

## Reviews

Thomas R. Cole, *The Journey of Life: the Cultural History of Aging in America*, Canto Edition, Cambridge University Press, 1997, 251 pp.  
£7.95 pbk, ISBN 0 521 59579 7.

Writing about ageing and talking about, and to, ageing persons is, and always has been, a magnificent opportunity for sententiousness. Heavy phrases of uncertain connotation, glutinous sentiments, clotted pomposity in every language and at every period and, even worse, self-indulgence on the part of authors. Metaphor and simile dominate the discourse. Tired and tedious tropes like the ‘evening’ or ‘sunset’ of life (where the adjective ‘golden’ is optional), the ‘winter’ of living, or, for the whole lifecourse, the ‘journey’ or the ‘pilgrimage’ on which every human being has to embark and see through to the end. ‘The journey of life’ could not be more apt as the title of a treatise on the topic of ageing since this lax metaphor has the least purchase on the imagination of them all.

Cole’s volume is not a new work, for it is already established as the authoritative treatment of the subject, first appearing in 1992, paperbacked in 1993, and now issued in a fresh format.\* Deep and accurate in its learning, successful in bridging the yawning gap between scientific and humane knowledge, economical and pointed in its style, this is about as good a study as we are ever likely to get in this discouraging field. It is composed by a scholar whose standing is already very high. He cannot be claimed to have passed up the opportunity for self-indulgence however, for the passages in his introduction on his parents and his two grandmothers, how they suffered in their last days and how they died, are about as ‘icky’ (as English women used to say) as it is possible to get.

Valuable as it is as a survey of abundant material, it is not quite successful in ordering them, and as you go through the book you often feel that you don’t know where you are in the dense literary undergrowth. This is made worse for the British reader because, although it is an American book on American intellectual and cultural history, it inevitably has to deal with some of our own authors. This is particularly true of John Bunyan, whose *Pilgrim’s Progress* (1678) was an architectural feature of American attitudes towards ageing for two hundred years and more. It could be said still to underlie the travelworn pilgrimage metaphor. The rest of the British story however has still to be filled in, but what value this would have for ageing studies here and now or to the attitudes of older people themselves, it is difficult to see. For the obstacles in the way of making all this stuff relevant to the truly cogent issues of ageing in the 1990s are formidable indeed.

It is a virtue of the book that it forces us to face these difficulties. First comes

\* There is no indication that the text has been revised or extended in either of the reprints.

the fact that those who boomed on about old age and death, from Confucius to Cicero to Cornaro to Nascher, and even Osler, were not addressing our current problem. Their subjects were the few people who survived somewhat miserably into late or latest life during the era up to a century ago. Then, death took place throughout the lifecourse and was not concentrated in the period ignominiously labelled 'old age', and when, above all, what we now call 'the Third Age' had not yet arrived. Traditional lucubrations about old age, then, however lofty the philosophical repetitions of their authors, do not have much purchase now that expectation of life has doubled and the proportions of older persons have trebled, most of them quite unamenable to the title Old Age. This could be said to leave us now in the developed societies without a relevant intellectual, cultural and religious tradition as to our own ageing. The far-reaching implications of this stand out in the text. Much of the mass of sententiousness belongs to a now vanishing past.

The second difficulty affects all historians of culture and thought. The task is to be both analytical and historical at the same time, a near impossibility. Cole succeeds admirably in the exposition of the successive phases of metaphorical thinking and of the beliefs and practices which went with them, from Calvinism to Victorianism and finally to the rule of natural science. But he is selective and parochially American, indeed, New England American. We are told nothing about Roman Catholic images of life and death, and have to speculate as to what the half-believer, or the believer of bits and pieces, as well as the non-believers (surely always the majority) thought and believed. Moreover what comes out is that all images, beliefs and so on, preceding a given present, also make part of that present, and so defy the telling of a story.

A third obstacle to clarity and convincing exposition is that Cole has to commit himself to discussing the social origins and correlates of his mental materials, along with their changes over time. Hence the repeated references to bourgeois values, urban ideology, class, ethnicity and the determining condition of being foreign born. One of the troubles here, especially with the bourgeois bit, is that there can be no comprehension by the use of contrast. What would a proletarian view of life's pilgrimage be in contrast to a middle-class one? What would a non-American view be like? It has to be admitted too that the text is eclectic and incomplete, as well as occasionally repetitive. For example, the great frontier theme of American thought and development is scarcely referred to, and the general impression is of multiple confusion lurking behind the superficially coherent exposition. Inevitably too we end up with post-modernism as the defining description of our own time. What does that now almost vacuous expression really convey, you are bound to ask yourself, as you read the Epilogue entitled 'Reflections on aging in post-modernist culture'.

But we must not lose our sympathy with this excellent scholar and expositor who finds himself at the last struggling with a metaphysic about the meaning of life, as all his predecessors also found themselves doing. For he sets it all out almost entirely without being sententious.

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Wendy Clark, *Nobody Asked me: a Review of a GP/Carers Project and a Handbook of Ideas for Development Officers*, Carers Development Unit, Housing and Social Services, London Borough of Sutton, 1997, 37 pp, no price, no ISBN.

I approached this in 'report-reading mode', expecting a parochial, probably self-congratulatory account of a successful project to bring care for the carers into the general practice arena, with some general messages for the outside world which I could extract for this review.

How wrong I was. Here is a painful and painfully honest account of how easily a project can fail to meet its own expectations. Bravely it outlines ideas for how things might be done better in the future. I found myself wincing with recognition on account of all those U.K. health authority projects which are garnished with the right Blairite vocabulary ('multi-agency', 'stakeholder') and which end up skewered on stress, personality, culture clashes, and hidden agendas. This little document is a bitter indictment of the annual budgeting farce, which sees money thrown at projects with much hope and hype and very little thought. The most convincing recommendation, which the author puts forward, is that all development projects should have a clear pre-development phase, with a willingness to ditch taking them forward if they are clearly not going to work.

The issue which this development project tackled seemed simple and laudable enough: to develop the role of general practitioners and their teams in improving the lives of carers. Carers have gained a communal voice in the past 15 years, and the effects of caring on the health of carers have been well documented; sufficiently well for general practitioners to consider carers' issues under the heading of 'preventive health', even if they are unwilling to step too far beyond the boundaries of their medical culture. It soon emerges in these pages, however, that the attempt to change the general practice culture, which seemed to have been the main objective of the project, was actually the main barrier and block to any progress.

This was always going to be a tall order, and the reader has inevitable sympathy with the author's first suggestion for the future: that concrete, achievable targets are set and assessed for viability at the start of a project. Yet I found myself veering to pessimism, as some of these targets were spelled out: Carer's Charters, shared protocols, information leaflets. Laudable as they are, surely these specific outcomes are too short-term, too 'processy', to be of real and lasting influence. The ideas are American, and so much of what has been achieved in the outcomes movement in America has been an improvement in process (better records, better customer relations) rather than big shifts in things like measurable health inequalities.

Two small sentences stood out in this compulsively readable document. The first concerned the initial project worker, who clearly had had a rough time. The author notes: 'Time spent [by her] with individual carers... was at the expense of strategic interventions with the systems that surrounded carers'. Well, bully for the project worker, say I. Perhaps that's where the pre-development should have started – 'go out and spend time with the carers'. The second phrase that caught my eye was on the last page, in an Appendix

about the one practice that did well, that took its carers seriously. This was a practice where 'one GP has had a particular commitment to carers' issues and has been looking at imaginative ways to attract resources'. Behind all the 1990's jargon, society needs its professionals to care, as well as its carers.

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Pearl M. Mosher-Ashley and Phyllis W. Barret, *A Life Worth Living: Practical Strategies for Reducing Depression*, Health Professions Press, Inc, Baltimore 1997, 337 pbk. £24.50, ISBN 1 87881 203 3.

This is a stimulating book addressing an important topic. Depression in older people has been a neglected area for study and such studies that are available tend to be abstract in approach rather than 'hands on'. The authors are aware of these studies and provide at the start of each chapter a concise review of current developments. But they offer much more; they relate their review of the literature to practice in a thoughtful and humane way. They lay a strong emphasis on practical treatment approaches.

The book describes in detail eleven practical interventions which can be used by a range of health and social care professionals to reduce the ravages of depression in older adults. They are mostly suitable for people with mild depression. The authors argue that the approaches do not require a background in psychotherapy, their aim is to expand the range of therapy options for care professionals.

The practical strategies are described in sufficient detail to enable practitioners to use them with confidence. Familiar interventions such as Reminiscence and Cognitive Therapy are explored by the authors but they also include less obvious approaches such as Horticulture and Animal-Assisted Therapy. This offers a richness often missing in similar manuals.

One of the strengths of the book is the use of case studies taken from the authors' own experiences. These demonstrate how a given intervention is implemented and this brings the therapies alive for the reader. The authors do not view the interventions as a panacea and show great awareness of potential risks. They highlight the precautions that should be taken *i.e.* in Animal-Assisted Therapy pets should be screened for infection or infestation, and animals evaluated for temperament and possible behavioural problems.

Although the resources identified are American, this does not detract from the book's usefulness to a wider audience. It emphasises the importance of assessment and this is given broad coverage throughout the book. A clear account of the most common approaches is provided and the validity and reliability of each approach explored.

Often practitioners are tempted to use a therapeutic approach because it suits their philosophy or skills. This book underlines the need for the effectiveness of therapies to be monitored from the client's perspective – is it working? Linked to this is a strong emphasis on the need for evaluation from quality, cost and professional perspectives.

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Gerry Bennett, Paul Kingston and Bridget Penhale, *The Dimensions of Elder Abuse: Perspectives for Practitioners*, Macmillan Press Limited, London, 1997, 256 pp., pbk £13.99, ISBN 0 333 62568 4.

This book on elder abuse is directed to those in applied professions. Written by three well-known British experts on gerontology, geriatrics and the problem of elder abuse (a physician, a nurse, and a social worker), it not only reviews the state of knowledge on the unfortunate problem of elder abuse, but adds a much needed applied orientation to the material.

Structurally, the book begins with an overview of the history of work on elder abuse and variations in the conceptualisation and definition of the problem, risk factors, and prevalence. The second chapter provides a sociological account of family violence, and explores whether or not elder abuse is a unique type of family adversity. This chapter also discusses various theories and explanations for family violence. Elder abuse can include maltreatment within institutions, and the book's third chapter focuses upon abuse and neglect within such settings. It includes descriptions of abusive acts of omission and commission, findings from limited research, and possible remedies within institutional settings.

The next three chapters of the book – on medical, legal, and interventive dimensions – are the 'heart and soul' of this book, for the authors clearly move the emphasis to an applied level. The chapter on the medical view discusses the detection of the problem, abuse protocols, and professional education. The chapter on legal issues – an especially important addition to the elder abuse literature – provides an overview of British law protecting older people from victimisation in general, and from elder abuse, in particular. Mental health problems and financial abuse are singled out for special attention. Problems for practitioners in applying legislation are mentioned and there is a thorough discussion of the need for legislative reforms. Included in the comprehensive chapter on interventions is the importance – but lack – of such activities, as well as material on the intervention continuum, and intervention models and strategies. Professional attitudes toward elderly people, and to abuse victims and perpetrators, are discussed and US and UK models of interventions described.

A seventh chapter combines a discussion of elder abuse developments in different countries along with methodological and ethical challenges to research on the problem. And a concluding chapter succinctly summarises the material contained in the book, and calls for greater professional and public awareness and understanding, which might then result in needed research and private and public action. As the authors state their ambitious goals for such efforts: '[T]he overall aim must be to understand the problem in all its dimensions, to provide solutions and resolutions, where possible, and ultimately to act preventatively, to stop as much harm as possible from occurring, and to prevent the conditions that initiate, perpetuate and exacerbate abuse and violence' (p. 223).

In the main, this is a well-written and informative book which educates, sensitises, and challenges. One could quibble with the discussion of some research findings (without questioning the conceptual or methodological rigour of the work), and with the degree of redundancy in material between

chapters. There is a somewhat gratuitous inclusion of material on international developments, and on the need for more attention to be given to the ‘invisibility’ of elder abuse and to the motivations of abusers. Foreign readers might not have the necessary background (or interest) to comprehend some of the detailed descriptions and discussions of policies and practices in the UK.

Nonetheless, this book provides an excellent, comprehensive discussion of elder abuse which will be useful to professionals, students, researchers, and policy-makers alike. The book informs, but also it calls for preventive and interactive efforts. Again, the authors have moved beyond mere descriptions of elder abuse, to include actions that should be taken by those in the helping professions. Inasmuch as it is now known that elder abuse is a world-wide problem, and is likely to increase within different countries of the world (given the growing number and proportion of the oldest of the old – those who are at greatest risk of abuse), this book will be of importance not only in the UK but also for those elsewhere in the world who seek to identify practice and legislative models for consideration and adoption. As was expected, Bennett, Kingston, and Penhale have done a grand job in sharing their knowledge, their experiences, and their concerns with regard to the problems of elder abuse. Readers of their book – and hopefully present and future cohorts of elderly persons – will benefit.

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Joanne Ardolf Decker, *Making the Moments Count: Leisure Activities for Caregiving Relationships*, The Johns Hopkins University Press, Baltimore and London, 1997. 192 pp. £12.50. pbk., ISBN 0 8018 5700 7.

Joanne Ardolf Decker is Professor Emeritus of Therapeutic Recreation at Mankato State University. Her most recent work has included training and workshops for volunteer care providers who are involved with people who are home-bound through age or disability.

This book, directed at caregivers in many situations, aims to encourage an imaginative and positive approach to ‘leisure’, replacing the empty, often hopeless, hours with activities which are also enjoyable and helpful for the caregiver. The author describes an approach to caregiving which ‘... promotes the humanness of the person as long as possible or as long as the person is able to engage in life experiences, however small’. Whilst designed for both professional and family carers, there is a strong implication that the main focus is on the caring relative who, in being connected through ‘joyful moments’, brings present relief and stores happy memories for the future.

The language throughout the book tends to be rather flowery and this may irritate. However, there is a fund of good ideas and a plan for a simple organised approach. Planning through the P.I.E.S.S. System of activities involves consideration of the physical, intellectual, emotional, social and spiritual benefits which are expected to result from structured leisure and these

are supported by directions for being an 'investigator of fun' for the person in their care.

A 15-page checklist of leisure favourites covers a myriad of topics ranging through friends, food, crossword puzzles, household chores, holidays, sports, making love, religion and ethics. The purpose is to record things which have been important in the past, those still possible, as well as current activities. Every item covered offers the potential for a new approach to motivating the patient and a new view of a familiar personality for the carer to explore.

Each of the P.I.E.S.S. system topics heads a chapter with a note of the benefits derived from particular types of activity, and the whole is illustrated by case studies and many of the author's personal reminiscences and anecdotes. Decker recognises that for many people there may be no memory of the activity beyond the event, however she stresses that it should never be just a time filler, but something planned and anticipated. And herein is the gain for the carer, once it is accepted that although the memory of pleasure or the event, may be quickly lost to the patient, the carer recognises the value of the moment and will happily look forward to another occasion – and to setting new activity goals.

The final chapter 'Parting thoughts' focuses on the needs of the caregiver outside their caregiving role. This is particularly important for people who have little support as carers and emphasises the need for and benefits derived from leisure and fun. Lists of 'Leisure Lifters for Lighter Living' and 'Eighty-eight Free Fun Things To Do' take a light but encouraging look at ways of relaxing or escaping for a few minutes or hours whenever the opportunity is offered.

This book should prove to be a stimulating addition to the bookshelves in care homes and training rooms. Quibbles over style aside, it is clearly a valuable addition to the literature currently available to carers and trainers alike. The contents list is informative and the index comprehensive. The reader would be wise to resist the temptation to dip into favoured topics. A straight reading, preferably at one sitting, is more rewarding and gives a better appreciation of the scope of this publication. It is unfortunate that the Resources listed are exclusively found in the United States. A supplementary UK list, slipped in, would be useful.

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Richard Disney, Emily Grundy and Paul Johnson (eds), *The Dynamics of Retirement*. Department of Social Security, Research Report No. 72, HMSO, London (1998), 279 pp., pbk. £36, ISBN 0 11 762571 X.

This study reports on the result of an analysis of two waves of the Retirement Survey undertaken by the Office for National Statistics. This survey was first conducted in 1988/89 (see Bone *et al.* 1992 for a report on the first wave), with interviews conducted with 3,500 people, then aged between 55 and 69. The survey was conducted again in 1994, with interviews with as many of the



original sample as possible. The result is an important and certainly unique study (at least from a British perspective), providing high quality longitudinal data focusing on the transition through retirement. The research confirms (but with a wealth of statistical detail) many of the trends indicated in cross-sectional surveys. For example, the broad trend towards earlier retirement is highlighted by the survey: comparing men aged 60–64 in 1988/89 and 1994, the proportion employed fell from 49 per cent to 45 per cent. Among women, however, there was a reverse trend, this reflecting higher levels of participation in later born cohorts. The study provides significant detail on both the reasons that people give for leaving early, and the complexity of the retirement transition as a sociological event. On the former, factors associated with individual choice (such as wanting to enjoy life while young and fit) are reported by around one-third, and employer decisions or policies by 14 per cent. For 30 per cent, however, ill-health was the crucial element in the retirement decision, with an increase in the proportion reporting this over the two waves of the survey. On the latter, the ability of the Retirement Survey to follow people's moves through the labour market over time, yields valuable data. In particular, the complexity of the retirement transition is well-illustrated by the research. For example, more than half of men in the 60–64 age range who are not working give other (non-retirement) reasons for not working (disability is crucial here). Among women, the most common reason cited is 'looking after the home or family' (although the proportion giving this was higher in 1988/89 than 1994).

There are some fascinating findings generated by the Retirement Survey. For example, one theoretical strand in the retirement literature highlights the tension between, on the one side, the emergence and institutionalisation of retirement; on the other, the ambiguity of retirement as a social event, an issue explored in an important essay in the 1960s by George Maddox (1966). This tension is illustrated in a variety of ways in this study. For example, in the first wave, those who had not already retired were asked to say at what age they expected to retire. Of those who gave an expected age of retirement in the first wave, 45 per cent retired at that age, 40 per cent before the expected age, and 15 per cent after. In other words, a majority did not know their expected age of retirement less than five years before they actually retired.

Ambiguities in the status of retirement are reinforced by financial concerns, an area where the Retirement Survey again provides very rich data – highlighting in the process important gender and social class differences. It is striking, for example, that taking the group retiring between the two waves, retirement was associated with a fall in disposable income for the vast majority. In almost one-quarter of cases, post-retirement income was actually less than half the pre-retirement income. This finding underlines concerns that amongst the newly-retired there will be a group likely to face poverty for a substantial period of their lives, this reinforced by the declining value in the UK of the state retirement pension. This observation might also be linked with another finding: that in 1994, only about one-half of the individuals surveyed had made some financial provision (other than a pension) specifically for retirement. Married women were least likely to have saved for retirement. In just over a quarter of married couples, the man had made some financial



provision, while the woman had not. Amongst people who were not married, men were still much more likely to have made some provision – 41 per cent of women compared with 62 per cent of men.

Overall, this is an important study providing impressive data on retirement behaviour, health issues, and the financial circumstances of older people. It is especially valuable in highlighting as it does the stratified nature of the retirement transition, and the complexity of events which surround this period in the life course. The text itself, it must be said, could have done with some firm editing, and the theoretical and policy conclusions are rather left for the reader to judge. But the study will undoubtedly provide a major resource for researchers wishing to develop further ideas and arguments about the likely shape of retirement in the 21st century.

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