'collective grandparenting' (life as typical of the institution). On a more positive note, she also stresses the significant ways in which research evidence suggests that these grandparenthood exchanges and encounters with the young do much to counteract feelings of loneliness and isolation and enhance older people's *ikigai* (purpose in life).

Despite British involvement in helping to establish a global intergenerational network of research and development through the 'International Consortium of Intergenerational Programmes' (ICIP 2001), UK research and policy development in this area is still very limited (Ellis 1999). One of ICIP's key aims is to 'develop a systematic approach to understanding why intergenerational programmes and practices work'. The kind of research and

policy development encapsulated in this rich, ethnographic contribution to the literature on ageing and intergenerational work, could help us begin to further this understanding and provides us with a broader perspective to the essentially American-dominated intergenerational literature. In this respect, the book is extremely well timed and should be of significant interest to policy makers, practitioners and academics alike.

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## NOTE

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Hamilton B. Gibson, *Loneliness in Later Life*, Macmillan Press Limited, Basingstoke and St Martins Press, LLC, New York, 2000, 150 pp., pbk. £12.99. ISBN 0 333 92018X

This book is primarily written for older people. The author is a retired psychologist with a special interest in emotional issues and older age. The book is really a series of reflections on loneliness from different perspectives. The six chapters cover meaning, ageism and retirement, a small empirical study by the author, loneliness in literature, benefits of loneliness and overcoming loneliness.

The literary chapter takes in a wide range of authors including Defoe, Swift, Dickens, Conrad and Orwell, while the empirical side involved a questionnaire survey of 140 University of the Third Age members (86 per cent response, n = 120) and examined associations between self-reported loneliness and age, gender, marital status and self reported health. The author suggests that loneliness is independent of age, but closely associated with bereavement and loss of status through retirement from paid employment, and therefore age-related.

The author does not attempt to review the social science literature on loneliness – such as it is – and is a little cavalier in his references to what ‘surveys’ have shown. He is also occasionally guilty of lapses of pc language (‘a coloured person’, ‘this lady’, ‘the handicapped’) but, in justice to him, he never refers to ‘the elderly’. Indeed the book is decisively non ageist.

Loneliness has not been the subject of much research (Tinker 1997) and anyone wishing to study it would find some valuable insights in this book.

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Elizabeth Barnett, *Including the Person with Dementia in Designing and Delivering Care*, Jessica Kingsley Publishers, London and Philadelphia, 2000, 224 pp., pbk £14.95, ISBN 1 85302 740 5.

The timing of this book is apposite, given the growing recognition of the need to involve older people (including people with dementia) in service planning and delivery. It comes within months of the publication in England of the National Service Framework for Older People (Department of Health 2001), which expressly includes the care of older people with mental illness. 'Respecting the individual' is one of four themes in this government strategy, underpinned by person-centred care which 'require managers and professionals to listen to older people' (Paragraph 2.1). This gives further impetus to a health and social care world which is already moving slowly away from the bleakness of the picture painted in the opening chapter of Elizabeth Barnett's book.

The book overall gives cause for optimism. With passionate conviction, the author advocates directly seeking the views of people with dementia. The book describes the process of evaluating two dementia services at Green House and the contribution that the evaluation makes in developing services for people with dementia, both there and subsequently in five in-patient units.

In the opening chapter Elizabeth Barnett seeks to make the case for listening directly to the experiences of people with dementia rather than using staff or carers as advocates. There is little literature on direct involvement of people with dementia. It is therefore understandable, both in respect of the book's content and its direct style, that the author does not review the limited existing literature. The danger however is that the opening chapter in its polemicism may deter the very readers who would most benefit from reading on. To be so deterred misses a book with significant messages about the centrality of the views of people with dementia, but importantly goes behind the theoretical perspective to describe how to access those views and the outcome of such an approach.

The second chapter outlines the two approaches taken by the author. These were drawn from techniques for the use of memory-stories to understand the narrator's emotional experiences, developed by Laura Sutton; and Dementia Care Mapping developed by the late Tom Kitwood. Chapter 3 charts the challenging origins and development of Green House, which strike a chord in the heart of those who have been involved in similar projects. Chapter 4 provides the core of the book recounting what the people with dementia said for themselves. Significantly they found satisfaction in the experience of being

interviewed, and welcomed the formalities of the interview process as symbols of importance and respect.

The key messages are encapsulated in four themes, and the clarity and depth of emotional expression reinforces the messages of person-centred care, and challenges those with a traditional approach to people with dementia. First, people had awareness both of their memory problems and the implications thereof, and the quality of their care. Secondly, companionship was of fundamental importance to them. Loss, likewise, was a recurrent theme expressed. Lastly, both the positives and negatives of dependency were conveyed alongside a plea for reciprocity. Chapter 5 details the findings from mapping both the day and inpatient units, with echoes of the themes expressed in the individual interviews. The fundamental finding again strikes chords, in that those who received the most positive care were those who could still talk and had retained most overt skills.

The key to consultation on services for people with dementia lies in Chapter 6, in which the opinions of carers, staff and managers are reported. Whilst they had important things to say, those views did not reflect the awareness, or indeed the themes, of the voices of the older people themselves. Those seeking engagement cannot reliably treat these as proxies for the views of people with dementia; not unnaturally each bring their own needs and agendas. The final two chapters look at the outcomes from the original evaluation: the strategically inclusive wider mapping exercise which followed, and the outcome from observational feedback. Interestingly at the inpatient unit, where it was originally found that the frailest people were unlikely to experience 'good' or 'highly therapeutic' care, feedback brought about a positive effect on the whole environment as staff applied the insights given by increasing interaction. However, a cautionary note is sounded, even though staff applied the insight they gained which improved the average care score, the unit did not significantly increase its score of 'good' or 'highly therapeutic' care. The author postulates that resources and additional skills may be required to achieve this. Dementia Care Mapping in isolation is not in itself the solution.

'I need to be me' was the heartfelt expression of Norma, one of the service users and this book achieves this for Elizabeth Barnett too. She describes with vehemence and directness a process, the insights from which will contribute to developing a model of involvement of people with dementia.

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S. R. Lord, C. Sherrington and H. B. Menz, *Falls in Older People: Risk Factors and Strategies for Prevention*, Cambridge University Press, 2001, 250 pp pbk £29.95, ISBN 0521 589 649.

Falling is almost exclusively studied among people over 60 or 65 years of age and invariably the incidence increases dramatically from then onwards, with frail elders with chronic loco-motor diseases often falling more than once a week. Falls-related injuries account for 4 per cent of all hospital admissions (Baker and Harvey 1985) and 19 per cent of community dwelling people over 72 years of age admit to restricting their activities through fear of falling (Tinetti *et al.* 1994). In England the severity of these problems is acknowledged and a specific standard for dealing with falls is included in the recently published National Service Framework for Older People (Department of Health 2001).

This book is therefore timely. As the title suggests, the authors develop two major themes: identifying the reasons why older people fall and reviewing the related prevention strategies. They briefly touch on falls-related emotional distress and post-fall management so, with respect to the guidelines for the rehabilitative management of elderly people who fall (Simpson *et al.* 1998), the book's main value is in the detailed summaries of research relevant to the first, *i.e.* increasing elderly people's ability to resist threats to their balance, and to making their living environments safe.

Part I begins with an expert review of the epidemiology of falls during which the authors dispel the notion, still held by influential institutions, that modifying potential environmental hazards is the principal intervention. The counter argument, that environmental causes are difficult to predict, and that hazard modification is best viewed as part of a multi-pronged intervention, is developed in two later chapters. True, outside the home damaged pavements and slippery surfaces are indicated in many falls. But, among the 50 per cent of falls which occur inside the person's own home, most happen whilst carrying out daily tasks on level surfaces within the most commonly-used rooms. In contrast, comparatively few occur in supposedly accident-prone locations such as stairwells, bathrooms or up ladders. Physiotherapists and occupational therapists know that danger follows changes made in otherwise familiar surroundings: chairs moved, corners of carpets rolled up for cleaning, a visitor trailing the flex whilst vacuuming. Most falls are multifactorial in origin, resulting from interaction between intrinsic factors such as decreased balance control and extrinsic or environmental factors. A normal healthy old person with good recovery skills will be less likely to fall after tripping over an uneven carpet edge than a frail person who lacks these skills. While fixing down the carpet may prevent the frail person falling over it again, she will probably fall over the next relatively trivial hazard that presents itself. But also, they stress the need for more research into the effectiveness of safety education programmes.

If, as I do, you group footwear and clothing under 'extrinsic' factors then the third chapter, on the role of footwear in falls prevention, is very welcome. Interestingly, Lord *et al.* suspect that some studies which implicated

environmental factors, such as poorly maintained paths, overlooked the potentially compounding effects of poor footwear. They suggest it may be a 'hidden variable' contributing to many accidental falls, especially in view of the fact that a high proportion occur when walking. They go on to describe the features of safe shoes.

Chapter 7 will also be invaluable to clinicians and researchers alike. Here the authors review the relative importance, in terms of supporting evidence (strong, moderate, weak, none) of the domains of intrinsic risk. The evidence is neatly summarised in tables each devoted to a particular group of risk factors. There is strong evidence that being unsteady while walking, standing up or transferring from one position to another (balance and mobility factors), is an indicator that the person is at risk of falling. These functional deficits may be associated with underlying lower limb muscle weakness, reduced peripheral sensation and poor reaction times (sensory and neuro muscular factors) for which the evidence is also strong. Stroke and Parkinson's disease (medical factors) are strong indicators of risk, because these pathologies lead to impairments of movement and maybe also of judgement. Research seeking the mechanisms underlying the established relationship between drugs and falling is critically reviewed. Is it due to the drugs themselves or to the indications for their use? They conclude that it is the arthritis rather than the pain killers prescribed for it, that are responsible for the falls and, conversely, that about half the association between psychoactive medication and falling, after adjusting for age and activity levels, is mediated via reduced postural stability.

Although the authors do not state this categorically, it seems that these overlapping factors could all be grouped as intrinsic threats to postural stability. Nevertheless, for targeted preventive interventions to be planned, the specific factors underlying an elderly person's postural instability have to be identified.

Risk factors are listed together with summaries of potential intervention strategies in a table at the beginning of Part II, and key interventions are critically evaluated in the following chapters. Chapter 8, on exercise, starts by reminding readers that there is now enough evidence to be specific about the types of exercise most likely to be successful in reducing the risk of falling in individual patients. It will be very valuable to physiotherapists, planning group and individual exercise programmes for frail older people. A catch-all chapter on assistive devices has a useful section on the prescription of walking aids, and another on their limitations. Among other topics addressed are hip protectors and aids to prevent 'long lies' – an often overlooked problem.

Several screening tests and patient information sheets are described under 'The medical management of older people who fall'. An interesting table summarises how people who fall may be managed in general practice. However, a problem of definition, alluded to above, arises again – what is a medical risk factor? In this table – everything! Above, it was suggested that medical versus 'non-medical risk factor' in the end refers to the person who is trained to administer the interventions that should solve the particular problem. A more appropriate heading might be just 'Suggestions for the management of risk factors in general practice'. Maybe it is time to rethink what is meant by these terms and be clearer about the reason for the distinction.



Finally, a systematic procedure for identifying falls risk is described: the Physiological Profile Assessment (PPA), *i.e.* as opposed to medical or psychological assessment. It makes use of normative data from large population studies to identify older people with deficits in one or more of the major physiological domains of risk, and has two versions. The long version (45 mins to administer) is for rehabilitation settings and specialist falls clinics, whereas the screening version (10–15 mins to administer) is suitable for acute hospitals and residential care settings. All the major physiological systems that contribute to balance control are examined. Individual tests are quick and simple to administer, feasible for older people to perform, and yield valid and reliable continuous measurements. However, several novel items of equipment are needed. We are assured that these are lightweight and portable and therefore able to be used wherever a person is to be assessed in community settings, and probably could be used in people's own homes. But how much time is needed to collate the scores and, in the case of postural sway, to count all the millimetre squares traversed by the recording pen? This section of the book is potentially the most controversial but, overall, and apart from the wishy-washy front cover, this is a stimulating and valuable book.

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