

Reviews

Colette V. Browne, *Women, Feminism and Aging*. Springer Publishing Company, New York, 1998, xxxvi + 323 pp., hbk \$49.95, ISBN 0 821 1200 5

The interrelation between feminism and gerontology has hitherto not been a major focus of intellectual concern. Browne's book provides a comprehensive analysis of both feminism's neglect of ageing women, and gerontology's neglect of women. However, this approach is perhaps not so novel now, as it might have been ten years ago. Since then a number of books have been published, particularly in the UK (*e.g.* Arber and Ginn 1991, 1995; Bernard and Meade 1993). However, these are not referenced by the author.

The aim of this book is to develop 'a new epistemology of women and age, building on the ideas from women's words and writing' (p. xi). Browne uses a 'feminist lifespan perspective' to show how older women's problems are interlocked together and cannot be understood without an appreciation of women's earlier lives. Each of the key factors shaping older women's lives – income, health, caring, and social relationships – is discussed in detail. An underlying theme is that of social welfare and the state's role in providing pensions and health care. The author writes as a feminist, a gerontologist and a social worker.

Diversity among older women, associated with class, ethnicity/race, age, and sexual orientation, is a theme running throughout the book. This focus on multicultural feminism is particularly powerful as it builds on the author's detailed knowledge of the processes of ethnic disadvantage within her native Hawaii.

The book is divided into four parts: the first documents the social status of older women in contemporary American society. The second part provides a critique of various contemporary feminist theories, showing how they have neglected older women, and examining to what extent they can be further developed to incorporate older women within their theoretical framework. This part of the book provides a very comprehensive overview of liberal feminism, multicultural feminism, postmodern feminism, and radical and socialist feminist theories. It will be particularly useful for students wishing to find their way around these divergent feminist perspectives and how they address the concerns of older women.

The third part of the book examines alternative policy strategies for change and how these have affected older women. Critiques of New Right policies and ideology are provided, and the extent to which so-called 'gender-neutral' policy strategies may disproportionately disadvantage older women. Detailed attention is paid to US policies in relation to pensions and social security arrangements, health care and caring. There are insightful discussions of the implications of the societal equation of older women as grandmothers, and the importance of correcting ageist images of older women and popular

perceptions. The chapter on the 'empowerment of older women' is less persuasive, but usefully examines the importance of friendships, community and authenticity.

The final part aims to put forward a new epistemology of women and ageing. This emphasises the need to obtain new knowledge from older women themselves, as well as the need for structural and political change and activism. Browne provides a timely critique of 'productive ageing', which is seen as primarily associated with 'work-like' activities. She argues that this focus on productivity devalues relational activities, which are particularly central to the wellbeing of older women.

Browne's book will be of particular value for teaching undergraduate and postgraduate students on courses in gerontology and women's studies. Because the examples are entirely drawn from the US, it is likely to be of most relevance to US readers. However, the book is overly long, and is marred by a considerable amount of repetition of both the theoretical argument and policy-relevant material.

References

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Barbara Stenross, *Missed Connections: Hard of Hearing in a Hearing World*. Temple University Press, Philadelphia, 1999, 140 pp., hbk \$39.50, ISBN 1 56639 681 6, pbk \$16.95, ISBN 1 56639 682 4.

Gradual deterioration of the delicate sensory cells and nerves in the ear means that for most people, deafness occurs at some time in later life. Although the degree of disability varies greatly and some people adjust quite well, for many this form of hearing loss, known as presbycusis, causes frustration, loneliness and depression. Presbycusis affects both ears and is thought to affect seriously at least half of us over the age of 70, making it the second commonest cause of disability in older people (information provided by the charity *Defeating Deafness*, 330-332 Gray's Inn Road, London WC1X 8EE). The problem is that it often occurs at a time when people most need to be able to communicate with others because of other health problems or social changes. In fact, in the introduction to her book, Barbara Stenross describes how, a week after her mother's funeral, her father finally decided to get his hearing aid fixed. For 15 years, he had relied on his partner to be his connection with the

outside world because it was less stressful and less tiring to do so than to struggle with his hearing aid and with other people's reaction to his deafness. Only when faced with her loss, did he finally decide to get help. The difficulty is what he missed when she was alive through not acting sooner. This type of failure to deal with hearing loss exacerbates other conditions associated with ageing and undoubtedly affects the quality of many older people's lives – and not just that of the hearing-impaired person. Although hearing aids can help, they are not a complete solution because if speech discrimination is affected, there may be the additional problem of sound distortion. People using hearing aids may only be able to listen comfortably to a much narrower range of intensities. Because they act as amplifiers loud noises can still sound as loud to a person with hearing loss as they do to a normal hearing person even though they cannot hear quiet ones. Barbara Stenross recounts such problems because they are described by the hearing-impaired people that she gets to know through the support group she founded whilst trying to understand the problems faced by her own father. It is clear that the members of the group benefit enormously by swapping tips and advice about how to get the best out of available technology. But her stories from the support group illustrate that it provides much more than this; members exchange information about how they have learnt to cope with other people and their reaction to hearing impairment. They also appear to find sharing the sense of loss produced by their hearing impairment genuinely constructive and helpful.

But for me as an auditory neuroscientist working at the level of sensory cells and nerve fibres, one of the most interesting features of this book is its acknowledgement of the difficulties faced by people with normal hearing when dealing with the hearing impaired. This struck me because of an experience of my own. Although my research group has worked for many years on the biological basis of hearing loss, it was only when my team was joined by a lively postgraduate student with profound hearing loss, that I began to realise more fully what it might mean to be deaf. There were the things that should have been obvious but which we had to learn; for example, he read our lips so we had to remember not to turn away or put our hands in front of our mouths when speaking. I noticed too that he often missed the asides and throw-away remarks that make up our normal lab banter. And I had to think carefully when working in the dark with him, processing photographs or using our microscopes. Suddenly, communication required planning and thought. I watched him tire quickly in social situations due to the effort of keeping track of what was happening and I saw people acting impatiently because they thought he was being obtuse when, in fact, he had missed a crucial snippet of information in the conversation. I am now certain that had my research group been better informed about the sociological effects of hearing loss, we would have provided a better environment for our hearing-impaired colleague. And we would have all gained more from his ideas as a researcher. It is a tribute to him that he has gone on to further his scientific career in auditory neuroscience, and to my group that they gained so much from working with him. But I shall now recommend Barbara Stenross's insightful book to new scientists joining us and to the young ear, nose and throat surgeons with whom we work because it describes so well not just how it feels to be hearing-

impaired but also provides insights into how to react appropriately. And I would recommend it to anyone who has a relative over 70. Deafness can cut off communication but it need not do so. But only if we are all prepared to find ways of ensuring that vital human connections are not lost just because some neural ones have gone missing.

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Richard A. Shweder (ed) *Welcome to Middle Age (and other Cultural Fictions)*, University of Chicago Press, 1998. 302 pp., £12.75 pbk. ISBN 0 226 756084.

Carol D. Ryff and Marsha Mailick Seltzer (eds), *The Parental Experience of Midlife*, University of Chicago Press, 1996, 680 pp., No price. ISBN 0 226 73251 7.

Since the publication of Bernice Neugarten's *Middle Age and Aging* in 1968, social gerontology has rarely been marked by books directly addressing midlife. This may in part be a consequence of an enduring cultural interest/anxiety about how to cope with the care of dependent parts of the population that are seen to exist on either side of mature adulthood. So, whilst midlife can be read into a preoccupation with how societies, individuals and families deal with these other life-phases, it has only recently re-emerged with a subjectivity in its own right. The two books reviewed here attempt, from different perspectives and foci, to summarise the state of contemporary research into midlife.

Richard Shweder has edited a series of contributions which draw most heavily upon anthropological perspectives on midlife. It is unsurprising then to discover that there is an emphasis on the cultural representation, production and reproduction of this part of the lifecourse and, as is suggested somewhat heavily-handedly by the title's strap-line, that we are dealing here with a cultural fiction. Eight chapters are divided into three sections. The first describes the rise of a 'cosmopolitan midlife discourse'. Margaret Morganroth Gullette looks at the growth of midlife discourses in the U.S and their close association with ageist attitudes, particularly toward men. Two chapters then develop the theme of a spreading ideology which has affected the 'discovery' of female maturation in Japan (by which is meant for the most part, menopause) and the emergence of midlife in India, drawing attention to the role of younger generations in defining the lifecourse status of older adults. The second section addresses 'alternative' cultural representations of the lifecourse, soundbitten as 'mature adulthood without middle age'. The reader is introduced to ageing in Samoa, amongst Hindu Women, and Gusii Parents (Kenya).

A third section returns to the editor's starting point and focal interest: ageing in the United States; and invites contributions on the Sixties generation

as they encounter parenthood and their own children's adolescence, and on midlife experience (or, more accurately, its relative absence) amongst poor African Americans living in Harlem. Both of these papers are characterised as examining diversity, resistance and conflict against the context of the burgeoning cultural imperialism described in the first section. Thus, the book has been organised to suggest a sort of globalisation (for which can be read Americanisation) of the lifecourse in general and midlife in particular. We are treated to a familiar formula: the development of a universalising definition of what it means to be in mid-life, a dash through Meadesque exotic locations to show us that, no folks, it isn't always like that, and then back home to a peek at a couple of marginalising or marginalised cultures right in our own backyard. Thus, the book is of interest as containing a series of counter examples to a dominant cultural interpretation, and in emphasising the point that 'chronological, biological and medical terms' are themselves social constructs. However, one is left wondering whether midlife consists of a bit more than that, more than proving a point about the dominance of representation, the cleverness of social scientists, pepped up with a dash of exoticism? I found myself asking, as I read, where does the editor stand particularly with respect to the experience of his subjects and the power relations that they find themselves enmeshed in? Gullette's piece is profoundly depressing in its story of 'automatic decline and compulsory optimism' whilst the alternatives are posed as residing in post-hippy-related, grinding poverty or racist oppression. Each of these experiences has a part to play in reconstructing critical and alternative narratives for midlife. But somehow Shweder's choice of style and contents falls between the stalls of attempting to compose a 'popular' book on midlife and of using it as a vehicle for thumping a somewhat tired tub of social scientism. I am sure the editor did not intend it, indeed may well have intended the opposite. However, the enduring impression that I was left with was a sort of tacit triumphalism of a dominant culture, with little attempt to achieve a sustainable critical perspective.

As well as being a much larger book than the Shweder, Carol Ryff and Marsha Mailick Seltzer's edited volume is more focused in its chosen topic. Indeed, a concentration on midlife as a period dominated by the experience of parenthood perhaps reflects the authors' respective backgrounds in developmental psychology and social work. Within this restricted focus, however, the editors have been punctilious in including a wide range of topics and disciplines. Following an introductory chapter that notes the relatively uncharted nature of midlife as a life phase, the book is divided into five sections. First, demographic and economic aspects of midlife parenting are addressed. Second, social and historical changes in both the way in which adults are socialised into parenting roles and relations between parents and child. Third, and here one reaches the core of the chosen subject, four chapters begin to tease out the coincidence, at least in North American cultures, of adolescent and midlife transitions within the family lifecycle. The transitions of these two life phases, reinforced by social institutions external to the family and personal bodily change, provide a patterning and not so tacit structure through which this double, overlapping and predominantly family experience, is negotiated by its members. Subsequent sections, on 'parents and children as

adults' and 'parent-child relations in midlife' tend to take their cue from these keynote issues. The relationship between parental self-evaluation and how adult children turn out, the effects of home-leaving and return, learning difficulties, external life-stress, the value of fatherhood, and parent-child disagreements are each given a chapter by way of specialist 'takes' on this long continuum of family transition.

Ryff and Seltzer's contributors have produced a tightly written volume relying heavily on evidenced-based, empirical study. The main message arising from the 17 papers therein is that midlife is a rich and diverse lifecourse experience, worthy of greater study. It is, to quote the editors, 'the least understood but longest period of the parental experience'. Previous research, it is argued, has tended to concentrate on parents as a source of input, as determinants of child development; and on the differences between adults with and without children ('with', it appears, equals lower life-quality but more meaning). This valuable overview of contemporary and emerging research interest marks a turn toward examining the experience of midlife parenting, how the having and raising of children specifically affects parents themselves, and the interactive and negotiated nature of transitions from child-adult to adult-adult relations within the family. It is, however, subject to the perhaps predictable criticism that the chosen focus inevitably privileges midlife as an experience dominated by the private sphere, and has less to say to people who do not have co-habiting children, have non-standard living arrangements, or do not conform to the childrearing norm.

Both Shweder and Ryff and Seltzer provide useful summaries of contemporary research. One is based in social anthropology and the other in psychology and sociology. They draw attention to the importance of midlife as a cultural phenomenon and as a neglected yet dominant period in the experience of adulthood. They also draw attention to the need for a critical perspective on this part of the lifecourse and for further conceptual development within this growing field of study.

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Andrew Blaikie, *Ageing and Popular Culture*, Cambridge University Press, Cambridge, United Kingdom, 1999, 247 pp., pbk £14.00, ISBN 0 521 64547 6, hbk 0521 55150 1.

'"Ageing and popular culture", what an anachronistic coupling!' a colleague guffawed, on seeing Blaikie's tome. He went his way chuckling, leaving me with a whole new sense of amazement that at the end of the 20th century, intelligent people persist in the belief that 'ageing' is somehow alienated from the mainstream, and that older people are cordoned off into a greyish twilight realm.

Blaikie challenges these ideas with a freshness and lucidity that is heartening. Locating older people specifically within popular culture is no mean feat. After all, as the author points out: ‘.. youth has occupied centre stage in both popular culture and sociological investigation since the 1960s’ (p. 19).

The preface outlines an ambitious remit to interrogate:

.. a number of discourses about ageing and to try to establish the links between them. Secondly, as a sociology, it elaborates some of the connections between power, discipline, surveillance, and control, essentially the impact of such discourses upon older people. (p. viii)

My initial scepticism about the possibility, within a single book, of addressing all these issues was (for the main part) allayed, as the chapters unfolded their arguments. The book formally opens with the author presenting the engaging figure of Mme. Calment, who lived until she was 122 years of age. The transformation of Mme. Calment into an image who captured the popular imagination is neatly elucidated. Ensuing discussion around this extraordinarily aged woman, adroitly prepares us for the melding of history, 20th-century popular culture and individual agency which is one of the primary strengths of this book.

Blaikie clearly grounds his work within a firm theoretical context. This is a huge relief to those of us who have read similar attempts to use artefacts from the humanities (including novels, photographs etc) to illuminate aspects of ageing, which are blithely unaware of theory. Foucault’s influence is apparent and as well articulated as more traditional theorists of ageing including Erikson (1980) and Phillipson (1982). Blaikie deals well with theory, reminding us constantly that any encompassing explanation must be elusive in the postmodern society that we inhabit:

..when, ..one discourse.. is ranged against another.., contradictions emerge that alert us to the dangers involved in privileging any singular interpretation. (p. 14)

The Introduction then, highlights the central issues which are covered in more depth in following chapters. Chapter Two ‘The history of old age: popular attitudes and policy perceptions’ differs from other attempts to chart the history of age. The chapter concentrates upon social history – the history of everyman and woman, which is so rarely written. There is a desire here, to get beneath the postulations of social surveys and facile theories and more towards how ageing was felt or was experienced ‘on the ground’. A broad sweep of time is examined, but this is effective, as are the theories of modernisation and political economy which work well within an historical grounding. Blaikie fluently summarises some of the seminal arguments touted by cultural historians and exposes the history of population panics, the irrationality of which have changed little since the 1870s. The ways in which social policy has, historically, framed later life is also clarified.

Chapter Three ‘The transformation of retirement’ examines the social construction of retirement. This is divided into three distinct phases: a period of retirement as a mass experience, a time of consolidation and latterly an increasing fragmentation. There are some astute observations in this chapter, including the idea that retirement will be affected by the growing tendency to

identify ourselves with leisure activities. However, this chapter is overshadowed by the following one 'Altered Images' [I appreciated the humour in using the name of a 1980s pop group, as the title for an academic discussion!]. The introduction to this chapter is powerful, transcending in its relevance the subject of ageing alone, and providing a mirror upon the looking glass world in which we live. As Blaikie says:

The emergence of consumer culture entails a shift from the purchase of goods according to need to the inculcation of desire for the aesthetics of particular lifestyles. (p. 86)

I thoroughly enjoyed the dissection of popular culture from the angle of older people but would have appreciated more use of visual images from this culture. My attention wandered most in the ensuing chapters (Five to Seven) which, whilst raising many interesting points, concentrated upon photography with an exclusivity which only a true enthusiast could appreciate. Nevertheless, I learnt some curious and eclectic facts – especially about the association of later life with the seaside.

The concluding chapter: 'Landscapes of later life' is a tour de force in its critical awareness of the liminal status of images which '...rarely illuminate paths to meaning but ... do sharpen our awareness of the symbolic labeling and demarcation of ages and stages' (p. 170) as well as in the intelligence of the questions around the identity of self in later life. This is an important contribution to a multitude of debates surrounding ageing and the direction of 'gerontology' as a discipline. Above all else, *Ageing and Popular Culture* is a superbly written book; I read it from cover to cover with a sustained interest. It raises many fundamental questions and validates with genuine intellectual pith, the study of later life within the context of late 20th-century society which (whether we like it or not) is indeed dominated by popular culture.

References

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Barbara Sherman, *Sex, Intimacy and Aged Care*, Jessica Kingsley Publishers, London, 1999, £13.95 195 pp., pbk, ISBN 1 85302 784 7
 Raul C. Schiavi. *Aging and Male Sexuality*, Cambridge University Press, 1999, 246 pp., no price pbk, ISBN 0 521 65391 6

These two books approach the topic of sexuality in later life from completely different directions and with very different styles. Schiavi takes a top down view from theory to practice while Sherman works entirely from a practice base. Each examines a small dimension of the whole concept of sexuality in older people. The title of Schiavi's book accurately represents his content as he offers a comprehensive overview of sexuality in ageing men. Sherman locates her discussion primarily in the context of residential care and focuses on sexual behaviours in older people with dementia.

Both attempt to consider the complex interdependence of psychological, sociological and biological influences on sexual behaviours in later life. Both authors argue strongly that there is a continuing need for intimate and sexual relationships throughout life and consider the impact of social context and attitudes on the degree to which these needs can be met. These books are united in their message that older people may require proactive support in continuing to express their sexuality in the later stages of life, and they are complementary in that they explore different dimensions of the topic. Sherman uses a less formal style than Schiavi's more academic approach, but of the two, the more structured format of Schiavi was easier to follow. The text also prompted personal reflection and further reading in this reviewer. Neither book fully distinguishes between sexuality and intimacy but this remains a fundamental flaw in much of the existing literature and is a discussion that requires elaboration. Sexuality may be considered one dimension of intimacy, but also as a dimension of individual identity. Tensions may arise for the individual expressing their sexuality and for their relationship when the needs of the individual conflict with the needs and dynamics of their relationships. So far this tension has not explicitly been discussed in the literature and remains unclear in these two books, perhaps more especially in Sherman's work.

Sherman identifies the aim of her book as the promotion of greater understanding of the sexuality of older people, particularly those with dementia. While she states that the book is written for those caring for a relative at home, most of the book focuses on residential care settings. The basic premiss of the book is that people with dementia of the Alzheimer's type frequently retain their capacity for exchanging love and affection and their desire for close relationships, but that the pathological process of the disease may make the maintenance of intimate relationships difficult for all concerned. She expounds the view that older people have rights to the continuing expression of their sexual and intimate needs and, with great sensitivity, about the difficulties experienced by caregivers in meeting these needs. The book is based on her professional work with 2000 professional and family caregivers of older people with dementia. The book is divided into four sections. Section One sets sexuality in older people into a social and demographic context and

examines some of the myths and stereotypes surrounding the topic. Section Two examines sexuality specifically within the area of dementia care. Section Three considers some of the ethical and legal issues around rights and responsibilities and Section Four comprises a series of exercises which could be used to prompt personal reflection or group discussion in training or education programmes. The text is interspersed with case studies, summaries and elaborations presented in a variety of formats and, while these are interesting and sometimes helpful, they tend to make it difficult to follow the different threads of discussion. Returning to the same case study in a later section, to exemplify a different issue of care, has a similar effect.

Sherman presents her discussion as informed opinion and one major concern is the limited reference to the literature. In the current climate of evidence-based practice, it is debatable how far even the most informed opinion should be presented as academically rigorous. A grounding in the research literature may have encouraged a more balanced discussion of the myths and stereotypes which surround sexuality in later life. In challenging these myths, and even while arguing that each older person is a unique individual, Sherman herself tends to offer a view of older people as a homogeneous group, presenting experiences which may be common to many as general for all. This leads her to imply that older people hold common values and attitudes as a result of common experiences. Since she herself acknowledges that the term 'older person' may cover several generations encompassing great social change, this leads to generalisations which undermine the strength of her work. Similarly in Section Two, the discussion of sexuality in dementia focuses on the medical model oriented towards the concern of managing inappropriate sexual behaviour. She argues that if a problem-solving approach is used, it is often possible to view inappropriate sexual behaviour from a different perspective, as an inappropriate expression of a legitimate need. While accepting this point, it is possible that a review of the research evidence about power and culture in health and social care settings may have enabled a synthesis of the issues rather than merely the description of examples of poor practice. Exemplifying bad practice is not particularly helpful unless used as a means to show how change may be effected. Sherman does not successfully demonstrate how the problem-solving approach, which she presents as central to the management of inappropriate behaviour, may actually be used to promote high quality of care. Although not exclusively dealing with older people, the effectiveness of such a synthesis is demonstrated by Lyons *et al.* (1995) and Parker (1993).

The major strength of this book is the evident humanity of the author, but the weakness is that it tries to do too much. In attempting to be both a training manual and an academic text, it serves neither audience well. It does not add to the body of existing evidence about the marginalisation of older people and their intimate and sexual needs, but neither does it show how change may be effected in care settings. It does however, clearly argue the need for change in culture and practice. It would be a useful addition to the resources of those training health and social care workers at NVQ level 1 and 2 and as a means of helping to highlight the issues for first-year medical health care professionals.

Schiavi takes a different approach presenting a comprehensive overview of

the research evidence pertaining to ageing men and their sexuality. Within the dimension considered, Schiavi extends the work of Bancroft (1989), author of the definitive text of sexual dysfunction across the adult lifecourse. Comprehensive references are given at the end of each chapter, and the book is well indexed. Tables and diagrams are clear and well integrated, supporting the discussion effectively. Case studies and vignettes at the end of each chapter, together with comments, clearly draw out the key points and illustrate the development possible through reflecting on practice. This use of the case study to draw out the learning points which can support translation of knowledge into practice is very effective.

Schiavi divides his discussion into 15 chapters, and topics are presented briefly but with a logical development. Each topic is presented in the form of a balanced and concise review of the available literature and is easy to follow. Initially it seems as if Schiavi intends to take a biomedical perspective on his topic, since the first three, and the middle four, chapters are written from the perspective of the medical model. However, from an early point and throughout his book he acknowledges the importance of psycho-social and cultural influences, and specific chapters are devoted to the expression of sexual and intimate needs within a range of relationships. The first four chapters on ageing and sexuality, sexuality in the aged male and the neurobiology and psychology of the sexuality of ageing men establish a clear demographic and psycho-social context. Schiavi then considers the possible effects of the ageing process, of lifestyles and of knowledge and ignorance on sexual expression and intimacy within marriage, in homosexual relationships and in institutional settings. He attempts clearly to distinguish between normative and pathological changes, while acknowledging the unique set of social and environmental influences which interact with the biology of each individual, and establishes, with care, the nature and prevalence of sexual disorders in older men. Chapters are devoted to the effects of drugs and medications, to the assessment of sexual problems and to the management and treatment of sexual problems. This penultimate chapter first considers medical and surgical interventions, then psychological and behavioural interventions, and ends with an attempt to integrate the various approaches into a holistic management programme in the form of treatment guidelines loosely based on a goal-directed approach.

Together, Schiavi and Sherman add support to the view of older people as sexual beings with continuing needs for education, support, diagnosis and treatment in managing their intimate needs. They add weight to the existing discussion and attempt, with a varied degree of success, to take the necessary next step of engaging in a discussion of how these needs may be met in the prevailing social and cultural climate. Both authors refer to this tension but do not fully address the difficulties inherent in managing the changes needed to translate knowledge into practice.

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